HEALTH & SAFETY
MANAGEMENT SYSTEM

November 2018

Last Approved by the Health & Safety & Human Resources Committee (HSEHR)

14th November 2018
Foreword

EVH, ACS and UNITE (T&G) developed the original Health and Safety System in 1993/4. The System, and the subsequent Manual, was 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 Associations 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 and Social Enterprises 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 our Safety, Health and Environment (SHE) Department:

ACS           SHE Team           SHE@acs-env.com      0141 427 5171
EVH: Eamonn Connolly        Eamonn@evh.org.uk      0141 352 7440
Natasha Gordon     Natasha@evh.org.uk

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 Eamonn Connolly, EVH
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*Available in the members download zone of the EVH website: [www.evh.org.uk](http://www.evh.org.uk)* |
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Manual Availability

This Manual is held on the Associations IT network and is available to all staff for reference.
HEALTH & SAFETY AT WORK ETC. ACT 1974

HEALTH & SAFETY POLICY STATEMENT

The Management Committee of Ochil View Housing Association is responsible for the conduct of the business of the Association.

The Health & 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 Ochil View Housing Association;

- To ensure that responsibilities for safety and health are assigned, accepted and fulfilled at all levels of the Association;
- To ensure 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 & 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 & Safety.

f) The Health & Safety Policy is reviewed at least every 3 years and updated as and when necessary. Any approved amendments will be communicated to all members of the Management Committee and employees.
2. It shall be the duty of all employees at work to ensure:-

a) That reasonable steps are taken to safeguard the Health & Safety of themselves and of other persons who may be affected by their acts or omissions at work.

b) Co-operation with the Management Committee 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.

| First approved by the Management Committee | 1994 |
| 16\textsuperscript{th} Review Approved by the HSEHR Committee | 14\textsuperscript{th} November 2018 |
| Next Review Date | November 2019 |
| Chairperson | Name: Thomas Robert David Brown |
| | Signed ........................................... |
| | Date ................................. |
| Convenor of HSEHR Committee | Name: Ewen G Cameron |
| | Signed ........................................... |
| | Date ................................. |
| Chief Executive | Name: George Tainsh |
| | Signed ........................................... |
| | Date ................................. |

A copy of this policy statement will be displayed on the staff notice board in the Staff Room on the attic floor of Ochil House.
1. The Association recognises that all individuals within the Association 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 Executives (HSE) document Enforcement Policy Statement, HSE41, Paragraph 43 notes:

"... 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 Chief Executives 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 Executives Disqualification Act 1986."

2. The following sections set out the principal Health & Safety related responsibilities of individuals within the Association. 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 Association 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 Management Committee 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 Association of homicide, thus making it easier to prosecute Associations.

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 Associational Chart

MANAGEMENT COMMITTEE

CHIEF EXECUTIVE
George Tainsh

EVH H&S SUPPORT SERVICE

H&S MANAGEMENT
George Tainsh

H&S ADMINISTRATOR
Kate Oliver

HEADS OF DEPARTMENTS

DEPUTY CHIEF EXECUTIVE
Anne Smith

DIRECTOR OF FINANCE AND CORPORATE SERVICES
Anne Smith

DIRECTOR OF CUSTOMER SERVICES
Graeme Wilson

DEPARTMENTAL EMPLOYEES

EMPLOYEES

HSE H&S

HSE MANAGEMENT
George Tainsh

Management

Health & Safety

Anne Smith

EHU

Management

Karen Wilson

FIRST

Chieftain

Lynne Brierley

Aileen Crichton

EMPLOYEES – (see separate staff structure – Appendix 18)
Subject | Responsibilities - Management Committee
---|---
1. The Management Committee, headed by a chairperson, comprises 'lay persons' from the local community, acting as a body to oversee the operations carried on by the Housing Association.
2. It is recognised that the Management Committee, while not actively involved in the day to day running of the Association, is collectively responsible for providing leadership and direction on Health & Safety and in particular the Chief Executive shall be responsible for implementing the Management Committee’s plan for health and safety.
3. The Management Committee will endorse the Health & Safety Policy and Control Manual and the Chairperson and Convenor of the HSEHR Committee along with the Chief Executive will sign the Health & Safety Policy Statement to ensure the commitment on behalf of the Management Committee remains current.
4. The Association will delegate the routine monitoring of its health and safety matters to the HSEHR Committee. This will allow the Chief Executive to report on safety performance, funding requirements, safety failures and other Health & Safety related issues to a properly remitted and delegated sub committee. This will also allow matters to be considered in more detail than would be possible at full committee meetings. The HSEHR Committee will give all such issues due consideration and will make available reasonable funding and support as may be required.
5. The Management Committee will review the findings of all internal and external Health & Safety audits carried out within the Association and will authorise the use of reasonable support required to rectify any significant non-compliances identified by the audits.
6. The Management Committee 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 Management Committee 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 meetings. This should also assist the Management Committee in determining whether the Chief Executive is managing Health & Safety adequately within the Association.
8. The Management Committee will review their responsibilities annually.

Signed on behalf of the Management Committee

<table>
<thead>
<tr>
<th>Chairperson</th>
<th>Signature</th>
<th>Date</th>
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<tr>
<td>Thomas Robert David Brown</td>
<td>J. R. D. Brown</td>
<td>14/11/18</td>
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</table>
1.0 **MEMBERSHIP**

The HSEHR Committee shall consist of a minimum of 5 members of the Management Committee elected annually at the first meeting of the Management Committee following the Annual General Meeting (or otherwise as agreed).

However, any member of the Management Committee may attend any meeting of the HSEHR Committee and, for the duration of that meeting, participate as a full member of the Committee (with the exception of contributing towards a quorum).

2.0 **ELECTION OF CONVENOR AND VICE CONVENOR**

A Convenor and Vice Convenor shall be elected at the first meeting of the Committee following the Annual General Meeting (or otherwise as agreed).

Convenors will serve a maximum of 3 consecutive years unless a request is made by the Management Committee for this period to be extended.

3.0 **ROLE OF THE CONVENOR**

3.1 **Agenda**

The Convenor will liaise with the member of staff assigned to service the Committee over the preparation of the Agenda by reviewing and approving the draft agenda. Only once approved can the agenda be issued.

3.2 **Committee Papers**

Once the Committee papers have been prepared (and distributed) Convenors will make contact with the member of staff assigned to service the Committee to review the reports and documents etc prior to the meeting to ensure that any matters requiring clarification/explanation can be discussed in advance of the meeting.

3.3 **Minutes**

The Convenor will receive a draft Minute of the Committee meeting from the member of staff assigned to service the Committee for review and approval. Only minutes approved by the Convenor should be circulated for formal approval by Committee at their next meeting.

3.4 **Feedback to Management Committee**

The Convenor will give verbal feedback to the Management Committee at meetings where sub Committee minutes have been distributed for information. This feedback will include the key items of business covered at the relevant sub Committee meeting.
4.0 QUORUM

A quorum will be 3 Members of those elected as members of the HSEHR Committee. If a quorum is not present within 15 minutes of the scheduled start of the meeting, the meeting may be postponed until a later date. Alternatively the members may proceed with the meeting and prepare a note of the meeting. Any business requiring approval will be recommended to the next Management Committee meeting.

5.0 MEETINGS

The HSEHR Committee will meet at least quarterly.

Meetings will be held on a Wednesday evening but not on the Wednesday immediately prior to the date of the Management Committee (unless otherwise agreed).

Meetings will last a maximum of 2 hours. Any business remaining at the conclusion of the meeting shall be held over until another meeting unless the majority of the Committee agree to suspend the standing orders and continue with the meeting.

A timetable of proposed meetings and business items will be prepared prior to the start of the new financial year.

6.0 PRINCIPAL DUTIES

6.1 Health and Safety

The HSEHR Committee will;

- receive quarterly reports on health and safety issues e.g. reportable incidents (Riddor), near misses / minor incidents (office), near misses / minor incidents (construction), fire drills, fire & panic alarm testing, water heating tests (legionella) etc.
- monitor the effectiveness of the Association's Health and Safety Policy and make recommendations to the Management Committee annually following its review.
- investigate any serious breach of the Health and Safety Policy and will report to the Management Committee as follows;
  - The nature of the breach of policy
  - Details of the HSEHR Committee investigation;
  - Recommended action
<table>
<thead>
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<th>Subject</th>
<th>Responsibilities (Remit) – Health &amp; Safety, Environment and Human Resources Committee (HSEHR)</th>
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- be responsible for monitoring accident and near miss records in relation to the Association's construction activities.
- be responsible for approving the Association's Health and Safety Manual and for ensuring that it is kept up to date and that any amendments instructed by Employers in Voluntary Housing are incorporated therein.
- be responsible for approving the Association's Landlords Safety Manual and for ensuring that it is kept up to date and that any amendments instructed by Employers in Voluntary Housing are incorporated therein.

6.2 **Human Resources**

The HSEHR Committee will;

- receive quarterly reports on staffing issues e.g. appointments/resignations, discipline, grievance, harassment, days lost through sickness and will receive an annual report on the staffing structure.
- have delegated power to administer appropriate stages of the Association's disciplinary and grievance procedures (with the exception of the final stages which shall be the responsibility of the Executive Committee);
- be responsible for ensuring that all requirements of the Employers in Voluntary Housing procedures and employment legislation are implemented and that relevant issues are brought to the attention of the Management Committee.
- be responsible for reviewing policies and procedures relating to staffing matters e.g. staff appraisal and making recommendations to the Management Committee.

7.0 **POLICY REVIEW**

The HSEHR Committee will;

- review all the Association’s health and safety and human resources policy documentation (unless specifically delegated to another committee) and make recommendations to the Management Committee regarding any potential amendments;
- on behalf of the Committee of Management, ensure that the Association’s policy documentation is reviewed within the agreed timescales.

8.0 **PROCUREMENT OF SERVICES**

The HSEHR Committee will be responsible for the procurement and appointment of consultants for commissions relating to health and safety and human resources matters.
9.0 COMMITTEE SERVICING

The HSEHR Committee will be serviced by the Association's Chief Executive who will be responsible for ensuring that reports are prepared and issued in time for the appropriate meeting i.e. at least 5 days prior to the date of the meeting.

In the event of the Chief Executive being involved in any disciplinary etc. matter then the HSEHR Committee shall nominate another appropriate person (or body) to advise the Committee.

10.0 DELEGATED AUTHORITY

The HSEHR Committee will have delegated power to take decisions, on behalf of the Management Committee, on matters agreed as forming part of the remit of the HSEHR Committee on the proviso that all decisions are consistent with the Association's Corporate Management Plan and Annual Budget and are reported to the next meeting of the Management Committee for retrospective approval.

Should the situation arise where the Committee feels unable to make a particular decision the matter in question will be referred back to the Management Committee for decision.

Any issues of a cross-departmental nature may be required to be considered by more than one Committee (or alternatively considered by the Management Committee only).

In the event that the date of the next scheduled committee meeting is out with the desirable timeframe the issue subject to consideration may be referred to the next meeting of the Management Committee in order to expedite the matter.

Policy matters, either new or subject to review remain out with the above delegated authority with the level of authority being restricted to consideration and recommendation to the Management Committee.

11.0 REVIEW:

The remit of the HSEHR Committee will be reviewed annually.

Should the Management Committee have reason to call into question the decisions of the HSEHR Committee, both the remit and the composition of the Committee may be subject to review by the Management Committee prior to the date of the next scheduled meeting.
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<tr>
<th>Name</th>
<th>Signature</th>
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<tbody>
<tr>
<td>Ewen G Cameron (Convenor)</td>
<td></td>
<td>14.11.18</td>
</tr>
<tr>
<td>Teresa McNally</td>
<td></td>
<td>14.11.2018</td>
</tr>
<tr>
<td>Margaret Baxter</td>
<td></td>
<td>14.11.18</td>
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<tr>
<td>Bramley Eccles</td>
<td></td>
<td></td>
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<tr>
<td>Lynne Brierley</td>
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<td>Aileen Crichton</td>
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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 Association 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’s Responsible for Health & Safety’ and shall be responsible for implementing the Management Committee’s/Board of Directors’ plan for health and 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 Management Committee and the Convenor of the HSEHR Committee. 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 implementation of the Association’s policy, procedures and arrangements. To this end, and to comply with the duties set out in the Management of Health and Safety at Work Regulations 1999, as amended, 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 Association’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 all Health & Safety related issues at each HSEHR Committee meeting, as well as make available all internal and external audit reports to the Committee. Fully justified requests will be made to the Committee 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 Association’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.

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 Association 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 HSEHR Committee and Management Committee. 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 all staff, taking appropriate action where necessary and requesting support / approval from the HSEHR Committee and Management Committee where required.

11. The Chief Executive will undergo training in “Management of Health & Safety” or “Health and Safety Awareness Training”.

12. The Chief Executive will review their responsibilities at least annually.

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<th>Name</th>
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<tr>
<td>George Tainsh, Chief Executive</td>
<td>[Signature]</td>
<td>14/4/16</td>
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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 their consent or connivance or as a result of their negligence.

2) Although the Depute Chief Executive does not take an active participation in the HSEHR Committee they will be involved in the identification of Health & Safety will take an active participation in the Health & Safety Committee. This will involve the raising of pertinent issues for consideration by the Committee and the reporting of Committee 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 Chief Executive 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.

5) The Depute Chief Executive should undergo adequate health and safety training to ensure they can undertake their health and safety responsibilities effectively.

6) As a guideline a Health and Safety Training Matrix is available within Appendix 33 of the Control Manual. The Matrix details the level of competency that is recommended for each level of employee.

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<th>Name</th>
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<tbody>
<tr>
<td>Anne Smith, Depute</td>
<td></td>
<td>21/11/18</td>
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<tr>
<td>Chief Executive</td>
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H:\General\Health & Safety\H&S Manual and Updates\Current Health & Safety Manual\HSCM For Signature Nov 2018.doc
Subject | Responsibilities – Departmental Directors
---|---
1) Due to the 'managerial' function performed by Departmental Directors, it is recognised that Departmental Directors may be held liable where Health & Safety offences are committed with their consent or connivance or as a result of their negligence.

2) Although Departmental Directors do not take an active participation in the HSEHR Committee they will be involved in the identification of Health & Safety concerns within their departments; raising pertinent issues for consideration by the Committee and putting into action of all measures identified by the Committee and management staff as being required.

3) Departmental Directors 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) Departmental Directors 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 Departmental Directors.

5) Departmental Directors 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 Departmental Directors 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 Departmental Directors 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.

8) The Departmental Directors should undergo adequate health and safety training to ensure they can undertake their health and safety responsibilities effectively.

9) As a guideline a Health and Safety Training Matrix is available within Appendix 34 of the Control Manual. The Matrix details the level of competency that is recommended for each level of employee.

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<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Anne Smith</td>
<td>Director of Finance &amp;</td>
<td></td>
<td>21/11/18</td>
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<td></td>
<td>Corporate Services</td>
<td></td>
<td></td>
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<tr>
<td>Graeme Wilson</td>
<td>Director of Customer</td>
<td></td>
<td>21/11/18</td>
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<tr>
<td></td>
<td>Services</td>
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1. While the duties of departmental Directors 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 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 should 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 should report to their Departmental Director, line manager or directly to the Chief Executive 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 should inform their Departmental Director, line manager or Chief Executive, 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 should not participate in horseplay, practical jokes or other acts which may result in harm being caused to themselves or to other individuals.

Staff Declaration: I have read and understood my responsibilities as an employee (See signatures on next page)
Checklist for Staff Declarations

<table>
<thead>
<tr>
<th>NAME</th>
<th>POST</th>
<th>SIGNATURE</th>
<th>DATE</th>
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<tbody>
<tr>
<td>Adele Rae</td>
<td>Assistant Housing Services Officer</td>
<td>Adele Rae</td>
<td>29/11/18</td>
</tr>
<tr>
<td>Ailsa Buchanan</td>
<td>Property Services Officer (PM)</td>
<td>Ailsa</td>
<td>12/11/18</td>
</tr>
<tr>
<td>Andrew Gibb</td>
<td>Property Services Manager</td>
<td>Andy</td>
<td>21/11/18</td>
</tr>
<tr>
<td>Ashleigh Brown</td>
<td>Property Services Officer (RM)</td>
<td>Ashleigh</td>
<td>28/11/18</td>
</tr>
<tr>
<td>Christine Thomson</td>
<td>Housing Services Officer</td>
<td>Christine</td>
<td>28/11/18</td>
</tr>
<tr>
<td>Donna Phillips</td>
<td>Housing Services Assistant (HO)</td>
<td>Donna</td>
<td>28/11/18</td>
</tr>
<tr>
<td>Anne Smith</td>
<td>Director of F &amp; C Services / Depute Chief Executive</td>
<td>Anne</td>
<td>21/11/18</td>
</tr>
<tr>
<td>George Tainsh</td>
<td>Chief Executive</td>
<td>George</td>
<td>14/11/18</td>
</tr>
<tr>
<td>Graeme Wilson</td>
<td>Director of Customer Services</td>
<td>Graeme</td>
<td>21/11/18</td>
</tr>
<tr>
<td>Graham Phillips</td>
<td>Property Services Officer (Inspections)</td>
<td>Graham</td>
<td>31/10/18</td>
</tr>
<tr>
<td>Hazel McLean</td>
<td>Assistant Housing Services Officer</td>
<td>Hazel</td>
<td>9/11/18</td>
</tr>
<tr>
<td>Heather Kennedy</td>
<td>Assistant Finance Officer</td>
<td>Heather</td>
<td>28/11/18</td>
</tr>
<tr>
<td>Janie Taylor</td>
<td>Assistant Finance Officer</td>
<td>Janie</td>
<td>22/11/18</td>
</tr>
<tr>
<td>Kate Oliver</td>
<td>Corporate Services Administrator</td>
<td>Kate</td>
<td>21/11/18</td>
</tr>
<tr>
<td>Leona Hens</td>
<td>Customer Services Assistant</td>
<td>Leona</td>
<td>28/11/18</td>
</tr>
<tr>
<td>Linda McLaren</td>
<td>Housing Services Manager</td>
<td>Linda McLaren</td>
<td>21/11/18</td>
</tr>
<tr>
<td>Linda Ure</td>
<td>Housing Services Officer</td>
<td>Linda Ure</td>
<td>28/11/18</td>
</tr>
<tr>
<td>Margaret Hall</td>
<td>Tenancy Sustainment Officer</td>
<td>Margaret Hall</td>
<td>28/11/18</td>
</tr>
<tr>
<td>Margaret Scott</td>
<td>Customer Services Assistant</td>
<td>Margaret Scott</td>
<td>28/11/18</td>
</tr>
<tr>
<td>Marian Kelley</td>
<td>Housing Services Officer</td>
<td>Marian</td>
<td>28/11/18</td>
</tr>
<tr>
<td>Neil Harrison</td>
<td>Finance Officer</td>
<td>Neil</td>
<td>21/11/18</td>
</tr>
<tr>
<td>Robert Cowan</td>
<td>Tenancy Sustainment Assistant</td>
<td>Robert</td>
<td>28/11/18</td>
</tr>
<tr>
<td>Sandra Marshall</td>
<td>Housing Services Officer</td>
<td>Sandra</td>
<td>28/11/18</td>
</tr>
<tr>
<td>Carole Chalmers</td>
<td>Housing Services Officer</td>
<td>Carole</td>
<td>11/12/18</td>
</tr>
<tr>
<td>Tara Hamilton</td>
<td>Customer Services Assistant</td>
<td>Tara Hamilton</td>
<td>12/12/18</td>
</tr>
</tbody>
</table>
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 and Departmental Directors.

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.

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 Chief Executive for reporting to the HSEHR 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 Chief Executive or Depute Chief Executive without undue delay.

5. The H&S Administrator will provide assistance to the Chief Executive, Depute Chief Executive, HSEHR Committee and Departmental Directors 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 responsible for developing corporate policy, merely for assisting in its development and implementation.

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kate Oliver</td>
<td>[Signature]</td>
<td>21.04.14</td>
</tr>
</tbody>
</table>
1. The Association recognises that all individuals within the Association 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 Executives (HSE) document Enforcement Policy Statement, HSE41, Paragraph 43 notes:

“... 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 Chief Executives 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 Executives Disqualification Act 1986.”

2. The following sections set out the principal Health & Safety related responsibilities of individuals within the Association. 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 Association 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 Management Committee 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 Association of homicide, thus making it easier to prosecute Associations.

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 Associational Chart

| Health & Safety, Environmental and Human Resources Committee (HSEHR) |
| Ewen Cameron (Convenor)  
| Teresa McNally  
| Margaret Baxter  
| Bramley Eccles  
| Lynne Brierley  
| Aileen Crichton |

| MANAGEMENT COMMITTEE |
| CHIEF EXECUTIVE |
| George Tainsh |

| EVH H&S SUPPORT SERVICE |
| H&S MANAGEMENT |
| George Tainsh |

| DEPUTIE CHIEF EXECUTIVE |
| Anne Smith |

| H&S ADMINISTRATOR |
| Kate Oliver |

| HEADS OF DEPARTMENTS |
| DIRECTOR OF FINANCE AND CORPORATE SERVICES |
| Anne Smith |

| DIRECTOR OF CUSTOMER SERVICES |
| Graeme Wilson |

| DEPARTMENTAL EMPLOYEES |

| DIRECTOR OF CUSTOMER SERVICES |
| Graeme Wilson |

| DIRECTOR OF FINANCE AND CORPORATE SERVICES |
| Anne Smith |

| FIRST AIDERS |
| Christine Thomson  
| Heather Kennedy  
| Margaret Scott  
| Margaret Hall |

| FIRST AIDERS |
| Christine Thomson |

| FIRST AID APPOINTED PERSONS |
| None |

EMPLOYEES – (see separate staff structure – Appendix 18)
1. The Management Committee, headed by a chairperson, comprises ‘lay persons’ from the local community, acting as a body to oversee the operations carried on by the Housing Association.

2. It is recognised that the Management Committee, while not actively involved in the day to day running of the Association, is collectively responsible for providing leadership and direction on Health & Safety and in particular the Chief Executive shall be responsible for implementing the Management Committee’s plan for health and safety.

3. The Management Committee will endorse the Health & Safety Policy and Control Manual and the Chairperson and Convenor of the HSEHR Committee along with the Chief Executive will sign the Health & Safety Policy Statement to ensure the commitment on behalf of the Management Committee remains current.

4. The Association will delegate the routine monitoring of its health and safety matters to the HSEHR Committee. This will allow the Chief Executive to report on safety performance, funding requirements, safety failures and other Health & Safety related issues to a properly remitted and delegated sub committee. This will also allow matters to be considered in more detail than would be possible at full committee meetings. The HSEHR Committee will give all such issues due consideration and will make available reasonable funding and support as may be required.

5. The Management Committee will review the findings of all internal and external Health & Safety audits carried out within the Association and will authorise the use of reasonable support required to rectify any significant non-compliances identified by the audits.

6. The Management Committee 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 Management Committee 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 meetings. This should also assist the Management Committee in determining whether the Chief Executive is managing Health & Safety adequately within the Association.

8. The Management Committee will review their responsibilities annually.

Signed on behalf of the Management Committee

<table>
<thead>
<tr>
<th>Chairperson</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas Robert David Brown</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 Association 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

(See Evidence File for most recent Health & Safety Audit Report)
SECTION 2

| Subject | Buildings |
Contents of Section 2

2.1 Office Fire Safety

2.2 Office Electrical Safety

2.3 Machine Safety

2.4 Workplace Conditions

2.5 Office Safety Inspections

2.6 Safety Audit

2.7 Safety Records

2.8 Letter Bombs

2.9 Office Gas Safety

2.10 Contact Telephone Numbers

2.11 Kitchen Safety

2.12 Water Systems – Legionella

2.13 Terrorist Attacks
Subject | Office Fire Safety

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

Key Legal Requirements

See summary at Section 8 - see EVH website – www.evh.org.uk

Procedures

Fire Certificates

1. 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)

Fire Action

1. If you discover a fire
   ✓ Raise the alarm by operating the nearest Fire Alarm point.
   ✓ Dial 999 to call the fire brigade.
   ✓ If possible (a personal judgement), and only if trained in the use of fire extinguishers, tackle the fire with the appliance provided but do not endanger yourself or others in doing so. (Otherwise, leave the building and proceed to the allocated Assembly Point).

2. If you hear the fire alarm
   ✓ Ensure all persons are alerted.
   ✓ Leave the building by the nearest available exit as signposted.
   ✓ Close all windows and doors if this does not significantly delay departure.
   N.B. Fire doors must always be kept closed.
Subject | Office Fire Safety

✓ Report to person in charge of assembly point at the front of the building.
✓ Do not stop to collect coats or personal belongings.
✓ Where possible, ensure that all toilets are empty.
✓ Check to ensure that someone has called the Fire Brigade: DIAL 999
✓ 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

For fire evacuation procedures, each Association will appoint a competent member of staff to act as the Emergency Controller. A second competent member of staff will be identified as the Deputy Emergency Controller.

On hearing the Fire Alarm, the Emergency Controller will:

✓ Ascertain the exact location of the fire, if possible, then report to the Assembly Point. The head count will be started immediately using the staff register and visitors log. 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.

✓ Provide the Fire Officer in Charge with a building plan, details of missing persons and the exact fire location, if this has been determined, and any particular hazards which may exist.

✓ End the state of emergency on the advice of the Fire Officer and give permission to return to the work areas.

Emergency Controller   George Tainsh, Chief Executive
Deputy Emergency Controller   Anne Smith, Depute Chief Executive

4. Registers and checklists

✓ 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.

✓ 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.
Subject | Office Fire Safety

- Front Line Staff will be responsible for advising the H&S Administrator and Emergency Controller of any staff who are out of the office. This is important as it could alter the numbers expected at the Assembly Point.

- The H&S Administrator and Emergency Controller will be responsible for updating the lists on personnel changes.

- 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.

- After normal hours, the same register will record those employees still on the premises.

- 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. 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.

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 for which they employ staff, and where they have a control of those premises.

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. (See separate Risk Assessment File).

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.
Subject | Office Fire Safety

3. All staff will be advised of the office site plan showing the location of fire alarm points, fire extinguishers, etc. All new staff will be given this information as part of their induction training.

An office floor plan showing locations of exits, fire equipment, fire alarm points and assembly points is attached at Appendix 21.

4. A record will be kept of any fire incidents and the fire drills carried out. (See separate Evidence File)

Equipment Testing and Inspection

The following is the recommended periodicity for maintenance and inspection of fire safety measures and systems in accordance with British Standards and their Codes of Practice.

Daily
Walk through premises and check escape routes to ensure they are clear of obstructions and combustible materials and that self-closing doors are not wedged open.

Check any fire alarm control panel and indicating equipment to ensure the system is active and fully operational;

Check emergency lighting for fault indications.

Weekly:
Test the fire alarm system by activating a manual call point (using a different call point for each successive weekly test), usually by inserting a dedicated test key. This will check that the control equipment is capable of receiving a signal and in turn, activating the warning alarms. Manual call points may be numbered to ensure they are sequentially tested. It is good practice to test the alarm at the same time each week, but consider the need to ensure that all staff are given the opportunity to hear the alarm.

During a test, the alarm should not operate for too long so that there can be a ready distinction between a test and an unplanned actuation.

The fire alarm system will be tested by the H&S Administrator (or Chief Executive). This test will be recorded. (See separate Evidence File)

A check should be made to determine that the testing of the fire alarm also results in the operation or disabling of other linked features such as electrically powered locks, the release of any doors on hold open devices, the operation of doors on swing free arms and automatic opening doors reverting to manual operation;

Check that all safety signs and notices are legible.
Check escape routes, and test exit locking mechanisms such as panic bars, push pads and electromagnetic locking devices;

**Monthly:**
Functional tests of all emergency lighting systems should be at an appropriate time when, following the test, they will not be immediately required. However, some modern systems have self-testing facilities that reduce routine checks to a minimum. Depending on the type of installation certain routine checks and routine maintenance work may be able to be done in house. Test methods will vary. Further maintenance may need to be carried out by a service engineer;

Check sprinkler system;

Carry out brief visual check of fire extinguishers and hose reels to ensure there are no obvious faults;

Fire doors should be checked to ensure they are in good working order as follows:
Inspect doors for any warping or distortion that will prevent the door from closing flush into the frame;

Check any fire-resisting glazed panels are in good condition and secure in their frame; and Check that intumescent strips and smoke seals are in good condition

**Three monthly:**
Quarterly checks and inspection of sprinkler system;

**Six monthly:**
A person with specialist knowledge of fire-warning and automatic detection systems should carry out six-monthly servicing and preventive maintenance on the fire alarm; Six-monthly checks and inspection of sprinkler system.

**Annually:**
Maintenance of portable fire extinguishers and fire hoses; Annual discharge test of emergency lighting; Annual checks, inspection and test of sprinkler system. Review Fire Risk Assessment and Policy & Procedures.

On completion all records should be annotated in the Fire Safety Log Book.

**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).

3. For visitors etc two members of staff will be assigned per disabled person to ensure the evacuation goes quickly and smoothly.

4. Where evacuation equipment, such as a chair or mat, is present, an adequate number of nominated persons will undergo suitable training.

5. The members of staff volunteering for this duty are nominated below in the pairings that will operate:

   ✓ George Tainsh and Graeme Wilson
   ✓ Andrew Gibb and Robert Cowan

6. The organisation will ensure that all evacuation equipment is subject to periodic inspection and maintenance in accordance to the manufacturer’s recommendations.

**Visitors and Contractors**

1. **Visitors / the public**
   It is part of the safety policy that any first time visitors to the Association’s office will be accompanied at **ALL** times by an employee.

   It is not anticipated there will be a need for members of the public to proceed beyond the reception or interview rooms.

   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. **Unsupervised Visitors / External Contractors**

   ✓ **Unsupervised Visitors**
   Where visitors are to be working unsupervised eg internal/external auditors/other consultants/external contractors the H&S Administrator (or person responsible for commissioning / arranging the work) will give a short Safety Induction when they first visit the premises to carry out unsupervised work within the office premises (see Section 3.6). The fire safety element of the induction will at least cover:

   ✓ the type of fire alarm (bell, siren, klaxon).
   ✓ the route to be followed to the nearest fire exit.
   ✓ the location of the nearest Assembly Point.
   ✓ the location of any flammable materials and any other hazards in close proximity to the contractor’s place of work.
External Contractors
Where this involves physical work to the Association's offices by external contractors, the contractor will be informed of the standards of safety that will be acceptable to the Association at the time of letting the contract.

Information must be given, by the contractor, to the H&S Administrator of any anticipated risks which could occur during work performed on the premises.

The above does not apply to contractors who are attending to collect keys or attend meetings as under these circumstances personnel will not be left unsupervised.

Plans

1. Plans showing the layout of the offices, indicating the locations of all exits, fire equipment, fire alarm points and assembly points are attached at the end of the manual – see Appendix 21.

2. This plan will be duplicated, laminated and attached to the in/out register at Reception; this plan can then be given to the Fire Officer on arrival of the Fire and Rescue Services.
Subject: Office Electrical Safety

**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 from the 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 16th Edition
4. IET 4th Edition COP for In-Service Inspection and Testing of Electrical Equipment

**Procedures**

1.0 Electrical Equipment Inspection and Testing

1.1 The Association should nominate a Competent Person who should be responsible for identifying all electrical equipment. Each item shall be tagged and given a unique identification number, and logged in the record book (asset register) kept for all electrical equipment. Any new or used electrical equipment intended for use in the office premises shall be tagged, logged and inspected prior to being used (including private items brought in by employees).

1.2 The Competent Person shall undertake a risk assessment of all electrical equipment to determine the frequency of Inspection and Testing. The assessment shall look at the conditions of use for each piece of equipment together with the guidance given in IEE Code of Practice for the In-Service Inspection and Testing of Electrical Equipment. See table 1.

1.3 Where “PASS” labels are attached to the equipment following formal inspection and/or test, these shall be labelled as “Safety Check” together with the initials of the person carrying out the checks. Re-test dates shall not be applied.

1.4 All employees shall be responsible for undertaking visual inspections only of all electrical equipment prior to its use. Where any employee has any concerns as to the safe condition of electrical equipment, it should not be used and the Competent Person informed immediately.
1.5 Extension leads shall not be used unless authorised by the Competent Person, and limited to occasional use only. Extension leads should be of sufficient length and not joined together. Coiled extension leads shall not be used. Where there is a need to permanently locate electrical equipment away from sockets, the Competent Person should be informed and a permanent wiring solution sought.

1.6 Any new or used electrical equipment brought on to the premises will be tagged, logged and checked prior to being used. No employee shall use personal electrical items without first registering the appliance with the Competent Person.

2.0 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.

3.0 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 Competent Person who will take the item out of service until it is repaired or replaced. Items, which cannot be moved, will be isolated and labelled, eg, DANGER – DO NOT USE.

All such actions will be recorded and the record kept alongside the Record Book (see 1.1)

4.0 Competent Persons
Staff must not attempt electrical repairs of any nature irrespective of how trivial the repair may seem.

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.

5.0 Staff Procedures
Staff can assist in ensuring electrical safety within the Association by:

✓ Not overloading any power point by use of multi-point adapters.
Subject | Office Electrical Safety

- Keeping high housekeeping standards around any electrical items such as wall heaters, photocopiers, VDU equipment etc.
- Not tampering with, removing or transferring marking labels on electrical items.
- Following all the guidelines outlined above and complying with the Association’s electrical policy (in particular 1.5, 3.2 and 3.3).

6.0 Fixed Electrical Installation

The Competent Person 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 and formal Inspection and Testing programmes.

Routine checks need not be carried out by electrically skilled persons and are intended to take the form of simple visual inspection 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 Competent Person.

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.

The frequency of such tests will be in accordance with that set out in the Electrical Installation Certificate for the premises. Frequency of tests will be in accordance with the following table (Table 2);
## Office Electrical Safety

<table>
<thead>
<tr>
<th>Equipment / Environment</th>
<th>User Checks</th>
<th>Formal Visual Inspection</th>
<th>Combined Inspection and Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Battery operated: Less than 40 volts</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Extra low voltage: Less than 50 volts AC; Telephone equipment, low-voltage desk lights</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Desktop computers, VDU screens</td>
<td>No</td>
<td>Yes, 2-4 years</td>
<td>No, if double insulated, otherwise up to 5 years</td>
</tr>
<tr>
<td>Photocopi er s, fax machines: Not hand-held. Rarely moved</td>
<td>No</td>
<td>Yes, 2-4 years</td>
<td>No, if double insulated, otherwise up to 5 years</td>
</tr>
<tr>
<td>Double insulated (Class II) equipment; Not hand-held. Moved occasionally, eg fans, table lamps</td>
<td>No</td>
<td>Yes, 2-4 years</td>
<td>No</td>
</tr>
<tr>
<td>Double insulated (Class II) equipment; Hand-held, eg some floor cleaners, some kitchen equipment</td>
<td>Yes</td>
<td>Yes, 6 months to 1 year</td>
<td>No</td>
</tr>
<tr>
<td>Earthed equipment (Class I). Electric kettles, some floor cleaners, some kitchen equipment and irons</td>
<td>Yes</td>
<td>Yes, 6 months to 1 year</td>
<td>Yes, 1-2 years</td>
</tr>
<tr>
<td>Cables (leads and plugs connected to the above) and mains voltage extension leads and battery charging equipment</td>
<td>Yes</td>
<td>Yes, 6 months to 4 years depending on the type of equipment it is connected to</td>
<td>Yes, 1-5 years depending on the type of equipment it is connected to</td>
</tr>
</tbody>
</table>
Table 2 – Periodicity for Fixed Electrical Installation Inspection and Testing

<table>
<thead>
<tr>
<th>Offices</th>
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</thead>
<tbody>
<tr>
<td>i)</td>
<td>Routine checks</td>
<td>Annually</td>
</tr>
<tr>
<td>ii)</td>
<td>Inspection and test</td>
<td>Every five years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residential Accommodation</th>
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<tbody>
<tr>
<td>i)</td>
<td>Routine checks</td>
<td>Annually</td>
</tr>
<tr>
<td>ii)</td>
<td>Inspection and test</td>
<td>Every five years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domestic Premises</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>i)</td>
<td>Routine checks</td>
<td>None (responsibility of occupier)</td>
</tr>
<tr>
<td>ii)</td>
<td>Inspection and test</td>
<td>Change of tenancy / every ten years</td>
</tr>
</tbody>
</table>

*Electrical Installation Certificates* (or equivalent) are held in the separate Evidence File.
Subject | Machine Safety

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
5) Supply of Machinery (Safety) Regulations 2008
6) Workplace (Health, Safety and Welfare) Regulations 1992, as amended

Key Legal Requirements

See EVH website – Employers in Voluntary Housing www.evh.org.uk

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.
7) Machinery (including office equipment such as shredders or guillotines) will only be used by trained personnel. (See separate Evidence File)
8) Machinery will be inspected and maintained in accordance with manufacturer’s recommendations.
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 (see separate Risk Assessment File)
Subject | Workplace Conditions

**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

**Procedures**

1. **Alterations**
   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.

   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.

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.

   Although there is no legal minimum temperature for outdoor working, the organisation will ensure employees are not exposed to unsafe or unhealthy conditions. A risk assessment will be carried out for all outdoor work and this will include appraisal of ‘weather’ and ‘environmental conditions’ to ensure employees are not put at unnecessary risk. The organisation will provide all appropriate personal protective
Subject | Workplace Conditions
--- | ---
equipment, clothing and drying facilities identified as ‘control measures’ by the risk assessment.

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.

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. **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.

15. **Clothing**
   Suitable and sufficient accommodation for clothing as well as changing facilities will be provided where specific protective clothing is worn.

16. **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. Suitable facilities will be provided for pregnant or nursing workers to rest (see New and Expectant Mothers policy), and for workers to eat meals.

17. **Posters**
   A completed Health and Safety Law poster (ISBN 0 7176 2493 5) or ISBN 97807 1766 3392 (A2 – semi rigid poster) will be displayed in the workplace. [This may be obtained from HSE Books (Tel.: 01787 881165 / Fax: 01787 313995) or from most good bookshops].

18. **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: Office Safety Inspections

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 Association.

References

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

Procedures

1) Safety Inspections

✓ This is a formal inspection, planned in advance, and undertaken by the Chief Executive and Health & Safety Administrator and this will follow the outline shown in Appendix 1.

✓ The frequency of the safety inspections will be at least quarterly. A record of the inspection will be retained in the health and safety administration system.

✓ The frequency of inspections will be subject to review depending on the accident record.

✓ Items of corrective action will be recorded in the health and safety administration system.

✓ All records should be filed by the H&S Administrator, including evidence of corrective non compliance.
Purpose

1) The Association wishes to ensure that all the key elements of Health & Safety management that have been put in place, are continually reviewed, are current and are evaluated.

2) To ensure the key elements of Health & Safety such as policy, Association, 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 & Safety at Work etc. Act 1974
2) Successful Health & Safety Management - HS(G) 65
3) Management of Health & Safety at Work Regulations 1999

Procedures

1) The Association will ensure that all safety systems and procedures recorded in the Health & 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, report and follow up the audit.

4) The time period between audits will depend on the system under scrutiny.
Subject: Safety Records

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 Brigade, 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
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 Precautions Act 1971
7) Fire Precautions (Workplace) Regulations 1997, as amended

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 filing system which will permit logical filing and, thus, easy retrieval of such records. The filing system will include all necessary health and safety records and information.

3) A separate health and safety evidence file will be kept to support the statements made in the health and safety manual.

4) A separate file is also maintained for all Risk Assessments.

5) The H&S Administrator will be responsible for ensuring records are kept up-to-date and for identifying requirements for reviews / refresher training etc.

6) Some records are held electronically and /or within other departments of the Association for operational reasons precise details of the actual filing location are highlighted below. This will allow an auditable trail of all relevant records to be maintained, hence permitting easy access to all Health & Safety related information.

Other Filing Locations

Electronic on H Drive

✓ Fire Alarm Tests (Electronic Copies- see Evidence Folder)
Subject | Safety Records
--- | ---
**Health & Safety Procedures** (Electronic Copies- see H drive/General/Health & Safety/Procedures)
**H&S Audit Reports** (Chief Executive (Hard Copy) and H drive – see.. ..\..\H & S Audits\2012\Re-draft - Reviewed acs1983 EVH HS Audit
**Risk Assessments** (Chief Executive (Hard Copy) and H drive – see ..\..\Risk Assessments

First Aiders

- **Accident Register** (First Aiders: Heather Kennedy, Christine Clark, Kate Oliver)
- **First Aid Boxes** (First Aiders: Heather Kennedy & Christine Clark & Kate Oliver)

Customer Services – (Technical)

- **Asbestos Surveys, Reports & Records** (Property Services Manager)
- **Construction Health & Safety Files** (Property Services Manager)
Purpose

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

References

1) Health & Safety at Work etc. Act 1974
2) Management of Health & Safety at Work Regulations 1999
3) Bombs – Protecting People and Property

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) Re-enter the premises only when told to do so by the Emergency Services.

3) If a suspect package is delivered then the person dealing with it must ensure the following procedure is carried out:

   ✓ DO NOT TOUCH the package. Inform the police immediately using the 9-999 system. DO NOT USE MOBILE PHONES.

   ✓ Inform the senior management of Association immediately.

   ✓ Leave the room. If personnel suspect the package may be biologically contaminated, it must be kept separated from staff and be available for a medical examination. DO NOT SWITCH ON OR OFF ELECTRICAL EQUIPMENT.

   ✓ Switch off any room air-conditioning system, only if this can be achieved centrally. Contact the Facilities Management Services for an emergency shutdown of ventilation systems via the Building management system (if applicable).

   ✓ Manually close all fire doors in the building if advised to do so by police.

   ✓ If there has been a suspected chemical incident, personnel are to leave the area immediately. Signs that people may have been exposed to a chemical incident are streaming eyes, coughs and irritated skin. Medical advice should be sought immediately.

   ✓ The senior staff member present will specify the waiting area for anyone contaminated or showing symptoms of being affected by the incident.
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 | Office Gas Safety

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 & Safety at Work etc. Act 1974
2) Management of Health & Safety at Work Regulations 1999
3) Gas Safety (Installation and Use) Regulations 1998
4) Gas Safety (Management) Regulations 1996
5) Building (Scotland) Regulations 2004 (as amended – Technical Handbooks)

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
National Gas Emergency Tel 0800 111 999

Procedures

1) Competent Persons

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 Health and Safety Executive. In addition to the normal Association policy on appointment of sub-contractors, potential gas contractors will be required to provide evidence of their Gas Safe registration, 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.

**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.

Competent Persons: Staff Andrew Gibb, Property Services Manager

Competent Person: Gas Contractor MacDougall Group

The link to the Association’s computerised data base for gas service monitoring is as follows:

..\..\..\..\departmental\Development & Property Services\Property Maintenance\Contracts\Gas Maintenance Contract \ 2015-18
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**:

- 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.

- 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.

- 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.

2.5 Where a new or replacement gas combustion appliance is installed (excluding an appliance solely used for cooking) a Carbon Monoxide detection system will be installed.

3) **Inspection and Maintenance**

3.1 The Association will ensure that all gas appliances, flues and installation pipe-work 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 period of 2 years.
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 pipe-work 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) **Office 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 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 free-phone number.

5) **Separate Policy for Residential Properties**
The Association has a separate "Gas Safety Policy" document which provides details on the above subject in relation to its residential properties (see separate Evidence File).
Subject | Contact Details
--- | ---

**Purpose**

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

**References**

1) Health & Safety at Work etc. Act 1974
2) Management of Health & Safety at Work Regulations 1999

**Contacts**

1) **Health & Safety Executive (HSE)**
   - tel 0141 275 3100
   - Fax Only
   - 1st Floor, Mercantile Chambers, 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 Alliance (see Environmental Services).

2) **Employment Medical Advisory Service (EMAS)**
   - tel 0131 247 2000
   - Occupational Health and Medical advisory service attached to the HSE. Relevant contact for medical enquiries related to work.

3) **Environmental Health Dept.**
   - tel 01259 450000
   - Health & Safety enforcing authority for the Alliance. Relevant contact for safety related enquiries / problems within the scope of the Alliance’s work (e.g. dealing with staff, premises, etc.)

4) **Alloa Fire Station**
   - tel 01259 724112
   - Fire Safety enforcing authority for the Alliance. Relevant contact for the reporting of fires or other accidents requiring the Fire Brigade. Also relevant contact for fire safety advice.

5) **RIDDOR reporting centre**
   - tel 0845 300 9923
   - Email riddor@natbrit.com
   - web www.hse.gov.uk
   - Incident Contact Centre, Caerphilly Business Park, Caerphilly CF83 3GG
   - Relevant contact for reporting ‘RIDDOR’ reportable accidents, incidents and dangerous occurrences (see Accidents Policy).
Subject | Contact Details
--- | ---

### Police

**Police Emergency Line**
**tel** 999
*Relevant contact for reporting emergencies where there is a danger to life or a crime in progress.*

**Police Scotland**
**tel** 101
*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.*

### Hospitals etc.

**24-hour A&E**
**tel** 0134 566100
*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).*

**Minor Injuries, Stirling Community Hospital**
**tel** 01786 434036

**NHS 24**
**tel** 0845 4 24 24 24
*Relevant contact for general advice on health and illness.*

### National Grid (formerly Transco)

**Gas Emergency Freephone Number**
**0800 111 999**
*Relevant contact for reporting suspected gas leaks.*

**Health & Safety Executive (HSE)**

**Gas Safety Advice Line**
**tel** 0800 300 363
*Relevant contact for advice on gas safety issues.*

### Water

**Scottish Water**

**24-hour emergency helpline**
**tel** 0845 601 8855
*Relevant contact for enquiries / problems with water supply (within or outwith premises).*

**Local Emergency Plumber**
**tel** 01324 471797 (McDougall)
*(Relevant contact for reporting water leaks / flooding on premises.)*

### Electricity

**Electricity Supplier (Southern Electric)**
**tel** 0845 7252526
*(Relevant contact for enquiries / problems with electricity supply)*
### Contact Details

<table>
<thead>
<tr>
<th>11) Environment</th>
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<tbody>
<tr>
<td><strong>Scottish Environment Protection Agency (SEPA)</strong></td>
</tr>
<tr>
<td>SEPA Corporate Office</td>
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<tr>
<td>Erskine Court</td>
</tr>
<tr>
<td>Castle Business Park</td>
</tr>
<tr>
<td>STIRLING</td>
</tr>
<tr>
<td>FK9 4TR</td>
</tr>
<tr>
<td>tel 01786 457700</td>
</tr>
<tr>
<td>fax 01786 446885</td>
</tr>
<tr>
<td>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.)</td>
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<thead>
<tr>
<th>12) Housing / General Employment</th>
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<tbody>
<tr>
<td><strong>EVH</strong></td>
</tr>
<tr>
<td>5th Floor</td>
</tr>
<tr>
<td>137 Sauchiehall Street, Glasgow</td>
</tr>
<tr>
<td>G2 3EW</td>
</tr>
<tr>
<td>tel 0141 352 7435</td>
</tr>
<tr>
<td>(Relevant contact for all housing and employment related enquiries.)</td>
</tr>
<tr>
<td>email <a href="mailto:eamonn@evh.org.uk">eamonn@evh.org.uk</a> <a href="http://www.evh.org.uk">www.evh.org.uk</a></td>
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<thead>
<tr>
<th>13) Health &amp; Safety Management System</th>
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<tbody>
<tr>
<td><strong>ACS Physical Risk Control Ltd</strong></td>
</tr>
<tr>
<td>(Health &amp; Safety Hotline)</td>
</tr>
<tr>
<td>Unit 4, Claremont Centre</td>
</tr>
<tr>
<td>Durham St, Glasgow</td>
</tr>
<tr>
<td>G41 1BS</td>
</tr>
<tr>
<td>tel 0141 427 5171</td>
</tr>
<tr>
<td>mob 0770 291 6744</td>
</tr>
<tr>
<td>fax 0141 427 2722</td>
</tr>
<tr>
<td>web <a href="http://www.acs-env.com">www.acs-env.com</a></td>
</tr>
<tr>
<td>E-mail <a href="mailto:geoff@acs-env.com">geoff@acs-env.com</a></td>
</tr>
<tr>
<td>(Relevant contact for general advice on H&amp;S issues and on the EVH H&amp;S Management System).</td>
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Purpose

1) To ensure, so far as is reasonably practicable, that Health & Safety risks associated with kitchen operations are minimised. This policy does not, however, deal with Food Hygiene considerations.

2) To set out procedures specific to kitchen areas, over and above the general procedures for the Association as a whole.

References

1.0 Health & Safety at Work etc. Act 1974
2.0 Management of Health & Safety at Work Regulations 1999
3.0 Workplace (Health, Safety and Welfare) Regulations 1992, as amended
4.0 Provision and Use of Work Equipment Regulations 1998, as amended
6) HS (G)55 Health & Safety in Kitchens and Food Preparation Areas

Procedures

1.0 The general layout of the kitchen, space allocation, flooring surface (slip resistant), room temperature, ventilation and level of luminance will be such that staff using kitchen facilities can carry out their duties in a safe and competent manner.

2.0 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. All refrigerators will be set to operate between 1C and 4C and a suitable thermometer will be located in each refrigerator to allow the temperature to be measured.

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.

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 advised, as appropriate, in the use of equipment and in the Health & Safety risks inherent in the kitchen duties.

6) A suitable and sufficient assessment of the Health & Safety risks posed by work in the kitchen will be carried out (see Policies on COSHH and Risk Assessment).

7) Staff will make use of all control measures and personal protective equipment provided, as deemed necessary by the assessments.
8) High standards of housekeeping will be maintained to minimise the level of risk in the workplace, including:

- the cleaning up of spills as quickly as is reasonably practicable
- the avoidance of trailing cables
- the correct signage of obstacles, wet floors etc.

9) Gas shut-off valves will be located close to any 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).

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 micro-waving 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:

- liquids will be stirred before and after heating and at least twice during the heating cycle;
- liquids will not be overheated;
- suitable containers will always be used, which will be at least one third bigger than the volume of liquid to be heated;
- Warning signs to be provided in the vicinity of the microwave, warning of the risks from scalding and precautions to be taken during microwave use.
Purpose

1) To reduce the risk of Legionella growth in associated water systems.

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
6) IACL27 (rev2) Legionnaires’ Disease – A Guide for Employers
7) INDG458 Legionnaires’ Disease – A brief guide for Duty Holders (2012)
8) HSG220 Health and Safety in Residential Care Homes (2001)
9) British Standard 8580:2010 - Water Quality: Risk Assessments for Legionella Control

Key Legal Requirements

See summary at Section 8 - see EVH website - www.evh.org.uk

Comment

1) Legionnaires’ Disease is a type of pneumonia caused by inhaling airborne water droplets containing the viable Legionella bacterium. Certain groups of people are known to be at higher risk of contracting Legionnaires’ disease than others; for example, men appear more susceptible than women, as do people over 45, smokers and heavy drinkers, people suffering from chronic respiratory or kidney disease, diabetes, lung and heart disease or anyone with an impaired immune system. (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.

3) Under general Health & Safety Law, as an employer or person in control of a premise (e.g. a landlord), you have Health and Safety duties and need to take suitable precautions to prevent or control the risk of exposure to legionella.
Subject | Water Systems - Legionella

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 Association’s premises and where the Association has responsibilities for the water systems. The risk assessment will be reviewed at regular intervals (defined by the Association) or where there is reason to suspect its validity.

2) A written scheme will be prepared for preventing and/or controlling the risk.

3) Control measures will be implemented, managed and monitored by competent persons as detailed in the written scheme.

4) Records will be maintained and kept for the duration of their validity and for a further 5 years.

5) A competent person will be appointed with sufficient authority and knowledge to manage and control the legionella risk.

6) For further guidance on inspection frequencies see Appendix 31.

7) Further general information:

- Hot water will be stored at a temperature of at least 60°C.

- Water pipes will be as short and direct as possible and pipes and water tanks will be effectively insulated. Tanks will be protected against contamination and materials used which do not encourage Legionella growth.

- Hot water output from each outlet will reach 50°C within 1 minute of running (55°C in health care premises)

- Cold water will be stored and distributed at a temperature of less than 20°C.

- 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.
Subject: Terrorist Attacks

Purpose

1) The recent terrorist attacks across the UK and the world are a reminder that the threat of terrorism is real and serious.

2) The purpose of this policy is not to cause fear or panic, but to raise awareness amongst employees of the need to be proactive and prepared should a situation arise.

References

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

Procedures

1) The Organisation will conduct a risk assessment to assess the likelihood of a terrorist attack occurring in the area. This may be recorded as a standalone document or incorporated into a business continuity plan or disaster recovery plan.

2) The Organisation will ensure procedures for responding to terrorist attacks are defined and recorded (again, this may be incorporated within a business continuity / disaster plan).

3) If a terrorist attack or suspected terrorist attack occurs, the police shall be informed immediately (notwithstanding the need to evacuate).

4) The Organisation will follow the instructions given by the police. Employees are encouraged not to approach suspected terrorists.

5) The Organisation will ensure staff are provided with the latest terrorist information provided by the Government and emergency services. This information will influence any reviews required of the terrorism risk assessment.

6) Planning for terrorism related evacuation will be part of the overall evacuation plan for the building. Evacuation of the premises may be needed due to:
   - a threat aimed directly at the building
   - a threat received elsewhere and passed on by the police
   - discovery of a suspicious item in the building (perhaps a postal package, an unclaimed holdall or rucksack) (See Policy on Letter Bombs)
   - discovery of a suspicious item or vehicle outside the building
Subject: Terrorist Attacks

- an incident to which the police have alerted you, any member of staff or the Organisation.

Guidance

1) In the event that the risk assessment suggests a specific evacuation procedure is required, a flexible approach may be required due to the nature of these attacks. For example, internal, external and long term assembly points may need to be defined in order to account for a terrorist attack which prevents safe evacuation, or could affect the availability of the usual assembly point. In other instances, it may be safer for employees to stay inside the building with the doors and windows locked or to remain away from windows and in internal rooms.

2) The Organisation will ensure that where specific evacuation procedures are defined, these will be clearly communicated to all members of staff.

3) Staff with impairments and/or disabilities should be individually briefed on their evacuation procedures, which should be recorded as part of the Personal Emergency Evacuation Plan (PEEPS).
SECTION 3
Contents of Section 3

3.1 First-aid
3.2 Accidents
3.3 Risk Assessments
3.4 Staff Safety and Violence
3.5 Information, Instruction and Training
3.6 COSHH
3.7 Noise
3.8 Display Screen Equipment (DSE)
3.9 Vehicles
3.10 Smoking
3.11 Alcohol and Drugs
3.12 Blood, Body Fluids, Sharps
3.13 New and Expectant Mothers
3.14 Stress
3.15 Young Persons
3.16 Electromagnetic Radiation
3.17 Food Hygiene
3.18 Occupational Health
3.19 Home Working
3.20 Adverse Weather Conditions
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

2) Health and Safety at Work etc. Act 1974
3) Health and Safety (First Aid) Regulations 1981, as amended’
4) Health and Safety (Miscellaneous Amendments) Regulations 2002
5) Health and Safety (Safety Signs and Signals) Regulations 1996

This guidance is for employers. It sets out what employers need to do to address first-aid provision in the workplace.

Key Legal Requirements

See summary at Section 8 – see EVH website – www.evh.org.uk

Procedures

1) Risk Assessment will be conducted to determine the required number of first aiders or appointed persons, level of training, facilities and equipment appropriate to the first-aid requirements of the Association. The assessment should take into account:

- the number of employees
- their distribution in the workplace
- the differing work activities (frequent manual handling, work at height etc)
- hazardous machinery, substances or processes
- where access to emergency services is difficult

Notwithstanding the above, the Association will have at least three employees per site trained as a ‘First Aider at Work’. These employees will have successfully undergone the ‘First Aid at Work’ (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. Certified first aiders are Heather Kennedy, Christine Thomson, Margaret Scott and Margaret Hall.. See Appendix 27 for further guidance on First Aid Risk Assessment.
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’ (EFAW) certificate, with refresher training every 3 years, but will not attempt to give first-aid for which they have not been trained.

3) The Association will demonstrate due diligence in the selection of first aid training providers, this can include checks on the following; the qualifications expected of trainers and assessors, monitoring and quality assurance systems, teaching and standards of first aid practice, syllabus content and certification.

4) 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.

5) 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.

6) 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.

7) 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.

8) New employees will learn of the first-aid arrangements as part of their induction training.

9) Prior to a contractor commencing work in the premises, the induction course given will include the details of the first-aid arrangements.

10) Sufficient quantities of each item should always be available in every first-aid box. These will normally be:

- one guidance card
- x 20 individually wrapped sterile adhesive dressings of assorted size and appropriate to the place of work
- x 2 sterile eye pads with attachments
- x 2 individually wrapped triangular bandages
- x 6 safety pins
- x 6 medium sized individually wrapped sterile dressings (120mm x 120mm)
- x 2 large sterile individually wrapped unmedicated wound dressings
- x 3 pairs disposable gloves
11) 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 & Safety at Work etc. Act 1974
2) Reporting of Injuries Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) Regulations 2013
3) Social Security (Claims and Payments) Regulations 1987
4) HSG 245 (Second Edition) Investigating Accidents and Incidents
5) INDG 453 (revision one) - Reporting accidents and incidents at Work

Procedures

1.0 All Accidents / Incidents / Near Misses
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 one of the first-aiders as soon as possible, who will deal with the situation as appropriate. (See separate Evidence File for examples of accident and near misses reports)

1.2 A 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 a first- aider unless they have been trained specifically to do so.

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.

1.5 The details of the incident will be recorded in the Accident Book BI 510 - ISBN 9780717664580. This Accident Book contains detachable pages to comply with data protection requirements and completed forms will, therefore, be filed in a confidential location.
1.6 An Internal Accident Report Form (see Appendix 6) 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 Chief Executive, who will take appropriate action. All forms will be filed in a confidential location and retained for a period of 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).

2.0 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.

All work-related injuries resulting in incapacitation of the worker for more than 7 consecutive days must be reported under RIDDOR, and must be reported within 15 days after the accident. Where a worker has been incapacitated for more than 3 days a record must be kept by the employer.

2.2 The updated method of reporting is as follows:

Online
Complete the appropriate online report form listed below (see example Appendix 5). The form will then be submitted directly to the RIDDOR database. You will receive a copy for your records.

✓ Report of an injury
✓ Report of a dangerous occurrence
✓ Report of an injury offshore
✓ Report of a dangerous occurrence offshore
✓ Report of a case of disease
✓ Report of flammable gas incident
✓ Report of a dangerous gas fitting

Telephone
All incidents can be reported online but a telephone service remains for reporting FATAL and SPECIFIED injuries only - call the Incident Contact Centre on 0845 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm).

Reporting out of hours

HSE has an out-of-hours duty officer. Circumstances where HSE may need to respond out of hours include:
Subject | Accidents
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✓ A work related death or situation where there is a strong likelihood of death following an incident at, or connected with work;
✓ A serious accident at a workplace so that the HSE can gather details of physical evidence that would be lost with time, and;
✓ Following a major incident at a workplace where the severity of the incident or the degree of public concern, requires an immediate public statement from either the HSE or government ministers.

All less serious incidents should be reported utilising the on-line report system.

2.3 Accidents, incidents and illnesses requiring reporting are defined in INDG453 (rev 1), Reporting accidents and incidents at work, and include the following:

i) any person dies as a result of an accident arising out of or in connection with work, including an act of physical violence;

ii) any person at work suffers a specified injury as a result of an accident arising out of or in connection with work, the list of ‘specified injuries’ in RIDDOR 2013 (regulation 4) includes:

- a fracture, other than to fingers, thumbs and toes;
- amputation of an arm, hand, finger, thumb, leg, foot or toe;
- permanent loss of sight or reduction of sight;
- crush injuries leading to internal organ damage;
- serious burns (covering more than 10% of the body, or damaging the eyes, respiratory system or other vital organs);
- scalplings (separation of skin from the head) which require hospital treatment;
- unconsciousness caused by head injury or asphyxia;
- any other injury arising from working in an enclosed space, which leads to hypothermia, heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours.

iii) any person not at work suffers an injury as a result of an accident arising out of or in connection with work and that person is taken from the site of the accident to a hospital for treatment in respect of that injury. There is no requirement to establish what hospital treatment was actually provided, and no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent;

iv) any person not at work suffers a specified injury as a result of an accident arising out of or in connection with work at a hospital; or
Subject | Accidents
---|---

v) diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work. These diseases include (regulations 8 and 9):

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis;
- hand-arm vibration syndrome;
- occupational asthma;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

vi) there is a dangerous occurrence, for a full, detailed list, refer to the online guidance at: www.hse.gov.uk/riddor;

where a person at work is incapacitated for work of a kind which he might reasonably be expected to do for more than seven consecutive days (excluding the day of the accident but including any days which would not have been working days) because of an injury resulting from an accident arising out of or in connection with work, and within 15 days of the accident send a report thereof to the relevant enforcing authority.

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 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

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 (COSHH)
5) Control of Noise at Work Regulations 2005
7) Control of Lead at Work Regulations 2002
8) Control of Asbestos Regulations 2012
9) Fire Safety (Scotland) Regulations 2006

Key Legal Requirements

See EVH website – www.evh.org.uk

Procedures

1.0 General Risk Assessment

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

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.

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.

Arrangements will be made to comply with the recommendations of all risk assessments and reviews, where reasonably practicable.
Subject | Risk Assessments

All risk assessment documentation will be filed in the Risk Assessment file by the H&S Administrator.

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

Appendix 21 presents the EVH booklet offering guidance on how to carry out a Risk Assessment.

2.0 Specific Risk Assessments

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:

- Noise assessment
- COSHH assessment
- Manual Handling assessment
- Display Screen Equipment assessment
- Lead-in-air assessment
- Asbestos risk assessment
- Fire risk assessment
- Legionella risk assessment

Appropriate sections of the Manual (along with any relevant separate documents) indicate the Association’s policies on these areas.

Responsibilities

1) The Chief Executive 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.

As indicated previously the Association has a separate Risk Assessment File where all up to date risk assessments are filed.
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 & Safety management is not confined simply to physical attack. It also includes verbal abuse, ostracism, discrimination, and racial or sexual harassment.

References

1) Health & Safety at Work etc. Act 1974
2) Management of Health & Safety at Work Regulations 1999
3) Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013
4) EVH “Personal Safety” document (Appendix 8)
5) Managing Aggression and Violence (Pepar/EVH/1997)

General Comments

1) The Association should also be aware that assistance is available to all members of staff through Time for Talking (which replaced the Employee Counselling Service in July 2016). This service can be accessed through the Association or by individual employees who can contact the service direct without reference to their employers on telephone number 0800 970 3980.

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) Further guidance on violence in the workplace is included in Appendix 8 of this manual.

5) Staff who are involved in incidents may benefit from counselling and/or other appropriate support after the incident. The Chief Executive 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 the Chief Executive 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 Management Committee, 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. However, it is the Association's policy to report all violent incidents to the Police as a mechanism to formally record "near misses" and hopefully deter the culprit from repeating the incident.

9) The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (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 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

1.0 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.

2.0 Violent behaviour from visitors/members of the public

2.1 The Association recognises that members of staff may be 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.

2.4 The way the workplace, in particular interview rooms, is 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 in the first instance to their departmental manager.

2.5 All staff will be trained in the use of any security systems which the Association has implemented, e.g. panic buttons, personal alarms etc. All staff will be given instructions on escape routes from interview/meeting rooms.

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 will be implemented to reduce the risk to staff.

✓ In the case of interviews these should be scheduled with a minimum of two members of staff present.
Subject | Staff Safety and Violence

✓ 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:

✓ The senior member of staff (or most suitably trained member) of staff present will assume control of the situation.
✓ The First-aider will render treatment as appropriate.
✓ If the senior member (or most suitably trained member) of staff considers it necessary the appropriate emergency services will be contacted;
✓ The office will be closed to the public if necessary until the incident has been resolved.

3.0 Violent behaviour to staff when conducting home visits

1.1 Members of staff who are required in the course of their normal work to visit homes will be offered suitable training or instruction on how to deal with potentially violent situations.

1.2 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.

1.3 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 Staff leaving the office to carry out visits will insert the relevant details on the staff in/out register recording details of their proposed movements estimated time of return. Where staff have not returned within 30 minutes of the estimated time of return the Departmental Manager will be notified by reception staff and the member of staff will be contacted by mobile phone to confirm their safety.

3.7 External 'tracking' systems provided by security firms will be investigated should the above procedure prove to be insufficient.

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.
3.9 The Association will undertake a risk assessment of the hazards associated with home visits within their area and will implement practical measures and procedures such as personal alarms, mobile phones, etc as deemed appropriate.

3.10 The key approach is that the Association does 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.

4.0 Post Incident Support

4.1 Responding to staff needs after an incident is an extremely important aspect of any incident. Providing support for staff will not only help prevent and control violence at work but will also help to minimise and control any impact on staff and ensure that they recover from the incident as soon as possible.

4.2 The following recommended framework has been adopted by the Association;

(i) As soon as possible after the incident has occurred a meeting between the member/s of staff concerned, the Departmental Manager and the Chief Executive will take place. The objective is to respond to immediate needs and to help staff to feel that what they are experiencing is a normal reaction and that the need for support is not seen as a failure on their own part.

(ii) As well as giving a member of staff the opportunity to express their feelings and reaction to the incident, this initial conversation will also cover:

- an outline of incident reporting procedures;
- a report on the progress of any investigation or action taken by the Association/ 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.

(iii) Providing a 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.

(iv) This initial meeting will combine emotional support and practical information. It should 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. The Association will regularly review and discuss all aspects of their operational procedures with staff.

5.0 Opening Premises
Staff arriving to open the office in the morning should not enter the office if the alarm is sounding or where there appears to be any sign of forced entry. If the alarm is sounding he/she should contact the Chief Executive, Depute Chief Executive or other key holder and await assistance.

If there is any sign of forced entry then he/she should contact the Police and await assistance.

Should the Police wish to carry out an inspection inside the office then access should be given.

Entry to the office under those circumstances should only be after the all clear is given by the Police.

6.0 Lone Office Working
It is recognised that lone workers may be exposed to additional risks by virtue of there being no other personnel present and/or communication links. The General Risk Assessment should include appraisal of these risks. However, in most cases of planned lone working, a specific Lone Working Risk Assessment will be carried out. This would be appropriate where the hazards/risks are deemed significant, the employee is vulnerable or the task is non-routine.

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

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

Line Managers are responsible for ensuring that regular contact is made by lone workers at a regular frequency.

In the event of any incident occurring to a lone worker, immediate contact should be made with the appropriate emergency services and the Line Manager, who will deal with the situation as appropriate.
Staff working in the office alone should only do so with the specific permission of their departmental manager.

Specific issues associated with this include the following;

- No lone office interviews will be allowed beyond 5pm;
- No unauthorised persons will be allowed entry to the office after 5pm;
- Staff leaving the office must ensure that all doors and windows are closed and the intruder alarm is set before leaving the building. Should the alarm fail to set and having double checked that all doors and windows are closed the alarm should be left unset and the Chief Executive or in his absence the Depute Chief Executive or other member of the Management Team, notified as soon as possible.
- Staff unable to demonstrate the necessary levels of competence or responsibility in terms of health and safety procedures will not be allowed to work alone in the office.

### 7.0 Out of Office Hours Home Visits

Staff carrying out home visits work beyond 5pm, not returning to the office and therefore unable to comply with signing in and out procedures the following shall apply;

- The member of staff will phone their departmental manager as soon as possible to advise him/her of the situation. A revised time for going off duty will be agreed.

- If this is prior to 5pm the departmental manager will advise the administration staff that the member of staff is running late and will not be returning to the office. Administration staff will record this on the out of office signing sheet at reception.

- If this is after 5pm the departmental manager will insist that the member of staff phones him/her when the visit is complete and that the member of staff is going off duty.

- If the member of staff does not make contact at the revised agreed time, the departmental manager shall initiate contact by ringing the member of staff’s mobile phone.

- If the departmental manager is unable to make contact with the member of staff within 15 minutes of the previously agreed time, the emergency services shall be contacted.

### 8.0 Dealing with Emergencies

Staff working alone will only be allowed to do so once they have become familiar with the Association’s emergency procedures. At all times the member of staff will be able to contact their departmental manager and the local police office in the event of an emergency situation.
Subject | Staff Safety and Violence

On leaving the office all lone workers will contact their departmental manager (or other predetermined member of staff) to advise that they have left the office safely.

See Appendix 9 for a copy of the Association’s separate Lone Working Policy.
Subject | Information, Instruction and Training

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
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) Noise at Work Regulations 1989
9) Health and Safety (First-aid) Regulations 1981, as amended
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 to Employees Regulations 1989
14) Range of other specific Regulations dealing with, for example, asbestos, lead, pesticides etc.

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 training needs are assessed and training is provided as necessary to ensure they keep abreast of all safety matters.

In order to continue to work safely training will need to be revised and updated as necessary. All records will be filed in the training file by the H&S Administrator.

A well planned and delivered training plan is the best possible way to improve health and safety performance, while at the same time creating a positive health and safety culture throughout the organisation.

To assist the organisation in ensuring that adequate training is clearly defined for all employee functions and responsibilities, a Health and Safety Training Matrix is available within Appendix 33 of the Control Manual, which lists the roles identified within the Organisation Chart and the core competence levels that should be achieved for each role.

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 Organisation, will not be operated by any person under 18.

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 the Associations 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.
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) European REACH (Registration, Evaluation, Authorisation and Restriction of Chemicals) Regulations
4) INDG 136 (Rev5) – Working with Substances Hazardous to Health

Key Legal Requirements

See EVH website Employers in Voluntary Housing

Procedures

1.0 COSHH Assessment

1.1 A survey of ALL the hazardous substances 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 hazardous substances used or stored so that those which are hazardous can be identified.

1.3 A documented Risk Assessment of all processes that involve the use of hazardous substances will be carried out. This “COSHH Assessment” will include an investigation of the use of all hazardous materials involved in that process, an appraisal of the hazards and risks to health associated with the use of those substances, their interaction and by-products, determination of whether it is possible to eliminate or substitute the substance(s), 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.

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 & 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.

2.0 Suppliers

2.1 Under the European Reach Regulations, suppliers must provide “Safety Data Sheets (SDS’s)” for all products containing hazardous substances. These sheets will be requested, if not supplied, for ALL the products containing hazardous substances used by the Association.

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 SDS’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 substances in use in the Association.

2.4 A request e-mail for seeking hazard information from suppliers has been prepared for use on occasions when the information has not been forthcoming (see Appendix 24).

3.0 Information and 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

**Purpose**

1) To ensure that the Association complies with the obligations placed on it by the 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 & Safety at Work etc. Act 1974
2) Noise at Work Regulations 1989

**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) 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 produced for the work.

3) 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.

4) 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.

5) 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.

6) 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 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.

7) 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.

8) 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, health surveillance (hearing checks), staff training etc.

Figure 1

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

**Purpose**

1) To ensure that the Association complies with the obligations placed on it by the Display Screen Equipment Regulations 1992.
2) To reduce the risk of injury and discomfort to DSE Users of Display Screen Equipment.

**References**

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

**Key Legal Requirements**

See EVH website – [www.evh.org.uk](http://www.evh.org.uk)

**Definition**

Display Screen Equipment (DSE) is a device or equipment that has an alphanumeric or graphic display screen, regardless of the display process involved; it includes both conventional display screens and those used in emerging technologies such as laptops, touch-screen and other similar devices.

DSE User is a worker or employee who regularly uses DSE as a significant part of their normal work – daily, for continuous periods of an hour or more. This does not apply to those who use DSE infrequently or for short periods of time however, controls described may still be useful.

**Procedures**

1) All work stations will be examined 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. *(See separate Risk Assessment File for most recent specific DSE Risk Assessment).*

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 give 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.
Subject: Display Screen Equipment (DSE)

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. These DSE Risk Assessments will be recorded and copies filed by the H&S Administrator.

4) DSE "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 five to ten 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.

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.

5) 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 an eye test. 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”.

A record of eye tests is held on the separate **Evidence File**.

6) 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.

7) To be eligible for any contribution towards glasses, the employee’s optometrist conducting the eye test should make a report to the employer. The report must state whether a corrective appliance is required for DSE work, whether there is a change in the employee’s prescription, and when re-examination should take place. It is the employee’s responsibility to ensure the report provides all relevant information. If the report does not contain the above, no payment towards the cost of the glasses will be made. Any prescription, or other confidential clinical information, should only be passed to the employer with the employee’s consent.

8) When a prescription for glasses is given for using DSE equipment, the organisation will provide a contribution towards the cost of lenses and frames. This contribution can only be claimed if the optometrist advises of a change in prescription, or recommends new lenses on receipt of the report stated above.

9) 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)

10) 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.

11) Following the DSE Risk Assessment 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.

12) DSE 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 DSE 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).

14) It is, therefore, important that DSE 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

Purpose

1) The Association has a safety policy on the use of vehicles by employees for business purposes to ensure that vehicles are considered in the same terms of safety as other places of work.

2) This policy applies to any employee who drives vehicles, rides a motorcycle or bicycle at work. It also applies to those using their own vehicles for work purposes.

3) The Association may be liable to prosecution where they “cause or permit” a person to drive a vehicle that is in; a dangerous condition, or; without a valid licence, or; without valid insurance.

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) Road Traffic Act 1988
5) Road Vehicles (Construction and Use) Regulations 1986
6) INDG 382 (Rev.1) Driving at Work Managing Work Related Road Safety

Key Legal Requirements

Employers have duties under health and safety law for on-the-road work activities. The Health and Safety at Work etc Act 1974 (HSW Act) states employers must ensure, so far as reasonably practicable, the health, safety and welfare of all employees while at work. Employers must also ensure that ‘others’ are not put at risk by their work-related driving activities.

If an employee is killed while driving for work purposes, and there is evidence that serious management failures resulted in a ‘gross breach of a relevant duty of care’, the company or organisation could be at risk of being prosecuted under the Corporate Manslaughter and Corporate Homicide Act 2007

See summary at Section 8 - see EVH website - www.evh.org.uk

1.0 Definition

“Vehicle” – any mode of transport that is used for work purposes and includes; cars, vans, lorries, motorbikes, bicycles, off-road, plant, public transport, taxi etc.

2.0 General Requirements

2.1 Staff will be encouraged to conduct their work via e-mail, telephone or video conferencing as much as possible. However, it is recognised that a significant amount travel out with the office will be required.
2.2 Where alternative modes of transport are to be used, the Association must satisfy itself the transport is suitable and safe before its use.

2.3 Staff using vehicles on company business should adhere to good driving practices, in accordance with the Highway Code.

2.4 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.

2.5 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 recovery firm but will, on all occasions, report details to senior staff as soon as is reasonably practicable. All staff will co-operate with emergency services involved in an incident.

2.6 Any accidents / incidents incurred will be reported, investigated by senior staff and recorded on an accident report form and in the accident book.

3.0 Drivers Safety

3.1 All employees required to drive in order to undertake their duties must have a valid driving licence valid for the type of vehicle to be driven, and complete the “Vehicle Declaration” at Appendix 19, and countersigned by the Health & Safety Administrator.

3.2 All employees will inform their departmental manager / Health & Safety Administrator immediately should they become aware of any reason as to their ability to operate a vehicle safely, or changes to documentation / information provided at (3.1) above.

3.3 Employees should not attempt to drive when feeling tired, unwell or under the influence of alcohol / drugs. Employees are responsible for identifying side effects of medicines, both prescribed and over the counter.

3.4 Drivers should ensure an adequate means of communication is available on all excursions.

3.5 Seatbelts must be worn at all times when fitted.

3.6 Drivers are encouraged to attend an eye and eyesight test at least every two years which is available free in Scotland under the NHS. If a driver experiences any significant issues with their eyes, they should attend an optician as soon as is possible and refrain from driving.
4.0 Journey Safety

4.1 Vehicle use will only be carried out where considered necessary in accordance with General Requirements (2.0) above.

4.2 Journeys will be scheduled to a realistic timetable and will take into account the need for adequate rest periods.

4.3 The Association will monitor weather conditions, in the event weather conditions are considered unsafe, journeys will be re-scheduled.

4.4 Routes to be planned in advance, when using a Satellite Navigation System all destinations should be entered whilst the vehicle the vehicle is parked in a safe location and the engine is switched off.

5.0 Drivers Using Own Vehicles

5.1 Personnel vehicles will only be authorised for work use upon completion of the “Vehicle Declaration” at Appendix 19, and countersigned by the Health & Safety Administrator.

This includes confirming valid driving licence using the DVLA website, insurance noting business use stipulated, valid road tax and appropriate MOT certificate. All information will be recorded. https://www.gov.uk/check-driving-information

6.0 Risk Assessment

The Association will carry out an occupational driving risk assessment where vehicles are used for business purposes. The depth and complexity of the assessment will depend upon the extent and nature of the actual driving operations carried out and the type of vehicle involved. The risk assessment will consider the following issues:

6.1 Driver – competency, skill, training, stress, fatigue, fitness and health, eyesight and eyesight tests, reporting of health concerns, PPE, driving under influence of alcohol, driving under influence of illegal drugs or substances of abuse, smoking in vehicles, use of mobile phones, familiarity with vehicle, driving under influence of prescribed drugs, eating and drinking in vehicles, attending to radio or satnav, personal security getting to and from car, lone working, seatbelts, obeying highway code

6.2 Vehicle – suitability, condition, safety equipment, safety critical information, ergonomic considerations, maintenance, familiarity with vehicle, loads to be carried, securing of loads, safety specifications, defect identification and correction, refuelling

6.3 Journey – routes, appropriateness of route for vehicle type, scheduling, time allocated to travelling, time of travel, distance, weather conditions, road types, speed limits, familiarity with route, breaks
6.4 Emergency – incidents, accidents, breakdown, recovery, road rage incidents, carjacking, first aid procedures, emergency procedures.

6.5 Carrying of passengers – the risk assessment will take into account any particular requirements of any passengers being carried.

6.6 Inclement Weather (i.e. snow, fog or high winds) – Plan the journey, adjust the times and routes to take account of poor weather conditions. Vehicles properly equipped to operate in poor weather conditions i.e. anti-lock brakes, winter tyres fitted, windscreen washer fluid. Divers understand how to reduce road risk i.e. reduce speed, put on fog lights, etc.

7.0 Cycle Safety

1) Where the organisation has pool bicycles available for use, all bicycles will be fitted with the essential bicycle requirements e.g. bell, reflectors and breaks.

2) All cyclists using bicycles for work-related journeys will have sufficient and demonstrable knowledge of the Highway Code. Those who are not drivers and who are not familiar with the Highway Code will receive appropriate training.

3) All cyclists will be required to fill out a bicycle declaration form. All employees will inform their Departmental Manager/Health & Safety Administrator immediately if there are any changes/deterioration to their health or if there are any factors which may affect their ability to cycle safely.

4) Cyclists will carry out pre-user checks prior to each journey.

5) The organisation will supply cyclists with a helmet and a high visibility vest, other than where the cyclist prefers to use their own equipment. Note that in such cases, the equipment must be in good repair and helmets must be CE Marked. Helmets must be worn whilst cycling for business purposes.

6) The organisation will provide insurance cover for pool bicycles only but, will ensure that the organisation’s insurance adequately covers any liability associated with employees cycling on work business (whether or not on an organisation bicycle). Those utilising their own personal bicycles for business use are responsible for insuring their own bicycles against theft and damage.

7) All bicycles (including personal bicycles used for business use) will be subject to regular and documented maintenance and inspection.
Subject | Smoking

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.

Procedures

1) From 26th March 2006, smoking has not be permitted within any Association 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

   An example of an appropriate “No Smoking” sign is presented in Appendix 17.

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
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

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 Management Committee, 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.

Policy

A separate “Smoke Free Policy” has been adopted by the Association to satisfy the above requirements - see separate Evidence File.
Subject: Alcohol and Substances

Purpose

1) To ensure that anyone misusing alcohol or substances will be managed in accordance with the appropriate procedure.

2) To ensure that any employee experiencing alcohol or substance related problems will receive a consistent and caring response.

References

1) Health and Safety at Work etc. Act 1974

2) EVH Alcohol & Substance Misuse Model Policy

Key Legal Requirements

See summary at Section 8 - see EVH website - www.evh.org.uk

Procedures

1) The Association will provide a fair and consistent system in accordance with the Alcohol and Substance Misuse Policy.

2) Any employee observed to be misusing alcohol or substances will be managed as detailed in the Alcohol & Substance Misuse Policy.

The Association’s policy and procedures on “Substance Misuse” is contained in a separate document – see separate Evidence File.
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 & Safety at Work etc. Act 1974
2) Management of Health & Safety at Work Regulations 1999
3) Control of Substances Hazardous to Health Regulations, as amended 2002 (COSHH)

Procedures

1) **Cleaning up Work**
   1.1 Staff should not carry out remedial cleaning-up work themselves. An external competent agency should be contacted eg the local authority.

2) **Work Carried out by External Agencies**
   2.1 For uplifts of sharps and disinfection of body fluids in public areas *e.g. close entrances, stairs etc* the member of staff discovering the situation will contact the local authority Environmental Health Department and arrange for the matter to be dealt with.

   2.2 Where there may be a risk of sharps in clearing out houses of furniture, etc., arrangements will be made with the Environmental Health Department before any work starts. This is not only to protect staff who may be in attendance but also the employees of companies used for such tasks.

Adrian Papa
Orbis Protect
All Clean Services
Beaufort House
18-20 Hamilton Street
Cricket Field Road
Tillicoultry
Uxbridge
FK13 6EL
UB8 1QG

Tel: 01259 750220
Tel: 01895 465500
Fax: 01895 495499
Subject | New and Expectant Mothers

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 & Safety at Work etc. Act 1974
2) Management of Health & Safety at Work Regulations 1999, as amended
3) Workplace (Health, Safety and Welfare) Regulations 1992, as amended
4) Equality Act 2010

Key Legal Requirements

See EVH website – www.evh.org.uk

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.

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 will be informed and measures introduced to eliminate or adequately control the risk.

3. The main risk areas to be considered for new and expectant mothers include:

<table>
<thead>
<tr>
<th>Slips, trips and falls</th>
<th>Lone working / night working</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work at height</td>
<td>Nutrition</td>
</tr>
<tr>
<td>Movements and postures</td>
<td>Violence and aggression</td>
</tr>
<tr>
<td>Adequacy of welfare and rest facilities</td>
<td>Manual Handling</td>
</tr>
<tr>
<td>Fatigue, stress and working hours</td>
<td>Extremes of cold and heat</td>
</tr>
<tr>
<td>COSHH (Hazardous Substances)</td>
<td>Driving</td>
</tr>
</tbody>
</table>
4) If significant health and safety risk is identified for a new or expectant mother, which goes beyond the normal level of risk found outside the workplace, the following actions must be taken:

1. Temporarily adjust her working conditions and/or working hours, if that is not possible;
2. Offer her suitable alternative work (at the same rate of pay) if available; or if that is not possible;
3. Suspend her from work on paid leave for as long as necessary to protect her health and safety and that of the developing child.

However, the Employment Rights Act 1996 provides that, where appropriate, suitable alternative work should be offered (on the same terms and conditions) before any suspension from work.

5) Electromagnetic radiation from computer screens is currently not believed to adversely affect the mother or foetus. The HSE state that the Display Screen gives both visible light, which enables us to see the screen and other forms of electromagnetic radiation which can be harmful above certain levels. However, the levels of radiation emitted from display screens are well below the safe levels set out in the international recommendations.

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.

A template for carrying out a NEMS Risk Assessment is attached – Appendix 14

A separate New & Expectant Mothers Policy is available on request - see separate Evidence File.
Subject | Stress

**Purpose**

1) To take reasonable steps to assess the risks and reduce the likelihood of employees suffering from stress related ill health.

2) To help staff to understand stress, identify it and develop appropriate coping mechanisms.

3) To promote a culture of mental and physical wellbeing.

**References**

- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999, as amended
- HSE Management Standards for Work Related Stress
- INDG430 How to Tackle Work Related Stress
- The Sutherland -v- Hatton case (2002), 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".
- Barber –v- Somerset Council (2004), concluded that an employer was only fulfilling his duty of care if he "kept actively and reasonably up to date with developments in health and safety and guidance on stress".

**Key Legal Requirements**

See summary at Section 8 - see EVH website - [www.evh.org.uk](http://www.evh.org.uk)

1) **Definitions**

The HSE's formal definition of work related stress is "*The adverse reaction people have to excessive pressures or other types of demand placed on them at work*".

2) **Signs and Symptoms of Stress in Individuals**

Typical indicators behaviours of those experiencing stress include;

1) Emotional – Negative or depressive feelings, disappointment with self, increased emotional reactions, loneliness or withdrawn, loss of motivation commitment and confidence, mood swings (not behavioural).

2) Mental – Confusion, indecision, inability to concentrate, poor memory.

3) Changes from normal behaviour – Changes in eating habits, increased smoking, drinking or drug taking ‘to cope’, mood swings effecting behaviour, changes in sleep patterns, twitchy nervous behaviour, changes in attendance.
3) Signs and Symptoms of Stress in Groups

Typical indicators of stress in a group include:

1) Disputes and disaffection within the group
2) Increase in staff turnover
3) Increase in complaints and grievances
4) Increased sickness absence
5) Increased reports of stress
6) Difficulty in attracting new staff
7) Poor performance
8) Customer dissatisfaction or complaints

Procedures

1) The Association recognises that certain employees may suffer ill-health as a result of undue stress at work. The organisation will therefore, develop a system/culture of supervision, teamwork and staff meetings which aims to support and protect staff and take a proactive approach to reducing stress in the workplace.

2) 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 their ability to cope with stress will be taken at face value, unless there is good reason to think to the contrary.

3) Employees' responsibilities include; raising any concerns regarding stress at the earliest opportunity, to participate in the organisations measures to assist in reducing or eliminating stress, to be aware of the HSE Management Standards (see Appendix 16) and the signs of stress and to raise any concerns they may have for their colleagues in regards to stress with a manager. Employees should also inform Management staff of any work process that appears to be putting undue stress on staff.

4) The Association will conduct stress risk assessments on a periodic basis based on the HSEs Management Standards on Work Related Stress. The risk assessment will incorporate the primary sources of stress at work as defined within the Management Standards:

- Demands
- Control
- Support
- Relationships
- Role
- Change
5) The Association will adopt the EVH Model Policy – Stress Management available on the EVH website to ensure compliance with this Policy

6) Employees will be made aware that assistance, advice and support is available to all members of staff through the Associations confidential employee counselling service provider Time for Talking. This service can be accessed through the Association, or by an individual employee who can contact the service direct with reference to their employers. Staff will also be provided with additional relevant written information / contacts / support services that might assist in coping with stress.

7) 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, referral to an occupational health specialist, employee counselling service or any other appropriate service. 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).

A separate Mental Health Policy is available - see separate Evidence File
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
3) INDG364 – Work experience for young persons

Key Legal Requirements

See summary at Section 8 - see EVH website - www.evh.org.uk

Definitions

1) "Young Person" means any person who is under the age of 18

2) "Child" means a person who has not yet reached the official Minimum School Leaving Age (MSLA). Pupils will reach the MSLA in the school year in which they turn 16.

Risk Assessment

1) Before a young person or a child commences work, the Association will undertake a full risk assessment of the hazards associated with the proposed job functions.

2) Any risk assessment will take particular account of the inexperience, lack of awareness, and lack of maturity of the young person / child.

Work Experience

1) The Association will not employ a young person or child on work experience where;

1.1 The work is beyond the individual’s physical or psychological capacity;

1.2 The work involves exposure to harmful agents which are toxic or carcinogenic, or may chronically affect human health,

1.3 Involves exposure to radiation;

1.4 Involve the risk of accidents which it might reasonably be assumed cannot be recognised or avoided due to that person’s insufficient lack of attention to safety, experience and/or training;

1.5 Where there is a risk to health from;

✓ Extreme heat or cold;
✓ Excessive noise;
✓ Excessive vibration.

2) Prior to the commencement of employing a child, the Association will provide relevant information to the parent / guardian of all hazards, their associated risks, together with the control measures, relevant to the job function.

Employing Young Persons

1) No young person will carry out any work involving those areas identified under “Work Experience” paragraph 1 above unless:

✓ The work is necessary for their training;
✓ The work is properly supervised by a competent person;
✓ The risks are reduced to the lowest level, so far as reasonably practicable

Working Time

1) No young workers will work more than 8 hours per day and no more than 40 hours per week.

2) A young worker will be entitled to a rest period of 30 minutes when working more than 4 ½ hours per day.

3) No young worker will work between 22:00 and 06:00 without an assessment as to the effects to their health and capacities being carried out.

4) For those children aged between 13 and 16, the local authority should be contacted for guidance on local bye-laws. This may include limiting hours and restricting the type of job function suitable for work experience.
Subject: Electromagnetic Radiation

Purpose

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

References

1) Health & Safety at Work etc. Act 1974
2) Management of Health & Safety at Work Regulations 1999
3) Keep Your Top On – HSE Guidance Note IND(G)14

General Comment

1) The principal sources of radiation to which employees may be exposed at work include:

- radiation from the sun (outdoor work)
- radiation from VDU's
- radiation from mobile telephones
- 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 are 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:

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

1.3 Persons most at risk include:

- persons with fair or freckled skin, or who go red before tanning
- persons with red or fair hair and light coloured eyes
- persons with a large number of moles – say over 50
Subject: Electromagnetic Radiation

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.
   ✓ small scabby spots which do not disappear after a few weeks
   ✓ changed or newly formed moles, or moles which grow or bleed
   ✓ 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.

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 NRPB (National Radiological Protection Board) 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:
   ✓ provide mobile telecommunications equipment only where required as part of a job function (e.g. for security or essential communications purposes)
   ✓ encourage employees to make only short calls on mobile telephones – calls should never last for longer than 20 minutes
Subject | Electromagnetic Radiation

 ✓ 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.

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 Portable Appliance 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

**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 & Safety at Work etc. Act 1974
2) Management of Health & Safety at Work Regulations 1999
3) Workplace (Health, Safety and Welfare) Regulations 1992, as amended
4) Food Safety Act 1990
5) Food Safety (General Food Hygiene) Regulations 1995
6) Food Safety (Temperature Control) Regulations 1995
7) Food Premises (Registration) Regulations 1991

**Procedures**

Any food supplied for Committee meetings or general meetings or functions is brought in from reputable sources.

No food is therefore prepared on the premises and as a result food hygiene section is not applicable.
Subject: Occupational Health

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)
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), 2000
8) EVH Model Attendance and Absence Management Policy, Jan 2013

Key Legal Requirements

See summary at Section 8 - see EVH website - www.evh.org.uk

General Comments

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

- An estimated 1.3 million people who worked in 2015/16 were suffering from a work-related illness.

- Around 0.5 million workers suffered from work-related musculoskeletal disorders (new or longstanding) in 2015/16.

- A further 0.5 million workers suffered from work-related stress, depression or anxiety (new or long standing).

- In 2015/16 25.9 million working days were lost due to work-related illness.

- The annual costs of work-related injury and new cases of illness in 2014/15 (excluding long latency illness such as cancer) was £14.1 billion.
An Advisor may be retained by the Association or services sought from a consulting firm as required. However, all OH Advisors consulted should be Registered Nurses, Doctors and Consultants with specialist qualifications in Occupational Health.

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.

Procedures

1) **Attendance Management**
   1.1 A “return-to-work” interview will take place following any period of unplanned sickness absence.
   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. Advice may also be sought from an OH Advisor, where deemed appropriate.

2) **Health Surveillance**
   2.1 Health surveillance may be required by law for employees who are exposed to certain physical and chemical hazards (e.g. noise, vibration, hazardous substances). A risk assessment will be carried out to identify a need for health surveillance and / or 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 take account of doctors, employees and line managers suggestions for any adjustments to facilitate a return to work.
   4.2 In the event adjustments are made timescales and reviews will also be agreed.
Subject | Occupational Health
---|---

5) **Recording and Record Keeping**

5.1 Records will be kept of the following:

- absences
- 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

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 1999
4) Electricity at Work Regulations 1989
5) Fire Precautions Act 1971
6) Fire Precautions (Workplace) Regulations 1997, as amended
7) Health and Safety (Display Screen Equipment) Regulations 1992, as amended
8) Health and Safety (First-aid) Regulations 1981, as amended
9) Health and Safety (Information for Employees) Regulations 1989
10) Health and Safety (Miscellaneous Amendments) Regulations 2002
12) Provision and Use of Work Equipment Regulations 1998, as amended
13) Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
14) Homeworking – Guidance for employers and employees on health and safety (HSE Ref.: INDG226)

Definitions

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

Comment

1) The Association 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:
Homeworking

- 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.

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 INDG226 and EVH guidance note on Homeworking (Appendix 16) 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.

8) Further information is available from the “Downloads Zone” on the EVH website, “Model Policy – Home Working Policy”.

Subject | Homeworking

| ✓ 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) |
Subject: Adverse Weather Conditions

Purpose

1) To ensure that the Health and Safety of staff during adverse weather conditions is properly addressed in terms of increased and/or additional risk.

References

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

General Note

1) Employers have a responsibility under the Health & Safety at Work etc. Act 1974 to ensure, so far as reasonably practicable, the health and safety of all employees while at work. However, employers also can be held vicariously liable if an employee injures a third party whilst working.

2) Adverse weather can bring additional, and sometimes unexpected, risks to both employees and others who may be affected by employees' work or occupational driving. It is important that any such events are properly addressed and adequately risk assessed on a dynamic basis.

Adverse Weather

1) For the purposes of this policy, 'adverse weather' is taken to be any 'extreme weather conditions' which include: snow, ice, wind, flood, excessive heat, thunder and lightning etc.

2) The Met Office issues warnings to warn the public and emergency services of impending severe and hazardous weather and such warnings will be heeded by the Association in undertaking any risk assessments associated with the weather. These warnings are colour-coded depending on the likely severity of the weather. The Met Office describes the codes as follows:

   **Yellow:** When it is likely the weather will have a low level effect on day to day life including some disruption to travel in a few places.

   **Amber:** There is an increased likelihood of effect from severe weather, which could potentially disrupt travel plans and day to day life. There is the possibility of travel delays, road and rail closures, power cuts and the potential risk to life and property.

   **Red:** Dangerous weather is expected and people should take action to keep themselves and others safe from the effect of the severe weather. It is very likely there will be risk to life and property, with substantial disruption to travel and
energy supplies. People should avoid travelling unless absolutely necessary, and follow the advice of the emergency services and local authorities.

Risk Assessments

1) As soon as is reasonably practicable ahead of any impending adverse weather event, the relevant risk assessments (e.g. lone working, occupational driving, New and Expectant Mothers etc.) will be reviewed and where appropriate, additional assessments carried out to take account of the specific weather conditions.

2) Whilst each situation will be appraised on its own merits, in most cases the additional risk assessing process will be one of ‘dynamic risk assessing’ – that is, additional assessments will be carried out and reviewed as the situation develops. Where practicable, employees likely to be affected by adverse weather will be involved in the risk assessing process.

Monitoring Procedures

1) Association will monitor weather warnings issued by the Met Office and will circulate relevant information from the Met Office, local authorities and police to all employees.

2) Employees must follow any advice and instructions issued by the Association to protect their health, safety and wellbeing

Travelling During Adverse Weather

1) The Association will ensure that occupational driving risk assessments consider driving in adverse weather conditions.

2) All occupational driving will be suspended during a red weather warning and an assessment will be made during an amber weather warning on the safety of drivers. This will be documented in the risk assessments carried out.

3) Employees will be encouraged not to put themselves at unnecessary risk when attempting to attend work during adverse weather conditions with each individual employees’ personal circumstances, location, access to transport etc. being taken into consideration

4) Where an employee experiences substantial difficulty in attending work due to adverse weather conditions, they should notify their Line Manager without delay to discuss alternative working arrangements. The Line Manager will then take any such action as is deemed appropriate in line with the Associations policy.
### External Meetings

1) Where possible, external meetings or visits will be re-arranged or carried out via video conferencing during adverse weather conditions.

### Working Outdoors

1) Employees who are required to work outdoors will have particular attention paid to adverse weather conditions in their risk assessments.

2) The Association will ensure all outdoor workers are trained / instructed in the findings of the risk assessments and in any control measures. These control measures will include the provision of **sun cream** as a standard item to all personnel required to work outdoors (see also section 3.16).

3) During excessive temperatures, employees will be encouraged to take frequent breaks in the shade and to drink plenty of water throughout the day to prevent sunstroke, overheating, dehydration and heat stress. A personal judgement on ‘excessive temperatures’ should be made depending upon the weather conditions and work being carried out.

### Business Continuity Plan

1) In the event of adverse weather conditions (including excess heat) which could affect the health, safety and wellbeing of employees, the Association will implement the business continuity plan insofar as it deals with adverse weather.

   This may include homeworking on a temporary basis or, in extreme cases, paid/unpaid leave, TOIL, flexi time or annual leave being taken in line with Association policy.
| Subject                  | Work Carried Out By Employees |

SECTION 4
Contents of Section 4

4.1 Manual Handling / Lifting

4.2 Work at Height

4.3 Scaffolds

4.4 Personal Protective Equipment (PPE)

4.5 Drains

4.6 Landscaping Work

4.7 Asbestos
Subject | Manual Handling / Lifting

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
3) Lifting Operations and Lifting Equipment Regulations 1998
4) Health and Safety (Miscellaneous Amendments) Regulations 2002

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:

- elimination of the task, where reasonably practicable
- mechanising the task, where reasonably practicable
- 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.

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 7 are guideline charts issued by the HSE to assist

- in judging if loads are too heavy for safe lifting
- methods of employing lifting techniques.

All staff will be made familiar with these charts.
Purpose

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

References

1) Health & Safety at Work etc. Act 1974
2) Management of Health & Safety at Work Regulations 1999
3) Work at Height Regulations 2005
4) Confined Spaces Regulations 1997
5) Health & Safety in Roof Work – HSE Guidance Note HS(G)33
6) INDG401 (Rev 2) Working at Height, a brief guide
7) INDG455 Safe use of Ladders and Stepladders

Definitions

1) HSE define work at height as “work in any place where, if there were no precautions in place a person could fall a distance liable to cause personal injury”.

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:

- avoid the need to work at height through designing out the work at height activity
- protect through the installation of guard rails or parapet wall construction
- 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:

1) competence of person(s) to work at height
2) selection and use of appropriate work equipment
3) the particular risks from fragile surfaces
4) inspection and maintenance of equipment
5) carry out as much work as possible from the ground
6) height of task, duration and frequency
7) safety of workers getting to and from where they work at height
8) prevention of overloading or overreaching when working at height
9) the condition of the surface being worked on
10) protection from falling objects
11) emergency evacuation and rescue procedures

2) **Roof Work**

1. **Only roof inspection work nature may be carried out by employees of the Association.**
2. All roofs on any Association property will be considered fragile or dangerous roofs.
3. Access to all roofs will therefore be restricted to trained personnel.
4. Roof ladders and duck boards of sound construction **must** be used for roof work.
5. Consideration must be given to the use of a safety harness or roof edge protection when carrying out roof inspections.
6. Appropriate safety precautions, as identified by the risk assessment process, will be put in place where skylights or other fragile panels are present.
7. Protection such as roof edging will be considered if it is thought possible that a person could fall through a skylight.
8. 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.
9. If a skylight is being used as the means of getting onto the roof, the anchorage point must be located inside the loft.
10. In all cases the anchorage point must be deemed capable of withstanding the shock of a fall.
11. No roof inspections will be undertaken in adverse weather conditions.
12. No roof inspection will be undertaken if there are overhead power lines which have not been isolated prior to work commencement.
13. Roof inspections must always be planned and executed in such a way as to ensure the safety of all concerned, including the general public.
3) **Loft Work**

1. Where possible, 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. Where this is not possible the person concerned will ensure that the householder is in attendance and is aware of what to do in an emergency.

2. 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. 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.

4. The employee must ensure that an adequate source of light and ventilation is available inside the loft **before** entering the loft space.

5. It is recommended that employees 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 Man-Made Mineral Fibre (MMMF) dusts (e.g. glass fibre insulation).

6. If MMMF is evident, it is recommended that minimal disturbance of insulation is made and goggles should be worn in addition to the respirator.

7. 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.

8. Entry to loft spaces by employees will be for the purposes of inspection only.

9. 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)

4) **Ladders**

1. Ladders used by Organisation personnel will be suitable for the task, British Standard Class 1 ‘Industrial’ or BSEN131 and should be of sound construction with no missing steps or rungs and will remain unpainted so that cracks and other faults can be easily recognised.
Subject | Work at Height

2. Ladders will be visually inspected before and after use, looking out for bent or damaged stiles, missing worn damaged or dirty feet, bent worn missing or loose rungs, bent or worn locking mechanisms, check for splits or buckles on the ladder platform, check steps and treads on stepladders for contamination or loose fittings. (see Appendix 15).

3. 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 Appendix 15).

4. 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.

5. Ladders should not be overloaded, persons weight and equipment being carried should be checked against ladder restrictions prior to working at height and not more than one person at a time will be allowed on a ladder.

6. 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.

7. 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.

8. Ladders will not be climbed higher than the third rung from the top.

9. 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).

10. As over-reaching or stretching whilst on a ladder can lead to loss of balance, if the work area cannot be reached, the ladder will be moved, or a longer one used, to allow the work area to be reached safely.
Subject | Work at Height
---|---

11 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.

12 Three points of contact should be maintained when climbing and working on ladders.

For examples of Ladder Inspections - see separate Evidence File.
Subject | Scaffolds

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 & Safety at Work etc. Act 1974
2. Management of Health & Safety at Work Regulations 1999
4. TG20:08 – A Guide to Good Practice for Scaffolding with Tubes and Fittings'

Procedures

1) Scaffolds built by suitably qualified and experienced external 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, 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. Where scaffolding is erected to occupied property, the occupiers shall be notified in order that appropriate insurance arrangements can be made to protect the occupier’s policy cover.

7) Guidance will be taken from a specialist contractor, or an experienced external Safety Practitioner, on whether a scaffold structure erected for the Association's use requires to be earthed.

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

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 EVH website - www.evh.org.uk

Definition

Personal Protective Equipment (PPE) is equipment that will protect the user against health or safety risks at work. It can include items such as safety helmets and hard hats, gloves, eye protection, high-visibility clothing, safety footwear and safety harnesses.

Hearing protection and respiratory protective equipment provided for most work situations are not covered by these Regulations because there are other more specific regulations that apply to them. However, these items need to be compatible with any other PPE provided.

Cycle helmets or crash helmets worn by employees on the roads are not covered by the Regulations. Motorcycle helmets are legally required under road traffic legislation.

The Employment Act 1989 gives an exemption for turban-wearing Sikhs working on construction sites from the need to wear head protection.

Procedures

1) All tasks, which require PPE, will be identified in the Risk Assessment. 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 Organisation.

   It is recognised that PPE should be used as a last resort wherever there are risks to health and safety that cannot be avoided or adequately controlled in other ways.

2) All PPE will be fit for purpose, properly cleaned, serviced and maintained, correctly stored and compatible with other PPE required to be worn. Good quality PPE should be chosen which is CE marked in accordance with the PPE Regulations. Seek advice from suppliers.
Subject | Personal Protective Equipment (PPE)

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.

2 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.

3 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.

4) 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 face mask is required or where the facial characteristics change significantly.

Note: Employers cannot charge employees for PPE, whether it is returnable or not. This includes agency workers, if they are legally regarded as employees or performing work on request of the employer.

The Association has a separate **PPE Policy** which supplements and expands on the above – see separate **Evidence File**.
Subject | Visual Inspection of Drains
---|---

Purpose

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

References

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

Procedures

1) Sometimes it is necessary to have drains on Association’s property cleared of chokes. **This must only be carried out by suitably qualified and experienced external contractors**

2) Employees may only carry out **visual inspection** of drains. 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.

3) Should offensive odours be encountered then the operator will be supplied with a suitable respirators. Ignition sources will be excluded from the immediate vicinity of open drains.
Subject | Inspection of Landscape Works

Purpose

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

References

1) Health & Safety at Work etc. Act 1974
2) Management of Health & Safety at Work Regulations 1999, as amended
3) Noise at Work Regulations 1989
4) Control of Substances Hazardous to Health Regulations 2002, as amended# (COSHH)
6) Provision and Use of Work Equipment Regulations 1998, as amended

Procedures

1) Landscape work must only be undertaken by suitably qualified and experienced external contractors.

2) Employees may only inspect landscape works and in carrying out such inspections will be supplied with the appropriate Personal Protective Equipment.
Subject | Asbestos

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 2012
3) INDG 223 A Short Guide to Managing Asbestos in Premises'

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.

1.6 Asbestos products such as gloves, aprons or fire blankets will not be used.

2) Asbestos Surveys and Management Plans

2.1 Where Association premises or housing stock were built or renovated prior to 1990, a ‘Management’ asbestos survey will be carried out by a competent asbestos management consultant. (It is expected that no asbestos containing materials would be in use from 1990.) The surveyor should determine an appropriate strategy to cost-effectively assess relevant premises (e.g. by surveying 10% of all similar house designs).

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: Andrew Gibb (Assistant Property Services Manager)

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 ‘Refurbishment / Demolition’ (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.

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 2012 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
- a representative sample of medical examination certificates (conducted by an Employment Medical Advisory Service registered doctor) for personnel who will work on the job
Subject | Asbestos

✓ a representative sample of training records for all personnel who will work on the job (asbestos management and handling courses), usually provided by a United Kingdom Asbestos Training Association (UKATA) member

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

The Association also has a separate Asbestos Policy document which is consistent with the above – see separate Evidence File.
Contents of Section 5

5.1 Selection and Control of Contractors

5.2 Construction Design and Management
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 & Safety at Work etc. Act 1974
2) Management of Health & Safety at Work Regulations 1999

Procedures

1 The Chief Executive, in conjunction with the Director of Customer Services, 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 any work activities commence:

2.1 Mandatory

✓ Provision of Employers Liability/Public Liability insurance details
✓ Provision of suitable references from previous clients for similar work
✓ Provision of Safety Policy
✓ Provision of licence to operate, where appropriate e.g. asbestos workers
✓ Provision of risk assessments and method statements

2.2 Preferred

✓ Description of safety training provided
✓ (Details of membership of a Trade Organisation or Safety Group
✓ Details of access to a qualified safety advisor
✓ Accident/injury data
✓ Health & Safety prohibition and improvement notices

3 It is recognised that Associations often prefer 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.
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<tr>
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<th>Selection and Control of Contractors</th>
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</table>

4. A list of those “Approved” Contractors shall be made up and held by the Chief Executive (development), and Head of Customer Services (planned & reactive maintenance)

5. Prior to the commencement of any work the Chief Executive / Director of Customer Services or Property Services Manager shall arrange for the Contractor to be provided with details of the risks to Health & Safety arising out of work activities on the site.

6. The Chief Executive / Director of Customer Services Manager or Property Services 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 Chief Executive / Director of Customer Services or Property Services 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.

9. On completion of the work, the Chief Executive / Director of Customer Services or Property Services Manager shall ensure that the site has been left in a clean and tidy condition and any unused materials removed.

10. The Chief Executive / Director of Customer Services shall ensure that appropriate Health & Safety File is completed at each of the appropriate contract stages.
Subject | Construction Design and Management

**Purpose**

1) To ensure that the Organisation complies with relevant safety legislation during construction work.

**Reference**

1) Health and Safety at Work etc. Act 1974
2) Construction (Design and Management) Regulations 2015 (CDM)

**Key Legal Requirements**

See summary at Section 8 - see EVH website - [www.evh.org.uk](http://www.evh.org.uk)

**1 Definitions**

- “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.

- “Pre-construction phase” - is defined as any period during which design or predatory work is carried out for a project.

- “Pre-construction information” - means information in the Client's procession or which is reasonably obtainable by or on behalf of the Client, which is relevant to the construction work.

- “Construction phase” - is defined as any period of time starting when construction work in any project starts and ending when construction work in that project is completed.

- “Construction phase plan” - is a document recording the health and safety management arrangements for the construction work.

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

- “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.

- “Health and safety file” – means a file prepared under regulation (12(5)).
The Construction (Design and Management) Regulations 2015 applies to all construction work in the UK and cover the management of health, safety and welfare when carrying out construction projects.

2 Procedures

1) For the purposes of the CDM Regulations 2015, if your project is expected to last longer than 30 working days and have more than 20 workers on the project at any one time, or exceed 500 person days, you will need to make sure your project is notified to the Health and Safety Executive (HSE).

The easiest way to notify your project to the HSE is to use the online form F10 on the HSE’s website. www.hse.gov.uk/forms/notificaiton/f10.htm.

2) It is important to realise that, under the CDM Regulations, Health and Safety is a shared responsibility between the Organisation and other duties holders. The CDM Regulations place responsibility for managing the health and safety of a construction project on three main duty holders.

- Client
- Principal Designer
- Principal Contractor

3) There are two important phases of a construction project under CDM 2015: before and during construction or building work.

- Pre-construction phase (before)
- Construction phase (during)

4) Where there is more than one Contractor working on a project, then a Principal Designer and Principal Contractor must be formally appointed.

5) Under the 2015 CDM Regulations, there are five duty holders as listed below:

3 Client

The Client is anyone for whom a construction project is carried out. The regulations apply to both domestic and commercial clients. A commercial Client is an organisation or individual for whom a construction project is carried out in connection with a business, whether the business operates for profit or not.

Key duties:
Subject | Construction Design and Management

The Client must make suitable arrangements to ensure that, throughout the planning, design and construction of a project, adequate consideration is given to the health and welfare of all those affected and involved in the construction work, which include:

- Formally appoint duty holders.
- Should you as the Client fail to appoint a Principal Designer and/or Principal Contractor, then you by default assume their duties.
- Check duty holders have the right blend of skills, knowledge and experience.
- Allocate sufficient time and resources for all stages.
- Provide and pass on all pre-construction information.
- Where the project is notifiable, notify the HSE, prior to the construction phase.
- Ensure a construction phase plan is prepared before the construction phase.
- Ensure suitable and sufficient welfare facilities are provided on site and check they are in place from the very start of the site work.
- Discuss and agree with all duty holders what information should be in the Health and Safety File.

4 Principal Designer

Principal Designer is the Designer appointed by the Client in projects involving more than one Contractor. They can be an organisation or individual who as part of their business:

- Prepares or modifies a design, or
- Arranges for, or instructs, any person under their control to do so

Key Duties:

Plan, manage, monitor and co-ordinate health and safety in the pre-construction phase of a project. This includes:

- Identify, eliminating or controlling foreseeable risks.
- Assist the Client with the pre-construction information and pass to other duty holders.
- Ensure Designers carry out their duties.
- Liaise with the Principal Contractor for the duration of the appointment.
- Prepare and develop the Health and Safety File.

5 Designer

Designers, are those who, as part of a business, prepare or modify designs for a building or a product, or prepare or modify designs to systems relating to construction work.
Subject | Construction Design and Management

Key Duties:

When preparing or modifying designs, eliminate, reduce or control foreseeable risks that may arise during construction and maintenance and use of a building once it is built, and:

- Co-operation and co-ordination with other duty holders.
- Provide information to other members of the project team to help them fulfil their duties.
- Take account of the general principles of prevention.

6 Principal Contractor

Principal Contractors is a Contractors appointed by the Client to co-ordinate the construction phase of a project, where it involves more than one Contractor.

Key Duties:

Plan, monitor and co-ordinate health and safety in the construction phase of a project. This includes:

- Liaise with Client and Principal Designer.
- Prepare the construction phase plan.
- Organise co-operation between contractors and co-ordinate their work.
- Secure the site.
- Ensure suitable welfare facilities.
- Provide a site induction to all workers.
- Assist the Principal Designer with any design change.
- Assist with the health and safety file (unless the Principal Designer appointment ends before the project ends, then responsibility for completing the health and safety file falls to the Principal Contractor).

7 Contractor

Contractors are those who do the actual construction work. They can be an individual or a company.

Key Duties:

Plan manage and monitor construction work under their control so that it is carried out without risks to health and safety.

- Comply with duty holders
- Prepare a construction phase plan (single contractor projects)
8 **Guidance**

There are six industry-led CDM guidance booklets available: one for each of the five duty holders under CDM and an additional one for workers. Guidance booklets are available from www.citb.co.uk

1. Client
2. Principal Designer
3. Designer
4. Principal Contractor
5. Contractor
6. Workers

The HSE has produced CDM L-serious guidance (L153) to offer further guidance, this can be downloaded from the HSE website: www.hse.gov.uk/construction
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Appendix 01 – INTERNAL AUDIT CHECKLIST

A new, modern, audit style will be conducted as of August 2017. The new audit style will consist of a combination of document reviewing and discussion with key personnel. There will also be a new audit report style. The report will no longer provide a number of ‘legal non-compliances’, ‘operational non-conformances’ and ‘recommendations’.

The table below can still be used as an internal audit checklist to prepare for the audit however, it should be noted that more in depth questions will be asked on a sample of topics.

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<th>STANDARD</th>
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<th>AUDIT</th>
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<tr>
<td>Responsibilities</td>
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<td>1) Are responsibilities clearly defined and capable of providing an effective Management structure? 2) Have responsibilities been adopted?</td>
<td>Where are these defined? Have individuals signed to accept these responsibilities?</td>
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<td>Management Competence</td>
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<td>Provide training documentation for Committee members, Senior Management, HSA and others with H&amp;S responsibilities.</td>
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<td>Is the Management System maintained, reviewed and implemented across the organisation and personnel?</td>
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## B2. RISK ASSESSMENT

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<td>Work at Height</td>
<td></td>
<td></td>
<td>Do you have one?</td>
<td>Provide latest copy (to include name of competent assessor, date assessment completed and review date).</td>
</tr>
<tr>
<td>Occupational Driving</td>
<td></td>
<td></td>
<td>Do you have one?</td>
<td>Provide latest copy (to include name of competent assessor, date assessment completed and review date).</td>
</tr>
<tr>
<td>Other Risk Assessments (Please Specify)</td>
<td></td>
<td></td>
<td>Do you have any?</td>
<td>Provide latest copy (to include name of competent assessor, date assessment completed and review date).</td>
</tr>
</tbody>
</table>

**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

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

## B4. INFORMATION, INSTRUCTION AND TRAINING

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

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### B5. PERSONAL SAFETY

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

**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?
1. **GENERAL**

   ✓ Is storage of hazardous substances adequate
   ✓ Is machine guarding adequate/used/abused
   ✓ Are correct tools being used
   ✓ Any wrong manual lifting operations observed
   ✓ Any unsafe acts observed
   ✓ Tripping, falling, slipping hazards
   ✓ Condition of stairs, floors, floor coverings
   ✓ Electrical cables, leads safely stacked
   ✓ Waste storage/disposal arrangements

2. **STORES**

   ✓ Racks secure, not stacked too high
   ✓ Materials stored safely
   ✓ Racks free from damage
   ✓ Are doors blocked

3. **EMERGENCY PROVISIONS.**

   ✓ Extinguishers mounted on wall brackets
   ✓ Fire Exits marked/unobstructed/closed
   ✓ Clear warning notices displayed
   ✓ First Aid Box available and stocked
   ✓ Instructions for evacuation, assembly etc.

4. **PROCEDURES**

   ✓ Records of fire drills/alarms
   ✓ Safe working procedures observed
   ✓ Records of electrical tests
   ✓ Maintenance procedures adequate and safe

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

The Checklist in **Appendix 7** and SCAR form in **Appendix 6** should be used as recording mechanisms.
ACCIDENT BOOK BI 510

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

HSE
Specimen Accident Record Form - Appendix 3

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

**ACCIDENT RECORD**

<table>
<thead>
<tr>
<th>1 About the person who had the accident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Postcode</td>
</tr>
<tr>
<td>Occupation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2 About you, the person filling in this record</th>
</tr>
</thead>
<tbody>
<tr>
<td>▼ If you did not have the accident write your address and occupation.</td>
</tr>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Postcode</td>
</tr>
<tr>
<td>Occupation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3 About the accident</th>
<th>Continue on the back of this form if you need to</th>
</tr>
</thead>
<tbody>
<tr>
<td>▼ Say when it happened. Date / / Time</td>
<td></td>
</tr>
<tr>
<td>▼ Say where it happened. State which room or place</td>
<td></td>
</tr>
<tr>
<td>▼ Say how the accident happened. Give the cause if you can.</td>
<td></td>
</tr>
<tr>
<td>▼ If the person who had the accident suffered an injury, say what it was.</td>
<td></td>
</tr>
<tr>
<td>▼ Please sign the record and date it. Signature / Date /</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4 For the employer only</th>
</tr>
</thead>
<tbody>
<tr>
<td>▼ Complete this box if the accident is recordable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).</td>
</tr>
<tr>
<td>How was it reported?</td>
</tr>
<tr>
<td>Date recorded / /</td>
</tr>
<tr>
<td>Signature</td>
</tr>
</tbody>
</table>

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Near Miss Report Form (updated Jan 2012) – Appendix 4

<table>
<thead>
<tr>
<th>Location of Near Miss</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Near Miss</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In your view, could a re-occurrence result in an injury?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are there any actions you believe would prevent a re-occurrence? (list below)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
F2508 – Report of an injury

Notification Number 4D05A5A9A8

About you and your Association

Notifier Name

Association Name

Address

Job Title

Email

Phone No Fax No

About the incident

Incident Date Incident Time

In which local authority did the incident occur? (Country, Geographical Area and Local Authority)

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

What type of work was being carried out (generally the main business activity of the site)?

Main Industry

Main activity
### About the kind of accident

<table>
<thead>
<tr>
<th>Kind of accident</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Work process involved</td>
<td></td>
</tr>
<tr>
<td>Main factor involved</td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td></td>
</tr>
</tbody>
</table>

### About the injured person

<table>
<thead>
<tr>
<th>Injured Persons Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Phone No</td>
<td></td>
</tr>
</tbody>
</table>

**What is the person’s occupation or job title?**

<table>
<thead>
<tr>
<th>Work Status</th>
<th></th>
</tr>
</thead>
</table>

**Details if the affected person is on a training scheme/employed by someone else**

### About the injured persons injuries

<table>
<thead>
<tr>
<th>Severity of the injury</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Injuries</td>
<td></td>
</tr>
<tr>
<td>Part of the body</td>
<td></td>
</tr>
</tbody>
</table>
Accident Report – Internal - Appendix 6

To be completed by the First-Aider/Departmental Manager and sent to the Chief Executive.

3.0 Reported to ………………at …………. am/pm on ……………………………

4.0 Time and date of accident

…………………………………………………………………………………………

5.0 Particulars of injured: Fullname

…………………………………………………………………………………………

Age …………… Occupation …………………………………………………

Department

…………………………………………………………………………………………

6.0 Home address

…………………………………………………………………………………………

7.0 Nature of Incapacity/Injury (specifying “left” or “right” where appropriate and if fallen, state height if fall)

…………………………………………………………………………………………

…………………………………………………………………………………………

8.0 Place where accident occurred

…………………………………………………………………………………………

7. Was the injured person authorised to be in that place Yes / No

8. Cause and brief report of circumstances indicating:

(a) What he/she was doing?

(b) Whether this was in the normal course of his/her duties? (Use continuation sheet if necessary.)

…………………………………………………………………………………………

…………………………………………………………………………………………

9.0 If accident involved machinery, plant, vehicle etc., please state:
10.0 nature, name and type of machine
..............................................................................................

(b) part inflicting injury
..............................................................................................

10. Action after accident:
(a) Detained in hospital? Yes / No
(b) Returned to work? Yes / No
I Date of first absence from work?
..............................................................................................

1. Witnesses (Name and Department)
..............................................................................................

12. Recommended action to prevent recurrence
..............................................................................................

Signature of First-Aider/Line Manager
..............................................................................................

Date .............
Good handling technique

197 A good handling technique is no substitute for other risk-reduction steps, such as provision of lifting aids, or improvements to the task, load or working environment. Moving the load by rocking, pivoting, rolling or sliding is preferable to lifting it in situations where scope for risk reduction is limited. However, good handling technique forms a very valuable addition to other risk-control measures. To be successful, good handling technique demands both training and practice. The training should be carried out in conditions that are as realistic as possible, emphasising its relevance to everyday handling operations.

198 There is no single correct way to lift and many different approaches are put forward. Each has merits and advantages in particular situations or individual circumstances. The content of training in good handling technique should be tailored to the particular handling operations likely to be undertaken. It should begin with relatively simple examples and progress to more specialised handling operations as appropriate. The following list, based on research carried out for HSE by the Institute of Occupational Medicine, illustrates some important points which are relevant to a two-handed symmetrical lift, i.e. a lift using both hands that takes place in front of and close to the body:

(a) **Think before handling/lifting.** Plan the lift/handling activity. Where is the load going to be placed? Use appropriate handling aids where possible. Will help be needed with the load? Remove obstructions, such as discarded wrapping materials. For long lifts, such as from floor to shoulder height, consider resting the load mid-way on a table or bench to change grip.
(b) **Keep the load close to the waist.** Keep the load close to the waist for as long as possible while lifting. The distance of the load from the spine at waist height is an important factor in the overall load on the spine and back muscles. Keep the heaviest side of the load next to the body. If a close approach to the load is not possible, try to slide it towards the body before attempting to lift it.

(c) **Adopt a stable position.** The feet should be apart with one leg slightly forward to maintain balance (alongside the load if it is on the ground). The worker should be prepared to move their feet during the lift to maintain a stable posture. Wearing over-tight clothing or unsuitable footwear may make this difficult.

(d) **Ensure a good hold on the load.** Where possible hug the load as close as possible to the body. This may be better than gripping it tightly only with the hands.

(e) **Moderate flexion (slight bending) of the back, hips and knees at the start of the lift** is preferable to either fully flexing the back (stooping) or fully flexing the hips and knees (full/deep squatting).

(f) **Don’t flex the back any further while lifting.** This can happen if the legs begin to straighten before starting to raise the load.

(g) **Avoid twisting the back or leaning sideways especially while the back is bent.** Keep shoulders level and facing in the same direction as the hips. Turning by moving the feet is better than twisting and lifting at the same time.
(h) **Keep the head up when handling.** Look ahead, not down at the load once it has been held securely.

(i) **Move smoothly.** Do not jerk or snatch the load as this can make it harder to keep control and can increase the risk of injury.

(j) **Don’t lift or handle more than can be easily managed.** There is a difference between what people can lift and what they can safely lift. If in doubt, seek advice or get help.

(k) **Put down, then adjust.** If precise positioning of the load is necessary, put it down first, then slide it into the desired position.

Figure 22 Basic lifting operations
Assessment of manual handling risks - overview

1 The Regulations set no specific requirements such as weight limits. Instead, they focus on the needs of the individual and set out a hierarchy of measures to be implemented to ensure worker safety during manual handling operations. These measures are:

(a) avoid hazardous manual handling operations so far as is reasonably practicable;

(b) make a suitable and sufficient assessment of any hazardous manual handling operations that cannot be avoided; and

(c) reduce the risk of injury from those operations so far as is reasonably practicable.

2 Where manual handling operations cannot be avoided, employers have a duty to make a suitable and sufficient assessment of the risks to health. This assessment must take into account the range of relevant factors listed in Schedule 1 to the Regulations.

3 HSE has developed the following three aids to risk assessment:

(a) a risk assessment filter (Appendix 3). This is often a good starting point, as it is intended to save effort by screening out straightforward low-risk cases. A detailed assessment of every manual handling operation would be a major undertaking, and many handling operations, for example the occasional lifting of a small lightweight object, will involve negligible handling risk;

(b) risk assessment checklists (Appendix 4) for use in cases where a full assessment is needed;

(c) a manual handling assessment chart (MAC) (Appendix 5). This is an optional tool, which is still under development, which can be used as part of making a full risk assessment. In situations where it is applicable, it can help with quick identification of high-risk activities. The MAC does not cover all of the risk factors, and so only forms a part of the assessment process.

Factors to consider

4 The following physical risk factors are discussed in detail in the main body of this document: the task, the load, the working environment and individual capability. However, to ensure that all potential risk factors have been included in the assessment, then psychosocial (work organisation) factors should also be considered.

5 Psychosocial risk factors are things that may affect workers’ psychological response to their work and workplace conditions (including working relationships with supervisors and colleagues). Examples are:

(a) high workloads;

(b) tight deadlines;

(c) lack of control of the work and working methods.
6 As well as leading to stress, which is a hazard in its own right, psychosocial risk factors can contribute to the onset of musculoskeletal disorders. For example, there can be stress-related changes in the body (such as increased muscle tension) that can make people more susceptible to musculoskeletal problems; or individuals may change their behaviour, for example doing without rest breaks to try and cope with deadlines.

7 So both the physical and psychosocial factors need to be identified and controlled to have the greatest benefit. The best way to achieve this is by using an ergonomic approach, which looks at achieving the best ‘fit’ between the work, the working environment and the needs and capabilities of the workers.

8 Many jobs are not well designed and may include some or all of the following undesirable features, which may in turn lead to psychosocial risks:

(a) workers have little control over their work and work methods (including shift patterns);
(b) workers are unable to make full use of their skills;
(c) workers, as a rule, are not involved in making decisions that affect them;
(d) workers are expected to only carry out repetitive, monotonous tasks;
(e) work is machine or system paced (and may be monitored inappropriately);
(f) work demands are perceived as excessive;
(g) payment systems encourage working too quickly or without breaks

**What can I do to reduce the risks of psychosocial factors?**

9 As with physical risk factors, psychosocial factors are best addressed with full consultation and involvement of the workforce. Consider the following control measures that can often be applied to improve the working environment within your workplace:

(a) reducing the monotony of tasks where appropriate;
(b) ensuring there are reasonable workload (neither too much or too little) deadlines and demands;
(c) ensuring good communication and reporting of problems;
(d) encouraging teamwork;
(e) monitoring and control of shift work or overtime working;
(f) reducing or monitoring payment systems which work on piece rate;
(g) providing appropriate training.
Examples of assessment checklists for lifting and carrying and pushing and pulling

1 A suitable and sufficient risk assessment is required when hazardous manual handling is unavoidable. The assessment should identify where the risk lies and identify an appropriate range of ideas for reducing the potential for injury. A checklist can help with this process by applying a systematic examination of all the potential risk elements. To ensure that the assessment covers all potential risks the workforce should be fully involved in the risk assessment process.

2 Examples of basic checklists for lifting and carrying and pushing and pulling are included in this appendix. Their use will help to highlight the overall level of risk involved and identify how the job may be modified to reduce the risk of injury and make it easier to do. It will also be useful in helping to prioritise the remedial actions needed. The checklists may be copied freely or may be used to help design your own assessment checklist.

3 The following notes are intended to help you complete the checklist.

(a) **Section A: Describe** the job. There is space available for a diagram to be drawn to summarise the task in a picture, as well as for a written description.

(b) **Section B: Tick** the level of risk you believe to be associated with each of the items on the list. Space is provided for noting the precise nature of the problem and for suggestions about the remedial action that may be taken. It may also be useful to write down the names of the relevant people or groups in your organisation who you will wish to consult about implementing the remedial steps, for example managers, workforce trainers, maintenance personnel or engineers and relevant employees or their safety representatives.

If you are assessing a lifting, carrying or team-handling operation and need help in judging the level of risk, you can consider using the MAC (Appendix 5) to help you decide the risk levels to be entered in Section B of the checklist.

Some tasks may involve more than one operator, each with a different level of risk, depending on the exact nature of their duties. If you wish to use the same checklist for all of the operators involved, you can allocate a number (or other identifying mark) to each and use that against each tick. Alternatively you can use a separate checklist for each operator.

(c) **Decide** whether the overall risk of injury is low, medium or high. This will help to prioritise remedial action if you have a large number of risk assessments to carry out. Ring the appropriate word at the bottom of Section A after you have completed Section B.

(d) **Section C: Summarise** the remedial steps that should be taken, in order of priority. The assessor’s name, the name of the person responsible for carrying out any remedial action and the date by which such action should be completed should be recorded. Only once such action has been taken should the final column be completed. It may also be useful to enter the target date for reassessment if this is appropriate. Remember to check that any actions taken have the desired effect.
4 When all the manual handling tasks have been assessed, the completed checklists can be compared to help prioritise the most urgent actions. However, there are likely to be several ways to reduce the risks identified and some will be more effective than others. Action on those that can be implemented easily and quickly should not be delayed simply because they may be less effective than others.

5 A check should be carried out at a later date to ensure that the remedial action to remove or reduce the risk of injury has been effective.

6 Worked examples of risk assessments are included to show how the checklists might be used in practice.

7 The purpose of the checklists is to help bring out a range of ideas on how the risks identified can be avoided or reduced by making modifications to the load, the task, and the working environment. Many suggestions for reducing risks in particular situations are given in the text of this booklet. There are also a number of people who may be able to help with suggestions, for example safety representatives, the quality management team within the organisation, and relevant trade associations. There is also a great deal of other published information about risk-reduction methods. Manual handling: Solutions you can handle\textsuperscript{23} and A pain in your workplace,\textsuperscript{24} both published by HSE, give examples that are relevant to situations across many sectors of industry. Trade journals also often contain information about products that can be used to help reduce the risk of injury from the manual handling of loads.
## Manual handling of loads: Assessment checklist

### Section A - Preliminary

| Task name: | Is an assessment needed?  
(An assessment will be needed if there is a potential risk of injury, eg if the task falls outside the guidelines in Appendix 3.) |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes/No*</td>
</tr>
<tr>
<td>Load weight:</td>
<td></td>
</tr>
<tr>
<td>Frequency of lift:</td>
<td></td>
</tr>
<tr>
<td>Carry distances (if applicable):</td>
<td></td>
</tr>
<tr>
<td>Are other manual handling tasks carried out by these operators?</td>
<td></td>
</tr>
<tr>
<td>Assessment discussed with employees/safety representatives:</td>
<td>*Circle as appropriate</td>
</tr>
</tbody>
</table>

If ‘Yes’ continue. If ‘No’ the assessment need go no further.

<table>
<thead>
<tr>
<th>Operations covered by this assessment (detailed description):</th>
<th>Diagrams (other information including existing control measures):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Locations:</td>
<td></td>
</tr>
<tr>
<td>Personnel involved:</td>
<td></td>
</tr>
<tr>
<td>Date of assessment:</td>
<td></td>
</tr>
</tbody>
</table>

**Overall assessment of the risk of injury?**  
*Circle as appropriate

Make your overall assessment **after** you have completed Section B.
### Section B: Lifting and carrying - More detailed assessment, where necessary

<table>
<thead>
<tr>
<th>Questions to consider:</th>
<th>If yes, tick appropriate level of risk</th>
<th>Problems occurring from the task (Make rough notes in this column in preparation for the possible remedial action to be taken)</th>
<th>Possible remedial action, eg changes that need to be made to the task, load, working environment etc. Who needs to be involved in implementing the changes?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low</td>
<td>Med</td>
<td>High</td>
</tr>
<tr>
<td>Do the tasks involve:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>· holding loads away from trunk?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>· twisting?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>· stooping?</td>
<td></td>
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</tr>
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<tr>
<td>Are the loads:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>· heavy?</td>
<td></td>
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<td>· bulky/unweildy?</td>
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<tbody>
<tr>
<td></td>
<td>Low</td>
<td>Med</td>
<td>High</td>
</tr>
<tr>
<td>Consider the working environment - are there:</td>
<td></td>
<td></td>
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</tr>
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<td>· constraints on posture?</td>
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### Section B: Lifting and carrying - More detailed assessment, where necessary

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<thead>
<tr>
<th>Questions to consider:</th>
<th>Yes/No</th>
<th>Problems occurring from the task (Make rough notes in this column in preparation for the possible remedial action to be taken)</th>
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<td><strong>Protective clothing</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Is movement or posture hindered by clothing or personal protective equipment?</td>
<td>Yes/No</td>
<td></td>
<td></td>
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<td>• Is there an absence of the correct/suitable PPE being worn?</td>
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<td><strong>Work organisation (psychosocial factors)</strong></td>
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<td></td>
<td></td>
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<tr>
<td>• Do workers feel that there has been a lack of consideration given to the planning and scheduling of tasks/rest breaks?</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
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<td>• Do workers feel that there is poor communication between managers and employees (eg not involved in risk assessments or decisions on changes in workstation design)?</td>
<td>Yes/No</td>
<td></td>
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<td>• Are there sudden changes in workload, or seasonal changes in volume without mechanisms for dealing with the change?</td>
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<tr>
<td>• Do workers feel they have not been given enough training and information to carry out the task successfully?</td>
<td>Yes/No</td>
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<td></td>
</tr>
</tbody>
</table>
### Section C - Remedial action to be taken

<table>
<thead>
<tr>
<th>Remedial steps that should be taken, in order of priority:</th>
<th>Person responsible for implementing controls</th>
<th>Target implementation date</th>
<th>Completed Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2</td>
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<td></td>
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<td>3</td>
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<td>5</td>
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<td>6</td>
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<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date by which actions should be completed:

Date for review of assessment:

Assessor's name:  
Signature:  

**TAKE ACTION . . . AND CHECK THAT IT HAS THE DESIRED EFFECT**
Manual handling of loads: Assessment checklist worked example

Section A - Preliminary

<table>
<thead>
<tr>
<th>Task name: Conveyor/pallet loading</th>
<th>Is an assessment needed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Task description: Pallet loading: boxes containing coiled wire. Remove from conveyor onto pallet.</td>
<td>(An assessment will be needed if there is a potential risk of injury, e.g. if the task falls outside the guidelines in Appendix 3.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Load weight: 45 kg</th>
<th>Yes/No*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of lift: 15 lifts/hour</td>
<td></td>
</tr>
<tr>
<td>Carry distances (if applicable): 3 m</td>
<td></td>
</tr>
<tr>
<td>Are other manual handling tasks carried out by these operators?</td>
<td>No</td>
</tr>
<tr>
<td>Assessment discussed with employees/safety representatives:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Circle as appropriate

If 'Yes' continue. If 'No' the assessment need go no further.

| Operations covered by this assessment (detailed description): Operator lifts box, with hook, grip, from conveyor, which is 50 cm above the ground, turns, walks 3 m and lowers box onto a pallet on the ground. Boxes are piled six high on pallet. |
| Diagrams (other information including existing control measures): |
| (a) Worker |
| (b) Conveyor |
| (c) 45 kg boxes of wire |
| (d) Pallet |

Locations: Wire factory only

Personnel involved: One operator

Date of assessment: 24 June 2004

Arrows show direction of conveyor belt and worker movements between conveyor and pallet

Overall assessment of the risk of injury?

*Circle as appropriate

Make your overall assessment after you have completed Section B.
### Section B: Lifting and carrying - More detailed assessment, where necessary

<table>
<thead>
<tr>
<th>Questions to consider:</th>
<th>If yes, tick appropriate level of risk</th>
<th>Problems occurring from the task (Make rough notes in this column in preparation for the possible remedial action to be taken)</th>
<th>Possible remedial action, eg changes that need to be made to the task, load, working environment etc. Who needs to be involved in implementing the changes?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do the tasks involve:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* holding loads away from trunk?</td>
<td>![ ]</td>
<td>1. Twisting when picking up the load.</td>
<td>Remind operator of need to move feet.</td>
</tr>
<tr>
<td>* twisting?</td>
<td>![ ]</td>
<td>2. Stopping when placing load on pallet and stopping when picking load up from the conveyer.</td>
<td>Adjust pallet height - Review availability of rotating, height adjustable equipment and raise height of conveyer.</td>
</tr>
<tr>
<td>* reaching upwards?</td>
<td>![ ]</td>
<td></td>
<td>Review mechanical handling equipment to eliminate manual lifting.</td>
</tr>
<tr>
<td>* large vertical movement?</td>
<td>![ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* long carrying distances?</td>
<td>![ ]</td>
<td></td>
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<tr>
<td>* repetitive handling?</td>
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<td>* insufficient rest or recovery?</td>
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<td>* a work rate imposed by a process?</td>
<td>![ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the loads:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* bulky/unsteady?</td>
<td>![ ]</td>
<td>5. Smooth cardboard boxes are difficult to grasp.</td>
<td>Provide boxes with hand grips.</td>
</tr>
<tr>
<td>* difficult to grasp?</td>
<td>![ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* unstable/unpredictable?</td>
<td>![ ]</td>
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### Section B: Lifting and carrying - More detailed assessment, where necessary

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<tr>
<th>Questions to consider:</th>
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<tr>
<td>Consider the working environment - are there:</td>
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<tr>
<td>* constraints on posture?</td>
<td>![ ]</td>
<td>6. Bad posture encouraged by obstructions when full pallets are not removed.</td>
<td>Introduce system to ensure full pallets removed promptly - Speak to Operations Manager.</td>
</tr>
<tr>
<td>* poor floors?</td>
<td>![ ]</td>
<td></td>
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<tr>
<td>* variations in levels?</td>
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<td>Consider individual capability - does the job:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>* require unusual capability?</td>
<td>![ ]</td>
<td>7. Operator has no history of back pain problems but clear signs of sweating and straining.</td>
<td>Consider job enlargement to introduce variety and allow for recovery time. Monitor to ensure no racking. Speak to trainer about manual handling course.</td>
</tr>
<tr>
<td>* pose a risk to those with a health problem or a physical or learning difficulty?</td>
<td>![ ]</td>
<td></td>
<td></td>
</tr>
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<td>* pose a risk to those who are pregnant?</td>
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<tr>
<td>• Do workers feel that there has been a lack of consideration given to the planning and scheduling of tasks/rest breaks?</td>
<td>Yes/No</td>
<td>8 things delivered at pre set rate.</td>
<td>Look at varying delivery rate.</td>
</tr>
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<td>• Do workers feel that there is poor communication between managers and employees (e.g. not involved in risk assessments or decisions on changes in workstation design)?</td>
<td>Yes/No</td>
<td>9: Employees not directly involved in risk assessment process.</td>
<td>Discussions to be held with safety representatives and other workers during identification and when solutions are decided.</td>
</tr>
<tr>
<td>• Are there sudden changes in workload, or seasonal changes in volume without mechanisms for dealing with the change?</td>
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<th>Target implementation date</th>
<th>Completed Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Safety representatives and employees to be involved in risk assessment process and workstation design.</td>
<td>A/N Onymous</td>
<td>ASAP</td>
<td>Yes</td>
</tr>
<tr>
<td>2 Review product design to reduce weight of load and improve grip.</td>
<td>A/N Onymous</td>
<td>Jul 2004</td>
<td>Yes</td>
</tr>
<tr>
<td>3 Review process in light of changes agreed in (1), particularly on customer requirements and transportation.</td>
<td>A/N Onymous</td>
<td>Aug 2004</td>
<td>Yes</td>
</tr>
<tr>
<td>4 Seek funding for magnetic lifting aid to help with transfer from conveyor to pallet.</td>
<td>A/N Onymous</td>
<td>Aug 2004</td>
<td>Yes</td>
</tr>
<tr>
<td>5 Seek funding for pallet rotating/height adjustment equipment.</td>
<td>A/N Onymous</td>
<td>Aug 2004</td>
<td>Yes</td>
</tr>
<tr>
<td>6 Operator to attend manual handling training.</td>
<td>A/N Onymous</td>
<td>Sept 2004</td>
<td>Yes</td>
</tr>
<tr>
<td>7 Raise conveyor height by 35 cm.</td>
<td>A/N Onymous</td>
<td>Sept 2004</td>
<td>Yes</td>
</tr>
<tr>
<td>8 Ensure full pallets are removed by pallet truck promptly.</td>
<td>A/N Onymous</td>
<td>Ongoing</td>
<td>Yes</td>
</tr>
<tr>
<td>9 Operations manager to ensure no rushing on this job.</td>
<td>A/N Onymous</td>
<td>Ongoing</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Date by which actions should be completed: 30 Nov 2004

Date for review of assessment: 15 April 2005

Assessor’s name: A/N Onymous

Signature: A/N Onymous

**TAKE ACTION . . . AND CHECK THAT IT HAS THE DESIRED EFFECT**
### Pushing and pulling of loads: Assessment checklist

#### Section A - Preliminary

| Task name:          | Is an assessment needed?  
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>(An assessment will be needed if there is a potential risk of injury, e.g. if the task falls outside the guidelines in Appendix 3.)</td>
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</table>

<table>
<thead>
<tr>
<th>Load weight:</th>
<th>Yes/No*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of operation:</td>
<td></td>
</tr>
<tr>
<td>Push/pull distances:</td>
<td></td>
</tr>
</tbody>
</table>

Are other push/pull tasks carried out by these operators?

Assessment discussed with employees/safety representatives:

*Circle as appropriate

---

If 'Yes' continue. If 'No' the assessment need go no further.

<table>
<thead>
<tr>
<th>Operations covered by this assessment (detailed description):</th>
<th>Diagrams (other information including existing control measures):</th>
</tr>
</thead>
</table>

Locations:

Personnel involved:

Date of assessment:

---

Overall assessment of the risk of injury?

*Circle as appropriate

Low/ Medium/ High*

Make your overall assessment after you have completed Section B.
Section B: Pushing and pulling - More detailed assessment, where necessary

<table>
<thead>
<tr>
<th>Questions to consider:</th>
<th>If yes, tick appropriate level of risk</th>
<th>Problems occurring from the task (Make rough notes in this column in preparation for the possible remedial action to be taken)</th>
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<tbody>
<tr>
<td>Do the tasks involve:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- high initial forces to get the load moving?</td>
<td>Low Med High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- high forces to keep the load in motion?</td>
<td>Low Med High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- sudden movements to start, stop or manoeuvre the load?</td>
<td>Low Med High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- twisting/manoeuvring of the load into position or around obstacles?</td>
<td>Low Med High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- one-handed operations?</td>
<td>Low Med High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- the hands below the waist or above shoulder height?</td>
<td>Low Med High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- movement at high speed?</td>
<td>Low Med High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- movement over long distances?</td>
<td>Low Med High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- repetitive pushing/pulling?</td>
<td>Low Med High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The load or object to be moved:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- does it lack good handholds?</td>
<td>Low Med High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- is it unstable/unpredictable?</td>
<td>Low Med High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- is vision over/around it restricted?</td>
<td>Low Med High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If on wheelbarrows, are they:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- unsuitable for the type of load?</td>
<td>Low Med High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- unsuitable for the floor/surface/work environment?</td>
<td>Low Med High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- difficult to steer?</td>
<td>Low Med High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- easily damaged or defective?</td>
<td>Low Med High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- without brakes or difficult to stop?</td>
<td>Low Med High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- with brakes, but the brakes are poor/ineffective?</td>
<td>Low Med High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- without a planned inspection and maintenance regime based on a frequency that keeps them in working order?</td>
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Section B: Pushing and pulling - More detailed assessment, where necessary

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<td>5</td>
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<td>6</td>
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<td>Y</td>
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<td>7</td>
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<td>Y</td>
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<td>8</td>
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</tr>
</tbody>
</table>

Date by which actions should be completed:  

Date for review of assessment:  

Assessor's name:  

Signature:  

**TAKE ACTION ... AND CHECK THAT IT HAS THE DESIRED EFFECT**
Pushing and pulling of loads: Assessment checklist worked example

**Section A - Preliminary**

<table>
<thead>
<tr>
<th>Task name: Collecting bins</th>
<th>Is an assessment needed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Task description: Collecting waste paper from computer company using industrial refuse bins</td>
<td>(An assessment will be needed if there is a potential risk of injury, eg if the task falls outside the guidelines in Appendix 3.)</td>
</tr>
</tbody>
</table>

| Load weight: Can exceed 25 kg | Yes/No* |
| Frequency of operation: 1 push/pull every 5-10 mins | |
| Push/pull distances: Between 2-15 m depending on the location of the vehicle | |
| Are other push/pull tasks carried out by these operators? No | *Circle as appropriate |
| Assessment discussed with employees/safety representatives: Yes | |

If 'Yes' continue. If 'No' the assessment need go no further.

| Operations covered by this assessment (detailed description): Operator leaves vehicle and walks to bin storage area. Operator must then pull fully laden bin from storage area and push/pull load around vehicles parked in car park outside storage area. Once contents have been removed, bin is pushed/pulled back into storage area. |
| Locations: Storage bin area |
| Personnel involved: One operator |
| Date of assessment: 23 Jan 2004 |

| Diagrams (other information including existing control measures): |

**Overall assessment of the risk of injury?**

*Circle as appropriate

**Low/Medium/High***

Make your overall assessment after you have completed Section B.
### Section B: Pushing and pulling - More detailed assessment, where necessary

**Questions to consider:**

<table>
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<tr>
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<tr>
<td><strong>Do the tasks involve:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• High initial forces to get the load moving?</td>
<td>1. Initially the wheels are often difficult to move as they may be inappropriately aligned, the refuse bin may have been unattended for some time, and debris builds up around wheels.</td>
<td>Revised operators to check, position and alignment of wheels, and whether there is debris or obstructions which may inhibit their movement. Assess suitability of bin/widths for the type of location. Inform customers.</td>
</tr>
<tr>
<td>• High forces to keep the load in motion?</td>
<td>2. Close parking of cars near refuse bins and restricted spaces in storage areas leads to pushing/pulling with twisted postures.</td>
<td>Revised operators of importance of clearing suitable path for bins. Review instructions and training on manual handling techniques.</td>
</tr>
<tr>
<td>• Sudden movements to start, stop or manoeuvre the load?</td>
<td>3. Difficulties of parking the collection vehicle close to refuse bins.</td>
<td>Review scheduling of collection rounds and information supplied to customers on the positioning of bins. Discuss with customers the reasons for bins being overfilled and examine feasibility of providing additional bins.</td>
</tr>
<tr>
<td>• Twisting/manoeuvring of the load into position or around obstacles?</td>
<td>4. Bins are often overfilled. (Compact/dense material eg computer paper) loads to heavy loads.</td>
<td>Instruct operators to remove excess contents that are not suitable for collection and to take care when moving bins.</td>
</tr>
<tr>
<td>• One-handed operations?</td>
<td>5. Overfilled bins can restrict visibility.</td>
<td>Review the suitability and practicality of fitting custom with a rutwell locking mechanism. Assess design of bins/handle/wheel brakes. Ensure handle heights are appropriate.</td>
</tr>
<tr>
<td>• The handle below the waist or above shoulder height?</td>
<td>6. The four wheel trolley makes the bin difficult to handle on sloping ground and when moving over long distances.</td>
<td></td>
</tr>
<tr>
<td>• Movement at high speed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Movement over long distances?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Repetitive pushing/pulling?</td>
<td></td>
<td></td>
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</table>

**The load or object to be moved:**

<table>
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<tr>
<th>If yes, tick appropriate level of risk</th>
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<tr>
<td>• Does it lack good handholds?</td>
<td>7. Storage areas, waste material and obstructions often inhibit the ease with which the bin can be moved.</td>
<td>Review storage area facilities to ensure clear access to bins during pick-ups. Make customers aware of difficulties and seek to improve access, particularly outside the store room.</td>
</tr>
<tr>
<td>• Is it unstable/ unpredictable?</td>
<td>8. A marked step between doorways and the ground outside the store room.</td>
<td>Ensure operators have appropriate footwear and personal safety equipment/clothing, particularly for adverse weather conditions.</td>
</tr>
<tr>
<td>• Is it vision over/around it restricted?</td>
<td>9. Variable weather conditions and hazardous terrain. Special problems during storms.</td>
<td>Review training to ensure that operators are aware of the risks. Ensure employees are given suitable induction training and appropriate systems for reporting complaints are in place.</td>
</tr>
<tr>
<td>• On wheeled casters, are they:</td>
<td>10. Those suffering from musculoskeletal and respiratory complaints are likely to encounter difficulties when they carry out the work.</td>
<td>Review procedures for return to work following health problems.</td>
</tr>
<tr>
<td>• Unsuitable for the type of load?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Unsuitable for the floor surface/work environment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Difficult to steer?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Easily damaged or defective?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Without brakes or difficult to stop?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• With brakes, but the brakes are poor/ineffective?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Without a planned inspection and maintenance regime based on a frequency that keeps them in working order?</td>
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**Consider the working environment - are there:**

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<td>• Constraints on body posture/positioning?</td>
<td>7. Storage areas, waste material and obstructions often inhibit the ease with which the bin can be moved.</td>
<td>Review storage area facilities to ensure clear access to bins during pick-ups. Make customers aware of difficulties and seek to improve access, particularly outside the store room.</td>
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<td>• Confined spaces/narrow doorways?</td>
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<td>Ensure operators have appropriate footwear and personal safety equipment/clothing, particularly for adverse weather conditions.</td>
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<td>• Surfaces or edges that cause cuts, abrasions/burns to hands or body?</td>
<td>9. Variable weather conditions and hazardous terrain. Special problems during storms.</td>
<td>Review training to ensure that operators are aware of the risks. Ensure employees are given suitable induction training and appropriate systems for reporting complaints are in place.</td>
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<td>• Ruts/damaged/slippery floors?</td>
<td>10. Those suffering from musculoskeletal and respiratory complaints are likely to encounter difficulties when they carry out the work.</td>
<td>Review procedures for return to work following health problems.</td>
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<td>• Ramps/slopes/slovene surfaces?</td>
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<td>• Trapping or tripping hazards?</td>
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<td>• Require unusual capability?</td>
<td>7. Storage areas, waste material and obstructions often inhibit the ease with which the bin can be moved.</td>
<td>Review storage area facilities to ensure clear access to bins during pick-ups. Make customers aware of difficulties and seek to improve access, particularly outside the store room.</td>
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<td>• Hazard those with a health problem or a physical or learning difficulty?</td>
<td>8. A marked step between doorways and the ground outside the store room.</td>
<td>Ensure operators have appropriate footwear and personal safety equipment/clothing, particularly for adverse weather conditions.</td>
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<td>• Hazard those who are pregnant?</td>
<td>9. Variable weather conditions and hazardous terrain. Special problems during storms.</td>
<td>Review training to ensure that operators are aware of the risks. Ensure employees are given suitable induction training and appropriate systems for reporting complaints are in place.</td>
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<tr>
<td>• Call for special information/training</td>
<td>10. Those suffering from musculoskeletal and respiratory complaints are likely to encounter difficulties when they carry out the work.</td>
<td>Review procedures for return to work following health problems.</td>
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</tr>
<tr>
<td>● Are trolleys/carts/floor surfaces poorly maintained/cleaned/repairs needed?</td>
<td>Yes/No</td>
<td>11 Refuse collectors have a tendency not to report problems.</td>
<td>Review reporting procedures to actively encourage the reporting of breakdown/failure of refuse bins.</td>
</tr>
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<td>● Is there a lack of a regular maintenance procedures for the equipment?</td>
<td>Yes/No</td>
<td>12 When a problem is reported, it is not always apparent that action is taken.</td>
<td>Implement a formal method to document problems and review maintenance procedures.</td>
</tr>
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<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Do workers feel that there has been a lack of consideration given to the planning and scheduling of tasks/rest breaks?</td>
<td>Yes/No</td>
<td>13 Refuse collectors feel that they are not consulted about good features of bin design that aid handling tasks.</td>
<td>Review procedures for facilitating discussions between workers and equipment purchasers.</td>
</tr>
<tr>
<td>● Do workers feel that there is poor communication between users of equipment and others (eg managers, purchasers etc)?</td>
<td>Yes/No</td>
<td></td>
<td></td>
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<td>● Are there sudden changes in workload, or seasonal changes in volume without mechanisms for dealing with the change?</td>
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<tr>
<td>1 Discuss and agree with customers improvements to ground directly outside storage area.</td>
<td>Anonymous</td>
<td>20 Feb 2004</td>
<td>Yes</td>
</tr>
<tr>
<td>2 Discuss and agree with customers appropriate steps to prevent overfilling of bins - review its effectiveness.</td>
<td>Anonymous</td>
<td>25 Feb 2004</td>
<td>Yes</td>
</tr>
<tr>
<td>3 Review storage facilities to improve ease of access to bins and discuss with customers arrangements for good housekeeping practices.</td>
<td>Anonymous</td>
<td>28 Feb 2004</td>
<td>Yes</td>
</tr>
<tr>
<td>4 Operator to attend relevant manual handling training course.</td>
<td>Anonymous</td>
<td>25 March 2004</td>
<td>Yes</td>
</tr>
<tr>
<td>5 Instigate a reporting procedure to encourage workers to report problems. Ensure that a system of work is in place to address and monitor these problems.</td>
<td>Anonymous</td>
<td>30 March 2004</td>
<td>Yes</td>
</tr>
<tr>
<td>6 Review refuse bin design to ensure that it is most suited to customer needs and handling requirements, eg size and shape in view of waste contents, wheel/caster design characteristics. Seek funding to replace/modify bin design, if required.</td>
<td>Anonymous</td>
<td>25 April 2004</td>
<td>Yes</td>
</tr>
<tr>
<td>7 Ensure the provision of suitable clothing and footwear.</td>
<td>Anonymous</td>
<td>30 April 2004</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Date by which actions should be completed: 31 May 2004

Date for review of assessment: 15 December 2004

Assessor's name: Anonymous  
Signature: Anonymous

TAKE ACTION . . . AND CHECK THAT IT HAS THE DESIRED EFFECT
Personal Safety – Appendix 8

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 Departmental Manager or the Chief Executive.

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 Departmental Manager 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 Departmental Manager or the Chief Executive will take charge of the situation as appropriate.

2. Direct aid should be given to any victim by one of the First Aiders.

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 interviewee's background.

2. Visit in pairs if there is a known history of violent behaviour, Departmental Directors 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 Departmental Manager 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 Departmental Manager.

16. As a matter of routine, it is best practice for staff working out of office to carry a fully charged mobile phone on them, for use in case of accident, emergency or incident.

**Post Incident**

1. If an incident occurs report it immediately to your Departmental Manager 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 Departmental Manager, the Chief Executive and/or trade union representative.
LONE WORKING POLICY 2015

1.0 POLICY STATEMENT

The 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 the Association to meet its obligation to protect such staff so far as is reasonably practicable from the risks of lone working.

2.0 SCOPE

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 the Association’s Health and Safety policy and applies along with specific separate guidance and procedures on lone working. The policy applies to all situations involving lone working arising in connection with the duties and activities of our staff.

3.0 DEFINITION OF LONE WORKERS

The Association defines lone workers as:

’s staff whose working activities involve being in situations where they are either working alone or working in an environment where there is no close or direct supervision by other members of staff’.

4.0 POLICY AIMS

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; and

✔ reduce the number of incidents, near misses and injuries to staff related to lone working.

5.0 RESPONSIBILITIES

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 Association must organise and control the health and safety of lone workers.

The Chief Executive is responsible for:

✔ making sure that all staff are aware of the policy;

✔ 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 HSEHR Committee regularly reviews the effectiveness of the policy.

Departmental Directors are responsible (within their own department) for:

✔ 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 (or near miss) and

✔ managing the effectiveness of preventative measures through an effective system of reporting, investigating and recording incidents.

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.

6.0 ASSESSING RISK

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 Association must 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.

<table>
<thead>
<tr>
<th>Process</th>
<th>Action point</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Establish and identify lone workers for each work area.</td>
</tr>
<tr>
<td>2</td>
<td>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.</td>
</tr>
<tr>
<td>3</td>
<td>Review the generic risk assessments and complete individual or local risk assessments if necessary. Then prioritise the level of associated risk.</td>
</tr>
<tr>
<td>4</td>
<td>Assess how effective the existing control measures are and update them if appropriate. Develop local procedures or action plans if necessary.</td>
</tr>
<tr>
<td>5</td>
<td>Evaluate and record how effective the control measures are. Review when the assessments or controls are no longer required.</td>
</tr>
</tbody>
</table>

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.

Those at most risk should be involved in the risk assessment as they will be best placed to recognise the risk and contribute to effective control measures.

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?
- 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?

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).

7.0 MANAGING RISK

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 provides 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;
✓ communications systems for sharing information on risk with colleagues in other disciplines and agencies; and
✓ using personal protective equipment or mobile phones and personal alarms.

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;
✓ home visits;
✓ working out with normal office hours; and
✓ fumigation work and working with dangerous substances.

8.0 STAFF TRAINING

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

9.0 REPORTING AND RECORDING

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.

10.0 MONITORING AND REVIEWING

The Association will monitor and review this policy at least every 3 years to make sure that the aims are being achieved. This will be done with in conjunction with the Associations Health and Safety Administrator.

The review processes will include:

✓ collecting and monitoring all reported incidents by the Health and Safety Administrator;
✓ reporting, to the HSEHR Committee quarterly, incident statistics and safety improvement measures which have been introduced, the outcomes of risk assessment and details of training provided which at the yearend will form
an annual report on progress in reducing risk and incidents and making recommendations for the forthcoming year.

George Tainsh
Chief Executive

21st September 2015

Policy Review & Consultation Process

<table>
<thead>
<tr>
<th>Considered by the Management Team on</th>
<th>8th October 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Considered by the HSEHR Committee on</td>
<td>15th October 2015</td>
</tr>
<tr>
<td><strong>Approved by the Management Committee on</strong></td>
<td><strong>29th October 2015</strong></td>
</tr>
<tr>
<td><strong>Date of Next Review</strong></td>
<td><strong>October 2018</strong></td>
</tr>
</tbody>
</table>
Handling of Body Fluids, Blood and Sharps – Appendix 10

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

11.0 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 basis*) 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.

12.0 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.
   I Allow to soak for 10-15 minutes.
   (d) Remove soaked powder (*and broken glass if present*) with tongs and shovel; place in plastic bucket.
   I 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.

13.0 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**

14.0 Syringes and Needles

15.0 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.

16.0 Where there is blood near a syringe or needle use Presept (from the spillage kit) and again report it to your supervisor.

17.0 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.

18.0 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 Association. If in doubt, telephone the Environmental Health Department at your Local Authority and ask for advice.
Clinical Waste Definitions – Appendix 11

Health Services Advisory Committee

Clinical waste is divided into 5 categories:

**Group A**

All human tissue, including blood (whether infected or not), animal carcasses and tissue from veterinary centres, hospitals or laboratories, and all related swabs and dressings.

Waste materials, where the assessment indicates a risk to staff handling them, for example from infectious disease cases.

Soiled surgical dressings, swabs and other soiled waste from treatment areas.

**Group B**

Discarded syringe needles, cartridge, broken glass and any other contaminated disposable sharp instruments or items.

**Group C**

Microbiological cultures and potentially infected waste from pathology departments (laboratory and post-mortem rooms) and other clinical or research laboratories.

**Group D**

Certain pharmaceutical products and chemical wastes.

**Group E**

Items used to dispose of urine, faeces and other bodily secretions or excretions assessed as not falling within Group A. This includes used disposable bed pans or bed pan liners, incontinence pads, stoma bags, and urine containers. It will be apparent that Group E contains items which 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 taking into account local circumstances. It should be recognised that while the risk from Group E items may be low they will often be of an offensive nature and adequate steps should be taken in line with the general duties under Health and Safety at Work etc Act for proper handling and disposal arrangements.
Disposal Options:

10 All wastes in Groups A and B must be incinerated. Although landfill is an option for other Groups, the preferred route for disposal of all clinical wastes is incineration. This may be carried out in an incinerator on site if there is a suitable one, or in a licensed and authorised incinerator elsewhere.
Occupational Health – Appendix 12

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 Associations. 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 Associations 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.

19.0 Pre-placement Assessment

20.0 A pre-employment health questionnaire will be issued to all candidates selected to be interviewed for an employment position within the Association. 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.

21.0 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.

22.0 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.

23.0 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.

24.0 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.
Infectious Diseases - Appendix 13

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 Association 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:

1. 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.
2. 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.
3. 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.
4. No food / drink should be accepted while visiting a tenant’s home.
5. 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-habitors 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 14

Blank
# Ladder Inspection Report - Appendix 15

<table>
<thead>
<tr>
<th>Ladder Identification Number</th>
<th>Manufacturer</th>
<th>Description / Type of Ladder</th>
</tr>
</thead>
</table>

**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

<table>
<thead>
<tr>
<th>Date of Inspection</th>
<th>Inspector’s Name and Signature</th>
<th>Next Date of Inspection</th>
</tr>
</thead>
</table>

**Inspector’s Comments or Actions**

**Ladder withdrawn from service?**  YES / NO

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
## ASSOCIATIONAL RISK ASSESSMENT FOR HOME WORKING

<table>
<thead>
<tr>
<th>Number of people working from home</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of work undertaken</strong></td>
</tr>
<tr>
<td>Does the work present:</td>
</tr>
<tr>
<td>• a risk of upper limb disorder?</td>
</tr>
<tr>
<td>• Risk related to isolation?</td>
</tr>
<tr>
<td><strong>Is a more formal system needed for managing the requirements of remote workers?</strong></td>
</tr>
<tr>
<td><strong>Have appropriate Associational standards been developed?</strong></td>
</tr>
<tr>
<td><strong>Are there any actions which can be taken to minimise risks:</strong></td>
</tr>
<tr>
<td>• in relation to purchasing (electrical items and furniture)?</td>
</tr>
<tr>
<td>• In relation to testing and write-off periods?</td>
</tr>
</tbody>
</table>

Employers in Voluntary Housing
Fourth Floor
76 Renfield Street
GLASGOW G2 1NQ
Draft Homeworking Guidance

INTRODUCTION
Anyold Association 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 Association 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 Association 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 Association 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

<table>
<thead>
<tr>
<th>Name of employee</th>
<th>Name of Line Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address of employee</td>
<td>Postcode</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General conditions</th>
<th>Notes</th>
<th>Suitable y/n</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location of residence</strong></td>
<td>&lt;br&gt; Security of worker</td>
<td>&lt;br&gt; Security of visiting staff</td>
</tr>
<tr>
<td><strong>Lighting (see attached)</strong></td>
<td>&lt;br&gt; Natural lighting</td>
<td>&lt;br&gt; Room lighting</td>
</tr>
<tr>
<td><strong>Heating</strong></td>
<td>&lt;br&gt; Type</td>
<td>&lt;br&gt; Adjustability</td>
</tr>
<tr>
<td><strong>Ventilation</strong></td>
<td>&lt;br&gt; Natural mechanical</td>
<td></td>
</tr>
<tr>
<td><strong>Electrical installations (see attached)</strong></td>
<td>&lt;br&gt; 13A single phase 240V AC supply</td>
<td>&lt;br&gt; Sufficient number of sockets?</td>
</tr>
</tbody>
</table>
Homeworking premises assessment continued/…

<table>
<thead>
<tr>
<th>General conditions</th>
<th>Notes</th>
<th>Suitable y/n</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fire</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoke detectors installed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Escape routes suitable?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extinguishers?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Room</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Size (11m³ suggested minimum)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lockable?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight loading of floor sufficient?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Workstation (see attached)</strong></td>
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<td></td>
</tr>
<tr>
<td>Equipment OK?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of sufficient size?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment set up correctly?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any special equipment required to ease space problems (egg LCD Screen)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Storage</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional storage space required?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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. Homeworkeers 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)**

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.
## Some Common Hazards

### Using electrical equipment for work at home

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.

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.

- 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.

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.
| 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 |

Using substances and materials for work at home

Here is a checklist of things to be aware of when using substances, materials or chemicals that may be hazardous to health and safety:

- 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?
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), 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, might also apply.
<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Taking all reasonable steps to ensure that the homeworker uses control measures, such as personal protective equipment, properly.</td>
</tr>
</tbody>
</table>

**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.
Vehicle Declaration Form

Please complete this form whether you use your personal vehicle on Association business or not and return the form to Kate Oliver, Corporate Services Administrator

Print Name: ____________________________

I confirm that (please tick relevant boxes):

☐ I DO NOT USE MY PERSONAL VEHICLE ON ASSOCIATION BUSINESS.

☐ I DO USE MY PERSONAL VEHICLE ON ASSOCIATION BUSINESS

and I can confirm that:

☐ I have a full and valid driving 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 a 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: _______________________

Note: This form should be completed annually.
HSE Stress Management Standards - Appendix 20

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 website] 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 Association 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 Association 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 Association, 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 Association 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 Association promotes positive behaviours at work to avoid conflict and ensure fairness;
- Employees share information relevant to their work;
- The Association 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 Association and whether the Association 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 Association ensures that, as far as possible, the different requirements it places upon employees are compatible;
- The Association provides information to enable employees to understand their role and responsibilities;
- The Association 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 Associational change (large or small) is managed and communicated in the Association

The standard is that:
o Employees indicate that the Association engages them frequently when undergoing an Associational change; and
o Systems are in place locally to respond to any individual concerns.

What should be happening / states to be achieved:

o The Association provides employees with timely information to enable them to understand the reasons for proposed changes;
o The Association ensures adequate employee consultation on changes and provides opportunities for employees to influence proposals;
o 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;
o Employees are aware of timetables for changes;
o Employees have access to relevant support during changes.
Fire Alarm Notes

1. Smoke/Heat Detectors
2. Sounder
3. Strobe Light
4. Fire Equipment
5. Close-up Flame Sensors
6. Large Flame Sensors
7. Over-Range Fume Sensor

Fire Alarm System should be

2. Positions shown on the drawings

Mained System

Ready for installation to a remote

3. Uninterrupted Power Supply

2P200 Cells with modular

Vung alley be carried out using

2. Uninterrupted Power Supply

be protected on site.

purposes and exact locations shall

be indicated for heating

be indicated for heating
Risk Assessment Sheets Information – Appendix 22

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, 5th Floor, 137 Sauchiehall Street, Glasgow, G2 3EW 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

25.0 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 competent person conducting the assessment in conjunction with relevant Heads of Departments and the Chief Executive and passed to the H&S Administrator on completion. 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.

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).
COSH - Request E-mail for Hazard Information from Suppliers – Appendix 24

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.
# COSHH Risk Assessment Template (updated Jan 2012) - Appendix 25

## Administration

<table>
<thead>
<tr>
<th>Substance / Material:</th>
<th>Assessment No:</th>
</tr>
</thead>
</table>

## Substance Information (hazardous ingredients):

<table>
<thead>
<tr>
<th>Location:</th>
<th>Department:</th>
</tr>
</thead>
</table>

Has the Safety Data Sheet been obtained and attached to this document:
- Yes [ ]
- No [ ]

## Process

**Description of activity / process:** (Include environment where substance used – Open, Workshop, Enclosed / Confined space).

<table>
<thead>
<tr>
<th>How often is the substance used:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily [ ]</td>
<td>Weekly [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How long are personnel exposed to the substance:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Minutes [ ]</td>
<td>Hours [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who is exposed to the substance:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff [ ]</td>
<td>Contractor [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Any additional risks to vulnerable persons:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Young persons [ ]</td>
<td>Expectant mothers [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is a skin test required prior to use:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes [ ]</td>
<td>No [ ]</td>
</tr>
</tbody>
</table>

## Substance

<table>
<thead>
<tr>
<th>Is the substance (see Safety Data Sheet):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely flammable [ ]</td>
<td>Oxidising [ ]</td>
</tr>
<tr>
<td>Highly flammable [ ]</td>
<td>Harmful [ ]</td>
</tr>
<tr>
<td>Flammable [ ]</td>
<td>Toxic [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Routes of entry:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inhalation [ ]</td>
<td>Skin contact [ ]</td>
</tr>
<tr>
<td>Ingestion [ ]</td>
<td>Other (Specify) [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nature of hazard and adverse effects:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(E.g. dermatitis).</td>
<td></td>
</tr>
</tbody>
</table>

## Control Measures

<table>
<thead>
<tr>
<th>Can a less hazardous substance be used to carry out the same activity:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes [ ]</td>
<td>No [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have users informed of the nature of the hazards</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes [ ]</td>
<td>No [ ]</td>
</tr>
</tbody>
</table>
What control measures are in place:
- Safe systems of work
- Segregation (personnel)
- Authorised persons
- Open Environment
- Area well ventilated
- LEV
- Instruction / Training
- Warning signs
- Other (State)

PPE required to be used (state type):
- Gloves
- Eye Protection
- Mask
- Overalls
- Footwear
- Other

Have users instructed on PPE use:
- Yes
- No

Does anyone using the substance require monitoring / supervision:
- Yes (state)
- No

Does anyone using the substance require any special health surveillance:
- Yes (state)
- No

Other Precautions

**First Aid:** Action to be taken where substance is:
- Swallowed:
- In contact with the eyes:
- Inhaled:
- In contact with the skin:
- Other:

**Chemical reactions:** Any substances that this substance must NOT come into contact with?

**Spillages:** Actions on accidental release?

**Storage:** How should the substance be stored?

**Disposal:** How should substance be disposed of?

**Evaluation of Risk**

Are control measures in place and adequate?
- Yes
- No

If control measures are NOT adequate, what remedial action is required? (COSHH substances must NOT be used until adequate measures are in place)

Completion Date

**Additional Information:** (E.g. where Safety Data Sheet refers to Maximum Exposure Limits (MELs), Occupational Exposure Limits (OELs), EH 40 classifications, Risk / hazard rating)

Assessor’s signature: Job Title: Date:

Line Manager’s signature: Job Title: Date:
# STAGE 1 – RE-ASSESSMENT DETAILS

<table>
<thead>
<tr>
<th>Name of DSE user</th>
<th>Date of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplace / Area / Room</td>
<td>Desktop or laptop?</td>
</tr>
<tr>
<td>Name of ACS assessor</td>
<td>Date of Last DSE Assessment</td>
</tr>
</tbody>
</table>

# 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 – NOTES AT TIME OF RE-ASSESSMENT
1. From your risk assessment, what degree of hazard is associated with your work activities?

<table>
<thead>
<tr>
<th>Low hazard</th>
<th>Higher hazard</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. offices, shops, libraries</td>
<td>e.g. light engineering and assembly work, food processing, warehousing, extensive work with dangerous machinery or sharp instruments, construction, chemical manufacture</td>
</tr>
</tbody>
</table>

2. How many employees do you have?

<table>
<thead>
<tr>
<th>Less than 25</th>
<th>At least one appointed person</th>
</tr>
</thead>
<tbody>
<tr>
<td>25—50</td>
<td>At least one first-aider trained in EFAW</td>
</tr>
<tr>
<td>More than 50</td>
<td>At least one first-aider trained in FAW for every 100 employed (or part thereof)</td>
</tr>
</tbody>
</table>

3. What first-aid personnel do you need?

4. What injuries and illness have previously occurred in your workplace?

- Ensure any injuries and illness that might occur can be dealt with by the first-aid personnel you provide
- Where first-aiders are shown to be unnecessary, there is still a possibility of an accident or sudden illness, so you may wish to consider providing qualified first-aiders

5. Have you taken account of the factors below that may affect your first-aid provision?

- Inexperienced workers or employees with disabilities or particular health problems
- Employees who travel a lot, work remotely or work alone
- Employees who work shifts or out of hours
- Premises spread out across buildings/floors
- Workplace remote from emergency medical services
- Employees working at sites occupied by other employers
- Planned and unplanned absences of first-aiders/appointed persons
- Members of the public who visit the workplace
## Section 1: Health & Safety Risk Assessment

<table>
<thead>
<tr>
<th>Detail elements of Activity</th>
<th>Description of H &amp; S Risk associated with Activity in previous column</th>
<th>Who might be harmed?</th>
<th>Impact</th>
<th>Like</th>
<th>Priority score (IxL)</th>
<th>(How effective are they at reducing the Likelihood and/ or Impact?) (if they reduce either column in the Raw Risk then the score should then be altered to reflect this in the Residual Risk column to reflect new score)</th>
<th>Impact</th>
<th>Like</th>
<th>Priority Score (IxL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Summary Assessment (Band)

<table>
<thead>
<tr>
<th>High</th>
<th>Medium High</th>
<th>Medium</th>
<th>Medium Low</th>
<th>Low</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signed</th>
<th>Date of Last Review</th>
<th>Date of Next Review</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

## Sample Blank Risk Assessment Form – Appendix 28

**Location**

Offices of Ochil View Housing Association

**Activity**

<table>
<thead>
<tr>
<th>Consequence</th>
<th>Likelihood</th>
<th>Likelihood Description</th>
<th>Likelihood Impact</th>
<th>Likelihood Like</th>
<th>Likelihood Priority score (IxL)</th>
<th>(How effective are they at reducing the Likelihood and/ or Impact?) (if they reduce either column in the Raw Risk then the score should then be altered to reflect this in the Residual Risk column to reflect new score)</th>
<th>Likelihood Impact</th>
<th>Likelihood Like</th>
<th>Likelihood Priority Score (IxL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negligible / Low 1</td>
<td>Rare / Low 1</td>
<td>&lt;10% chance that risk may occur</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimal / Med Low 2</td>
<td>Unlikely / Med Low 2</td>
<td>10-20% chance that risk may occur</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate / Med 3</td>
<td>Possible / Med 3</td>
<td>20-50% chance that risk may occur</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major / med High 4</td>
<td>Probable / Med High 4</td>
<td>50-75% chance that risk may occur</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extreme / High 5</td>
<td>Almost Certain / High 5</td>
<td>&gt;75% chance that risk may occur</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Consequence**

<table>
<thead>
<tr>
<th>Consequence</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negligible / Low 1</td>
<td>No lost time injury</td>
</tr>
<tr>
<td>Minimal / Med Low 2</td>
<td>Lead to lost time of one or more days (Strain/Sprain) but less than 3 days</td>
</tr>
<tr>
<td>Moderate / Med 3</td>
<td>Injuries classified as notifiable e.g. &gt; 3 days lost (RIDDOR)</td>
</tr>
<tr>
<td>Major / med High 4</td>
<td>Fracture/loss of limb (RIDDOR Report)</td>
</tr>
<tr>
<td>Extreme / High 5</td>
<td>Death of person/persons</td>
</tr>
</tbody>
</table>

---

**Likelihood**

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rare / Low 1</td>
<td>&lt;10% chance that risk may occur</td>
</tr>
<tr>
<td>Unlikely / Med Low 2</td>
<td>10-20% chance that risk may occur</td>
</tr>
<tr>
<td>Possible / Med 3</td>
<td>20-50% chance that risk may occur</td>
</tr>
<tr>
<td>Probable / Med High 4</td>
<td>50-75% chance that risk may occur</td>
</tr>
<tr>
<td>Almost Certain / High 5</td>
<td>&gt;75% chance that risk may occur</td>
</tr>
</tbody>
</table>
### Example Risk Assessment Register – Appendix 29

<table>
<thead>
<tr>
<th>RISK ASSESSMENT</th>
<th>LAST COMPLETED</th>
<th>REPORT REF</th>
<th>REPORT LOCATION</th>
<th>REVIEW DUE</th>
<th>PERSON RESPONSIBLE FOR REVIEW</th>
<th>OUTSTANDING ACTIONS</th>
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<tr>
<td><strong>ROUTINE ASSESSMENTS</strong></td>
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<td>DSE</td>
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<td>Fire</td>
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<td>Manual Handling</td>
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<td>COSHH</td>
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<td>Noise</td>
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<td><strong>DYNAMIC AND TASK/EMPLOYEE SPECIFIC ASSESSMENTS</strong></td>
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<td>New/Expectant Mother</td>
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<td>Young Person</td>
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<td>Task/Machine Specific</td>
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<td>Other</td>
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</table>
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/indg160.pdf).

1. To identify the hazards, the manager:
   - looked at HSE’s office health and safety web pages, including the Officewise toolkit (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.
<table>
<thead>
<tr>
<th>What are the hazards?</th>
<th>Who might be harmed and how?</th>
<th>What are you already doing?</th>
<th>What further action is necessary?</th>
<th>Action by whom?</th>
<th>Action by when?</th>
<th>Done</th>
</tr>
</thead>
</table>
| Slips and trips | Staff and visitors may be injured if they trip over objects or slip on spillages. | - General good housekeeping.  
- All areas well lit, including stairs.  
- No trailing leads or cables.  
- Staff keep work areas clean, eg no boxes left in walkways, deliveries stored immediately.  
- Offices cleaned every evening. | - Better housekeeping in staff kitchen needed, eg on spills. | All staff, supervisors to monitor | From now on | 1/10/07 |
| Manual handling of paper, office equipment etc | Staff risk injuries or back pain from handling heavy/bulky objects, eg deliveries of paper. | - Trolley used to transport boxes of paper and other heavy items when collecting deliveries etc.  
- High shelves for light objects only. | - Remind staff that they should not try to lift objects that look or appear too heavy to handle. | Manager | From now on | | 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. | - 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 soon.  
- 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. | - Supervisors to monitor to ensure staff continue to get breaks away from the computer.  
- Check that identified actions from self-assessments are followed up ASAP.  
- Tell staff that they are to inform their manager of any pain they have that may be linked to computer use.  
- Broken window blind near accounts section — letter to landlord.  
- Remind laptop users to carry out regular DSE assessment to avoid problems and identify any issues. | Supervisors  
Manager  
All staff  
Company secretary | 4/10/07  
21/10/07  
21/10/07  
4/10/07  
4/10/07 | 4/10/07  
4/10/07  
21/10/07  
2/10/07  
4/10/07 |

Example risk assessment: Office-based business
<table>
<thead>
<tr>
<th>What are the hazards?</th>
<th>Who might be harmed and how?</th>
<th>What are you already doing?</th>
<th>What further action is necessary?</th>
<th>Action by whom?</th>
<th>Action by when?</th>
<th>Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working at height</td>
<td>Falls from any height can cause bruising and fractures.</td>
<td>Staff stand on chair to file on high shelves, put up decorations etc.</td>
<td>Chairs are too unstable. An appropriate stepladder will be bought and staff shown how to use it safely.</td>
<td>Manager</td>
<td>4/10/07</td>
<td>3/10/07</td>
</tr>
<tr>
<td>Filing on top shelves, putting up decorations etc</td>
<td></td>
<td>Internal windows cleaned by contractor using a stepladder.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td>All staff could be affected by factors such as lack of job control, bullying, not knowing their role etc.</td>
<td>Staff understand what their duties and responsibilities are. Staff can talk to supervisors or managers if they are feeling unwell or at ease about things at work. ‘No bullying’ policy.</td>
<td>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.</td>
<td>Manager</td>
<td>4/10/07</td>
<td>3/10/07</td>
</tr>
<tr>
<td>Electrical</td>
<td>Staff could get electrical shocks or burns from using faulty electrical equipment. Electrical faults can also lead to fires.</td>
<td>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.</td>
<td>Ask landlord when the next safety check of the electrical installation will be done.</td>
<td>Office administrator</td>
<td>4/10/07</td>
<td>4/10/07</td>
</tr>
<tr>
<td>Asbestos</td>
<td>Staff and others carrying out normal activities, at very low risk as asbestos poses a risk if fibres are released into air and inhaled. Maintenance workers most at risk.</td>
<td>Partition walls in good condition and asbestos unlikely to be disturbed during normal activities.</td>
<td>At next staff meeting, remind staff that the asbestos must not be disturbed and to report any accidental damage to the partition walls immediately.</td>
<td>Manager</td>
<td>4/10/07</td>
<td>4/10/07</td>
</tr>
<tr>
<td>Asbestos-containing materials (ACMs) are present in some partition walls</td>
<td></td>
<td>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.</td>
<td></td>
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</tr>
<tr>
<td>Fire</td>
<td>If trapped, staff could suffer fatal injuries from smoke inhalation/burns.</td>
<td>Working with landlord, fire risk assessment done, see <a href="http://www.fire.gov.uk/workplace-safety/">www.fire.gov.uk/workplace-safety/</a> and necessary action taken.</td>
<td>Ensure the actions identified as necessary by the fire risk assessment are done.</td>
<td>Manager</td>
<td>From now on</td>
<td></td>
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</tbody>
</table>

Example risk assessment: Office-based business
<table>
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<th>Who might be harmed and how?</th>
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<th>Action by whom?</th>
<th>Action by when?</th>
<th>Done</th>
</tr>
</thead>
</table>
| Lone working          | Staff could suffer injury or ill health while out of the office, e.g. when visiting clients' offices, or while working alone in the office. | - 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. | - '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
EVH GENERAL RISK ASSESSMENT MODEL – APPENDIX 31

GENERAL RISK ASSESSMENT

for

Risk Assessment Template prepared for EVH by ACS Physical Risk Control Limited

Updated February 2010
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 Association 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
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 Association.

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, 5th Floor, 137 Sauchiehall Street, Glasgow, G2 3EW 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

4. The Risk Assessment Sheets should be completed by the H&S Administrator in conjunction with relevant Heads of Departments and the Chief Executive. The Assessments should be reviewed where operations, premises or personnel are changed and, in any case, on an annual basis.

5. 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

6. At a team meeting all staff should consider this draft and agree or revise the findings.

7. 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).

8. 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: ____________________________________________

__________________________________________________

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<tr>
<td></td>
<td><strong>Topic</strong></td>
<td><strong>Hazard/Risk</strong></td>
<td><strong>Persons at risk</strong></td>
<td><strong>Standard to achieve</strong></td>
<td><strong>Current controls / observations</strong></td>
<td><strong>Standard met? (Y/N)</strong></td>
<td><strong>Recommendations</strong></td>
</tr>
</tbody>
</table>
| 1   | 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 |                          |                        |                          |  |
2. Estate Caretaker reported to not be required to enter or work in confined spaces |                          |                        |                          |  |
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<td>Persons at risk</td>
<td>Standard to achieve</td>
<td>Current controls / observations</td>
<td>Standard met? (Y/N)</td>
<td>Recommendations</td>
<td>Actioned (sign / date)</td>
</tr>
</tbody>
</table>
|       | Contractors / visitors               | Staff                          | 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)      | 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                          | 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 forms  
4. No electrical equipment observed to be used by Estate Caretaker |          |                  |                                |                                |
<p>|       | Electromagnetic radiation           | All staff                      | Policy and procedures to minimise risk from overexposure to electromagnetic radiation. | 1. Health &amp; Safety Control Manual – Electromagnetic Radiation policy |          |                  |                                |                                |
|       | 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. |          |          |                  |                                |</p>
<table>
<thead>
<tr>
<th>1</th>
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<td><strong>Topic</strong></td>
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<td><strong>Recommendations</strong></td>
<td><strong>Actioned (sign / date)</strong></td>
</tr>
<tr>
<td><strong>Fire</strong></td>
<td>Sources of ignition and fuel, lack of detection systems, escape route of fire fighting equipment.</td>
<td>All staff and visitors</td>
<td>Design and layout premises, install equipment and operate management system to control ignition sources and combustible materials. Develop measures to detect and control fires. Inspect, test and maintain fire-fighting equipment. 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</td>
<td>1. Health &amp; 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 forms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gas</strong></td>
<td>Explosion / fire caused by unsafe equipment or use of equipment</td>
<td>Staff and visitors</td>
<td>System to ensure all gas appliances and fittings are inspected annually by a CORGI registered contractor System to ensure all gas leaks are reported and adequately dealt with without delay.</td>
<td>1. Health &amp; Safety Control Manual – Gas Safety policy 2. Gas Safety Certificates for building 3. No gas in Estate Caretaker’s office</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>General workplace</strong></td>
<td>Injury from unsafe doors</td>
<td>Staff and visitors</td>
<td>Doors in good repair with viewing panels where required.</td>
<td>1. Health &amp; Safety Control Manual – Workplace Conditions policy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Injury from falling objects</td>
<td>Staff and visitors</td>
<td>Avoid, so far as is reasonably practicable, falling objects – maintain tidy and safe storage.</td>
<td>1. Health &amp; Safety Control Manual – Workplace Conditions policy</td>
<td></td>
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</tr>
<tr>
<td>Topic</td>
<td>Persons at risk</td>
<td>Standard to achieve</td>
<td>Current controls / observations</td>
<td>Standard met? (Y/N)</td>
<td>Recommendations</td>
<td>Actioned (sign / date)</td>
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<tr>
<td>Illness caused by inadequate hygiene / welfare facilities</td>
<td>Staff</td>
<td>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.</td>
<td>1. Health &amp; 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.</td>
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</tr>
<tr>
<td>Ill health caused by unclean work environment</td>
<td>Staff</td>
<td>Regularly cleaned offices and work areas</td>
<td>1. Health &amp; Safety Control Manual – Workplace Conditions policy</td>
<td></td>
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</tr>
<tr>
<td>Slips, trips and falls caused by obstacles, flooring, stairs, steps or spillages</td>
<td>Staff</td>
<td>Safe flooring of appropriate construction. Flooring free from obstacles, obstructions and other hazards.</td>
<td>1. Health &amp; Safety Control Manual – Workplace Conditions policy</td>
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</tr>
<tr>
<td>Accidents caused by lack of space</td>
<td>Staff</td>
<td>Minimum of 11m³ of space for each employee.</td>
<td>1. Health &amp; Safety Control Manual – Workplace Conditions policy</td>
<td></td>
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<tr>
<td>Topic</td>
<td>Hazard/Risk</td>
<td>Persons at risk</td>
<td>Standard to achieve</td>
<td>Current controls / observations</td>
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<td>Recommendations</td>
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<tr>
<td></td>
<td>Discomfort / unsafe working practices caused by poor ventilation</td>
<td>Staff</td>
<td>Minimum of 8 litres / second of fresh air per person in non-smoking areas.</td>
<td>1. Health &amp; Safety Control Manual – Workplace Conditions policy</td>
<td></td>
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<tr>
<td></td>
<td>Injury from unsafe windows</td>
<td>Staff</td>
<td>Windows such that negligible risk from opening / closing and from opened windows.</td>
<td>1. Health &amp; Safety Control Manual – Workplace Conditions policy</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Ill health from exposure to environmental tobacco smoke</td>
<td>Staff</td>
<td>Protection of non-smokers from discomfort of environmental tobacco smoke.</td>
<td>1. Health &amp; Safety Control Manual – Smoking policy</td>
<td></td>
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<tr>
<td></td>
<td>Hazardous substances</td>
<td>Staff</td>
<td>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.</td>
<td>1. Health &amp; Safety Control Manual – COSHH policy 2. Manufacturers’ material safety data sheets (MSDS’s) and copies of labels from containers for substances used by Estate Careraker 3. PPE register</td>
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<tr>
<td></td>
<td>Information / training</td>
<td>Accidents / ill health caused by lack of information, instruction and training</td>
<td>Staff</td>
<td>Provide adequate information / instruction / training to staff on hazards, risks and control measures, safe working procedures and PPE. Display Health &amp; Safety Law poster.</td>
<td>1. Health &amp; Safety Control Manual – Information, Instruction and Training policy 2. Health and Safety Law Poster – in both suites</td>
<td></td>
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</tr>
<tr>
<td>Topic</td>
<td>Hazard/Risk</td>
<td>Persons at risk</td>
<td>Standard to achieve</td>
<td>Current controls / observations</td>
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</table>
| 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.  
2. Sign near microwave oven on microwaving liquids |
<table>
<thead>
<tr>
<th>Topic</th>
<th>Hazard/Risk</th>
<th>Persons at risk</th>
<th>Standard to achieve</th>
<th>Current controls / observations</th>
<th>Standard met? (Y/N)</th>
<th>Recommendations</th>
<th>Actioned (sign / date)</th>
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<tbody>
<tr>
<td></td>
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<td>Train all staff in hazards / risks and in good handling techniques, providing suitable PPE (e.g. Gloves) where required.</td>
<td>Arrange actions to minimise prolonged periods of repetitive movement.</td>
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<td></td>
<td>Procedure for reporting symptoms such as tingling, and numbness after periods of repetitive movement.</td>
<td>Provide gloves for use as required</td>
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<tr>
<td>Mobile telephones</td>
<td>Low battery / no signal causing communication problems</td>
<td>Staff</td>
<td>Policy and procedures to ensure communication between out of office staff and the office.</td>
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<tr>
<td>Topic</td>
<td>Hazard/Risk</td>
<td>Persons at risk</td>
<td>Standard to achieve</td>
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<tr>
<td>New / expectant mothers</td>
<td>Injury / ill health caused by trips, falls, physical trauma, manual handling, extremes of temperature, biological agents, chemicals and inadequate rest areas</td>
<td>Female staff</td>
<td>New / expectant mother risk assessment&lt;br&gt;Adequate rest area available where new / expectant mothers can rest / express milk.</td>
<td>1. Health &amp; Safety Control Manual – New and Expectant Mothers&lt;br&gt;2. Arrangements to be made available for new mother to rest, express milk etc., as required</td>
<td>Y</td>
<td>1. Health &amp; Safety Control Manual – New and Expectant Mothers&lt;br&gt;2. Arrangements to be made available for new mother to rest, express milk etc., as required</td>
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<tr>
<td>Noise nuisance</td>
<td>Stress from nuisance noise</td>
<td>Staff</td>
<td>Layout office and equipment to minimise nuisance effects of noise.</td>
<td>1. Health &amp; Safety Control Manual – Noise policy</td>
<td>Y</td>
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<tr>
<td>Occupational health</td>
<td>Ill- health caused by work</td>
<td>Staff</td>
<td>Policy and procedures to ensure staff are aware of the symptoms of ill health and the actions they should take.</td>
<td>1. Health &amp; Safety Control Manual – Occupational Health policy&lt;br&gt;2. Health Questionnaire for Current Employees – issued on annual basis</td>
<td>Y</td>
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<tr>
<td>Out of office work</td>
<td>Injury caused by hazards such as poor communication, travel, client visits etc</td>
<td>Staff</td>
<td>Policy and procedures to ensure adequate communication, travel, safety and security of staff working outside the office.</td>
<td>1. Health &amp; Safety Control Manual – Staff Safety and Violence policy</td>
<td>Y</td>
<td></td>
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</tr>
<tr>
<td>Stress</td>
<td>Ill health caused by excessive workplace stress</td>
<td>Staff</td>
<td>Where possible, prevent the occurrence of stress related problems.&lt;br&gt;Provide adequate support to staff suffering from stress related illnesses.</td>
<td>1. Health &amp; Safety Control Manual – Stress policy&lt;br&gt;2. Association’s Stress Management Policy</td>
<td>Y</td>
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<tr>
<td>Topic</td>
<td>Hazard/Risk</td>
<td>Persons at risk</td>
<td>Standard to achieve</td>
<td>Current controls / observations</td>
<td>Standard met? (Y/N)</td>
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<tr>
<td>Suspicious / hazardous / threatening mail</td>
<td>Injury / ill health caused by threatening or hazardous mail packages</td>
<td>Staff</td>
<td>Policy and procedures for dealing with suspicious packages</td>
<td>1. Health &amp; Safety Control Manual – Letter Bombs policy</td>
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<tr>
<td>Vehicls</td>
<td>Vehicle accident / breakdown / unsafe or unlicensed drivers</td>
<td>Staff</td>
<td>Staff submit driving license prior to driving on company business.</td>
<td>1. Health &amp; Safety Control Manual – Vehicles policy</td>
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<td>2. Car User Insurance Certificate</td>
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<td>Staff submit insurance documents (indicating cover for business use) and show MOT for own vehicle if it is used for business.</td>
<td>3. Email sent by Chief Executive 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</td>
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</tr>
<tr>
<td>Violence / aggression</td>
<td>Conflict between staff / conflict between staff and public / conflict between members of the public on Association premises</td>
<td>Staff</td>
<td>Policy and procedures to reduce the risk of incidents occurring;</td>
<td>1. Health &amp; Safety Control Manual – Staff Safety and Violence policy</td>
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<td></td>
<td>Record incidents and investigate.</td>
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<td></td>
<td>Protect staff in the event of an incident and provide post-incident support where required</td>
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<tr>
<td>Work at height</td>
<td>Falls from height</td>
<td>Staff</td>
<td>Policy and procedures for the maintenance of all access equipment</td>
<td>1. Health &amp; Safety Control Manual – Ladders policy</td>
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<tr>
<td>Topic</td>
<td>Hazard/Risk</td>
<td>Persons at risk</td>
<td>Standard to achieve</td>
<td>Current controls / observations</td>
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<tr>
<td>Young persons</td>
<td>Inexperience, immaturity and lack of awareness of risk</td>
<td>Staff</td>
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</tr>
</tbody>
</table>
### Recommended Inspection Frequencies for Risk Systems

#### Hot and Cold Water Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Task</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hot water services</td>
<td>The water temperature from ‘Sentinel Taps’ should be at least 50°C within a minute of running the water</td>
<td>Monthly</td>
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<tr>
<td></td>
<td>The input water temperature to TMVs should be at least 50°C within a minute of running the water</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>The outgoing water temperature from the calorifier should be at least 60°C, and the return to the calorifier at least 50°C</td>
<td>Monthly</td>
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<tr>
<td></td>
<td>Drain the calorifier checking for debris, inspect, and clean as necessary</td>
<td>Annually</td>
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<tr>
<td></td>
<td>The water temperature from a representative number of taps on a rotational basis, should be at least 50°C within a minute of running the water</td>
<td>Annually</td>
</tr>
<tr>
<td>Cold water services</td>
<td>The water temperature from ‘Sentinel Taps’ should be at below 20°C within two minutes of running the water</td>
<td>Monthly</td>
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<tr>
<td></td>
<td>Check incoming water temperature (at least once in the winter and once in the summer) The water temperature should preferably be below 20°C. The most convenient place to measure is usually at the ball valve outlet to the cold water storage tank.</td>
<td>Six-monthly</td>
</tr>
<tr>
<td></td>
<td>The water temperature from a representative number of taps on a rotational basis, should be below 20°C within two minutes of running the water</td>
<td>Annually</td>
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<td></td>
<td>Visually inspect cold water storage tanks. Carry out remedial works as necessary.</td>
<td>Annually</td>
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<tr>
<td>Shower heads</td>
<td>Dismantle, clean and descale shower heads and hoses</td>
<td>Quarterly, or more frequently, as indicated by the risk assessment</td>
</tr>
<tr>
<td>Little-used outlets</td>
<td>Flush through and purge to drain, or purge to drain immediately before use, without release of aerosols</td>
<td>Weekly</td>
</tr>
<tr>
<td>Thermostatic Mixing Valves (TMVs)</td>
<td>Inspect, clean, and maintain. Undertake fail-safe checks</td>
<td>As indicated by risk assessment or according to manufacturer’s instructions</td>
</tr>
</tbody>
</table>

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### Other risk systems

<table>
<thead>
<tr>
<th>System/service</th>
<th>Task</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ultrasonic humidifiers/foggers and water misting systems</td>
<td>If equipment fitted with UV lights, check to ensure effectiveness of lamp (check to see if within working life) and clean filters</td>
<td>Six monthly or according to manufacturer’s instructions</td>
</tr>
<tr>
<td></td>
<td>Ensure automatic purge of residual water is functioning</td>
<td>As part of machinery shut down</td>
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<tr>
<td></td>
<td>Clean and disinfect all wetted parts</td>
<td>As indicated by risk assessment</td>
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<tr>
<td></td>
<td>Sampling for legionella</td>
<td>As indicated by risk assessment</td>
</tr>
<tr>
<td>Spray humidifiers</td>
<td>Clean and disinfect spray humidifiers and make-up tanks including all wetted surfaces, descaling as necessary</td>
<td>Six monthly</td>
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<tr>
<td></td>
<td>Confirm the operation of non-chemical water treatment (if present)</td>
<td>Weekly</td>
</tr>
<tr>
<td>Air washers and wet scrubbers</td>
<td>Clean and disinfect air washers, wet scrubbers, and water storage tanks</td>
<td>As indicated by risk assessment</td>
</tr>
<tr>
<td></td>
<td>Apply, monitor, and record the results of the water treatment</td>
<td>As indicated by risk assessment</td>
</tr>
<tr>
<td>Water softeners</td>
<td>Clean and disinfect resin and brine tank - check with manufacturer what chemicals can be used to disinfect resin bed</td>
<td>As recommended by manufacturer</td>
</tr>
<tr>
<td>Emergency showers and eye wash sprays</td>
<td>Flush through and purge to drain ensuring three to five times the volume of water in the stagnant zone is drawn off</td>
<td>As indicated by the risk assessment, but at least every six months</td>
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<tr>
<td></td>
<td>Inspect water storage tanks (where fitted)</td>
<td>Monthly</td>
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<tr>
<td></td>
<td>Clean and disinfect shower heads, nozzles, roses, ‘Y’ strainers, and water storage tanks (where fitted)</td>
<td>Quarterly, or more frequently, as indicated by the risk assessment</td>
</tr>
<tr>
<td>Sprinkler and hose reel systems</td>
<td>When witnessing tests of sprinkler blow-down and hose reels ensure that there is minimum risk of exposure to aerosols</td>
<td>As directed</td>
</tr>
<tr>
<td>Industrial process water systems</td>
<td>Conduct a risk assessment of each system, preferably using an assessment team comprising members knowledgeable in legionella management and control, as well as those familiar with the design and operation of the system. Devise a control scheme based upon this risk assessment.</td>
<td>Monitoring, inspection, and testing frequencies to be determined as indicated by the risk assessment.</td>
</tr>
<tr>
<td>Spa pools</td>
<td>Detailed HSE/PHE guidance on the management of spa pools is available in <em>Management of spa pools: Controlling the risks of infection</em>.</td>
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<tr>
<td>Whirlpool baths</td>
<td>Clean, flush, and disinfect air channels. Remove, flush and clean jets.</td>
<td>As indicated by risk assessment.</td>
</tr>
<tr>
<td>Horticultural misting systems</td>
<td>Clean and disinfect distribution pipework, spray heads and make-up tanks including all wetted surfaces, descaling as necessary.</td>
<td>Quarterly or as indicated by risk assessment.</td>
</tr>
<tr>
<td>Dental equipment</td>
<td>Drain down, clean, flush and disinfect all system components, pipework and bottles. Clean storage bottles, rinse with distilled water or Reverse Osmosis (RO) water, drain, and leave inverted overnight. Take microbiological measurements – refer to <em>Decontamination Health Technical Memorandum 01-05: Decontamination in primary care dental practices</em>.</td>
<td>Twice daily (typically at the start and finish of each working day). Disinfect contact time as recommended by the manufacturer. Daily. As indicated by risk assessment.</td>
</tr>
<tr>
<td>Vehicle wash systems</td>
<td>Check and clean filtration systems, collection tanks and interceptor tanks and check treatment system. A biocide programme should be in place and should be monitored and controlled similar to the standards required in cooling towers. Clean and disinfect system and ensure sludge tanks are emptied and treatment system, clean and disinfect system. Sample for legionella.</td>
<td>As indicated by risk assessment. Initially to establish that control has been achieved and thereafter quarterly or as indicated on the risk assessment.</td>
</tr>
<tr>
<td>Fountains and water features</td>
<td>Clean and disinfect ponds, spray heads and make-up tanks including all wetted surfaces, depending on...</td>
<td>As indicated by the risk assessment, and depending on...</td>
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<td>descaling as necessary</td>
<td>condition</td>
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</table>
**NEW AND EXPECTANT MOTHERS RISK ASSESSMENT RECORD**

<table>
<thead>
<tr>
<th>Department</th>
<th>Assessor</th>
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</thead>
<tbody>
<tr>
<td>New/Expectant Mother</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Rev</td>
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</table>

1. **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.

2. **TYPE OF ASSESSMENT**

<table>
<thead>
<tr>
<th>Expectant Mother</th>
<th>New Mother</th>
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<tbody>
<tr>
<td>Initial Assessment</td>
<td>Review</td>
</tr>
</tbody>
</table>

3. **EMPLOYEE AND JOB DETAILS**

<p>| Employee’s Name: | |
|------------------| |
| Job Title: | |
| Date of Assessment: | |
| Stage of Pregnancy: | |</p>
<table>
<thead>
<tr>
<th>Duties:</th>
<th>Relevant Hazards / Risk Areas Identified:</th>
<th>Specific Personal Circumstances Increasing Risks:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[Examples]</td>
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<tr>
<td></td>
<td>• Slips, trips and falls (including work at height)</td>
<td>• Passive smoking</td>
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<td>• Movements and postures – office (DSE)</td>
<td>• Lone working / night working</td>
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<td>• Adequacy of welfare and rest facilities (office)</td>
<td>• Nutrition</td>
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<td>• Fatigue, stress and working hours</td>
<td>• Violence and aggression</td>
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<td>• COSHH</td>
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<td>Specific Advice Received From Health Professional</td>
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</table>
## 4. Risk Assessment

<table>
<thead>
<tr>
<th>Hazard / Risk</th>
<th>Specific Increased Risk Due to Employee Being a NEM</th>
<th>Are Controls Adequate (Y/N)</th>
<th>Further Controls Required</th>
<th>Actioned (date)</th>
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5. REVIEW

This Risk Assessment will be reviewed every 4 weeks or earlier where any circumstances change or where any relevant advice is given from a Health Professional.

6. DECLARATION

The Risk Assessment was carried out and presented to the Employee for review, comment and amendment.
[Employee]: I am satisfied with the contents of this Risk Assessment and understand that it will be reviewed regularly throughout the period to which it relates. I also understand that I must report any changes in my condition which may affect my working ability, or any Occupational Health, Safety or Welfare advice received from a Health Professional, to my Line Manager / a senior member of staff as soon as possible.

<table>
<thead>
<tr>
<th>Employee’s Name / Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Assessor’s Name &amp; Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Line Manager’s Name &amp; Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

1st Review Date
Due:

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Employee Signature</th>
<th>Line Manager Signature</th>
<th>Next Review Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
# Health and Safety Training Matrix

## Appendix 34

<table>
<thead>
<tr>
<th>COURSE DURATION</th>
<th>EVH COURSE NO. (quote if booking an EVH training course)</th>
<th>EVH DESCRIPTION</th>
<th>OVAH DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 hrs</td>
<td>1</td>
<td>Management Committee / Board of Directors</td>
<td>Management Committee</td>
</tr>
<tr>
<td>1/2 day</td>
<td>2</td>
<td>Director / Chief Executive</td>
<td>Director</td>
</tr>
<tr>
<td>1/2 day</td>
<td>3</td>
<td>Deputy Director / General Manager</td>
<td>Deputy Director</td>
</tr>
<tr>
<td>1/2 day</td>
<td>4</td>
<td>Head of Departments</td>
<td>Head of Departments</td>
</tr>
<tr>
<td>1/2 day</td>
<td>5</td>
<td>H &amp; S Committee</td>
<td>H &amp; S Committee</td>
</tr>
<tr>
<td>1/2 day</td>
<td>6</td>
<td>H &amp; S Management</td>
<td>H &amp; S Management (Director)</td>
</tr>
<tr>
<td>1/2 day</td>
<td>7</td>
<td>H &amp; S Administrator</td>
<td>H &amp; S Administrator</td>
</tr>
<tr>
<td>1/2 day</td>
<td>8</td>
<td>Office Personnel</td>
<td>Other Staff</td>
</tr>
<tr>
<td>1/2 day</td>
<td>9</td>
<td>Technical Services Officer (Contracts)</td>
<td>Technical Services Officer</td>
</tr>
<tr>
<td>1/2 day</td>
<td>10</td>
<td>Assistant Technical Services Officer</td>
<td>Assistant Technical Services Officer</td>
</tr>
<tr>
<td>1/2 day</td>
<td>11</td>
<td>Technical Services Officer (Property)</td>
<td>Technical Services Officer (Property)</td>
</tr>
<tr>
<td>1/2 day</td>
<td>12</td>
<td>Site Management</td>
<td>Site Management</td>
</tr>
<tr>
<td>1/2 day</td>
<td>13</td>
<td>Maintenance Manager</td>
<td>Maintenance Manager</td>
</tr>
<tr>
<td>1/2 day</td>
<td>14</td>
<td>Assistant Technical Services Manager</td>
<td>Assistant Technical Services Manager</td>
</tr>
<tr>
<td>1/2 day</td>
<td>15</td>
<td>Maintenance, Concierge, handyman, grounds etc</td>
<td>N/A</td>
</tr>
<tr>
<td>1/2 day</td>
<td>16</td>
<td>Fire Management</td>
<td>Fire Management (Director)</td>
</tr>
<tr>
<td>1/2 day</td>
<td>17</td>
<td>Fire Marshal</td>
<td>Fire Marshal</td>
</tr>
<tr>
<td>1/2 day</td>
<td>18</td>
<td>Fire Aider</td>
<td>Fire Aider</td>
</tr>
</tbody>
</table>

To book training with ACS: Review the course overview sheet for full details of the training. Use the course number above to check available dates on the Health and Safety Training Calendar and then complete the ACS Booking Form and send to: Training@acs-env.com

**NOTE:** Landlord Health & Safety Administrators undertake IOSH H & S for Housing Associations and Non-Landlords undertake IOSH Working Safely.