

Pecyn Dogfennau Cyhoeddus

Penallta House,
Tredomen Park,
Ystrad Mynach,
Hengoed CF82 7PG

Tŷ Penallta,
Parc Tredomen,
Ystrad Mynach,
Hengoed CF82 7PG



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Am unrhyw ymholiad yn ymwneud â'r agenda hwn cysylltwch â Amy Dredge
(Rhif Ffôn: 01443 863100 Ebst: dredga@caerphilly.gov.uk)

Dyddiad: Dydd Mawrth, 11 Chwefror 2020

Annwyl Syr/Fadam,

Bydd cyfarfod **Pwyllgor Iechyd a Diogelwch Corfforaethol** yn cael ei gynnal yn **Ystafell Sirhywi, Tŷ Penallta, Tredomen, Ystrad Mynach ar Dydd Llun, 17eg Chwefror, 2020 am 10.00 am** i ystyried materion a gynhwysir yn yr agenda canlynol. Gall cynghorwyr a'r cyhoedd sy'n dymuno siarad am unrhyw eitem wneud hynny drwy wneud cais i'r Cadeirydd. Mae croeso i chi hefyd ddefnyddio'r Gymraeg yn y cyfarfod. Mae'r ddau gais hyn yn gofyn am gyfnod rhybudd o 3 diwrnod gwaith, a bydd cyfieithu ar y pryd yn cael ei ddarparu os gofynnir amdano.

Mae pob cyfarfod Pwyllgor yn agored i'r Wasg a'r Cyhoedd. Gofynnir i arsylwyr a chyfranogwyr ymddwyn gyda pharch ac ystyriaeth at eraill. Sylwer y bydd methu â gwneud hynny yn golygu y gofynnir i chi adael y cyfarfodydd ac efallai y cewch eich hebrwng o'r safle.

Yr eiddoch yn gywir,

Christina Harrhy
PRIF WEITHREDWR DROS DRO

AGENDA

Tudalennau

- 1 I dderbyn ymddiheuriadau am absenoldeb
- 2 Datganiadau o Ddiddordeb.

Atgoffi'r Cynghorwyr a Swyddogion o'u cyfrifoldeb personol i ddatgan unrhyw fuddiannau personol a/neu niweidiol mewn perthynas ag unrhyw eitem o fusnes ar yr agenda hwn yn unol â Deddf Llywodraeth Leol 2000, Cyfansoddiad y Cyngor a'r Cod Ymddygiad ar gyfer Cynghorwyr a Swyddogion.

A greener place Man gwyrddach

Correspondence may be in any language or format | Gallwch ohebu mewn unrhyw iaith neu fformat



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Os oes aelod o'r Pwyllgor Craffu yn dymuno i unrhyw un o'r Eitemau Gwybodaeth uchod i gael eu dwyn ymlaen ar gyfer adolygiad yn y cyfarfod, cysylltwch â Amy Dredge, 01443 863100, erbyn 10.00am ar ddydd Gwener, 14eg Chwefror 2020.

Cylchrediad:

Cynghorwyr C.J. Gordon, M.A. Adams, P.J. Bevan, D.T. Hardacre, D. Havard, A.G. Higgs, S. Kent a W. Williams

Cynrychiolwyr Undebau Llafur

A Swyddogion Priodol

SUT FYDDWN YN DEFNYDDIO EICH GWYBODAETH

Bydd yr unigolion hynny sy'n mynychu cyfarfodydd pwyllgor i siarad/roi tystiolaeth yn cael eu henwi yng nghofnodion y cyfarfod hynny, weithiau bydd hyn yn cynnwys eu man gweithio neu fusnes a'r barnau a fynegir. Bydd cofnodion o'r cyfarfod gan gynnwys manylion y siaradwyr ar gael i'r cyhoedd ar wefan y Cyngor ar www.caerffili.gov.uk. ac eithrio am drafodaethau sy'n ymwneud ag eitemau cyfrinachol neu eithriedig.

Mae gennych nifer o hawliau mewn perthynas â'r wybodaeth, gan gynnwys yr hawl i gael mynediad at wybodaeth sydd gennym amdanoch a'r hawl i gwyno os ydych yn anhapus gyda'r modd y mae eich gwybodaeth yn cael ei brosesu.

Am wybodaeth bellach ar sut rydym yn prosesu eich gwybodaeth a'ch hawliau, ewch i'r Hysbysiad Preifatrwydd Cyfarfodydd Pwyllgor Llawn ar ein gwefan <http://www.caerffili.gov.uk/Pwyllgor/Preifatrwydd> neu cysylltwch â Gwasanaethau Cyfreithiol drwy e-bostio griffd2@caerffili.gov.uk neu ffoniwch 01443 863028.



CORPORATE HEALTH AND SAFETY COMMITTEE

MINUTES OF THE MEETING HELD AT PENALLTA HOUSE, TREDOMEN ON
MONDAY, 24TH JUNE 2019 AT 10 A.M.

PRESENT:

Councillor D. Havard (Chair)

Councillors:

A.G. Higgs and S. Kent (Vice-Chair).

Councillor C. Gordon (Cabinet Member for Corporate Services).

Together with:

R. Edmunds (Corporate Director for Education and Corporate Services), M. Williams (Interim Head of Property Services), E. Townsend (Health and Safety Manager), A. Wigley (Principal Health and Safety Officer), R. Phillips (Team Manager - Asbestos and Fire), and A. Dredge (Committee Services Officer).

L. Dallimore (Branch Secretary - UNISON). M. Bradford – South Wales Fire and Rescue Service.

1. TO APPOINT A CHAIR AND VICE-CHAIR FOR THE ENSUING YEAR

It was moved and seconded that Councillor D. Havard be appointed as Chair and Councillor S. Kent be appointed as Vice-Chair for the ensuing year. By a show of hands this was unanimously agreed.

2. APOLOGIES FOR ABSENCE

Apologies for absence had been received from Councillors M. Adams, P.J. Bevan, D.T. Hardacre and W. Williams, L. Donovan (Head of People Services), D. Beecham (Electoral Services Manager) and A. Williams (UNITE).

3. DECLARATIONS OF INTEREST

There were no declarations of interest received at the commencement or during the course of the meeting.

4. MINUTES – 18TH FEBRUARY 2019

RESOLVED that the minutes of the Corporate Health and Safety Committee held on Monday 18th February 2019, be approved as a correct record and signed by the Chair.

REPORTS OF OFFICERS

Consideration was given to the following reports:

5. SOUTH WALES FIRE AND RESCUE SERVICE - PRESENTATION

Mr M. Bradford (Station Manager – South Wales Fire and Rescue Service) (SWFRS) delivered a presentation that set out the requirements of businesses and organisations protecting themselves from risk of fire. The definition of Fire Safety Orders (FSO's), which are applicable only in England and Wales was explained. The aim of FSO's is to reduce the burden on businesses and to ensure compliance with the fire safety regime. The Primary Objectives were explained that included creating a single regime which can be better understood and administered by businesses and relevant authorities e.g. SWFRS and to ensure fire safety facilities and equipment are well maintained in efficient and effective working order.

In terms of FSO enforcement, it was explained that most premises are dealt with by SWFRS. Ship Repair, Nuclear Sites and Construction Sites are dealt with by the Health and Safety Executive, Sports Grounds and Stands are dealt with by Local Authorities, the Armed Forces are dealt with by the Defence Fire Service and Crown Premises are dealt with by the Crown Inspectorate. Members discussed the responsibility of employers, managing agents, self-employed individuals and other person(s) within various premises. Their duties were also outlined, which include carrying out fire risk assessments, considering the safety of all relevant persons and providing adequate training to staff. An emergency action plan is undertaken by the responsible person (RP) either on their own or with another identified RP. It must be reasonably practical and to make sure that everyone on the premises, or nearby, can escape safely in the event of a fire. Samples of offences of non-compliance under the FSO include a failure to comply with general fire precautions requirements where that failure puts one or more relevant persons at risk and deliberate obstruction of an Inspector in carrying out their duties or powers. Examples of recent cases were also discussed relating to non-compliance. In one case, individuals were successfully prosecuted and received suspended custodial sentences in relation to three premises that they managed. A Company was also successfully fined after pleading guilty for non-compliance of Fire Safety and also ordered to pay costs and a victim surcharge.

A Member sought clarification in relation to fire safety and compartmentalisation and how this is managed in buildings such as Ty Penallta, given the open plan aspect. It was explained that the spread of fire can be restricted by sub-dividing buildings into a number of discrete compartments. These fire compartments are separated from one another by compartment walls and compartment floors made of a fire-resisting construction which hinders the spread of fire. The Committee also discussed the position in relation to 'pop-up' shops which generally operate for the duration of approximately 3 months. It was explained that the Fire Service would not receive notification of these but the operational fire crews are the 'eyes and ears' on the ground and they will identify risks along the way.

The Chair thanked Mr Bradford for attending the meeting and delivering the detailed presentation.

6. HEALTH AND SAFETY POLICIES – REVIEW TIMETABLE

The Health and Safety Manager presented the review timetable that sets out the policies to be reviewed by the Committee over the next 12 months. The timetable may be subject to change depending on issues that may become topical, such as any new HSE/Fire Service guidance and workload. Where policies are subject to

minor changes then one report summarising the changes will be brought to the Committee covering a number of policies.

Following consideration and discussion and in noting there were no changes proposed to the review timetable, the Corporate Health and Safety Committee noted its contents.

7. HEALTH AND SAFETY SLA UPDATE

The Health and Safety Manager presented the report which updated Members on the Health and Safety Service Level Agreements (SLA's) offered to schools. Since 2009 SLA's have been provided to all Caerphilly schools. Following requests from Head Teachers for additional Health and Safety support a premium SLA service was introduced in 2015. This report provides an overview of the support provided to Caerphilly Schools over the past year.

It was explained that the core SLA provides 5 days of Health and Safety Officer time, of which 3 days per annum are allocated to mandatory inspections. These consist of a general Health and Safety Inspection, a Fire Risk Assessment and a Health and Safety Management Audit. The 2 remaining days can be used by the schools as they see fit to assist them with managing their Health and Safety risk. The Premium SLA provides schools with a named Health and Safety Officer who visits the school on a monthly or fortnightly basis. The range of tasks undertaken by the Officer is vast and details are set out in paragraph 5.1.1. in the report.

Members noted that Health and Safety training remains a significant part of the Team's role and ensures that the schools comply with their legal obligation to provide staff with information, instruction and training on Health and Safety. The Committee discussed the ongoing provision of SLA's in Primary Schools and noted an increasing number of schools choosing to opt for a monthly service. This is a reflection of the level of support they have received since the services commenced. Many schools have in place comprehensive and effective Health and Safety arrangements and feel more confident in their ability to manage Health and Safety risk. It was explained that the Premium SLA was extended to all Secondary School across the Borough from 3rd June 2019 for one year through central funding. This decision was made to enable better engagement with secondary schools and to help support schools in identifying and addressing their risks. At the end of the year the schools will have the option of continuing to buy into the premium service or revert to the core SLA.

The Committee were pleased to note that the Health and Safety Team will continue to work closely with schools and to review and monitor their performance, ensuring that the level and type of support provided remains effective. A Member queried if any fires had occurred in any schools and was advised that there had been some incidents in terms of smouldering around light fittings but due to early actions, fires had been prevented.

Following consideration and discussion, it was moved and seconded that the recommendation in the report be approved. By a show of hands this was unanimously agreed.

RESOLVED that the contents of the report be noted.

8. HEALTH AND SAFETY STRUCTURE AND ACTION PLAN

The Health and Safety Manager presented the report that updated Members on the current structure of the Health and Safety Team and the work programme for 2019-2021, following a re-structure of the Team. The structure and work programme were appended to the report. The Action Plan identifies key high level organisational priorities which form the workload of the team over the next 18 months. Details are set out in paragraph 5.1.6 in the report. The priorities are based on legislative requirements, accidents/incidents and gap analysis to identify areas where work is needed to ensure the organisation is best placed to defend both civil and criminal action. The action plan does not identify all organisational risks as the plan is aligned to the capacity of the team to deliver on these key priorities. The Committee were assured that the plan will be reviewed frequently and Officers will undertake their roles in respect of their allocated service areas.

The Committee discussed the General Data Protection Regulations (GDPR) and the implications that non-compliance could have. The team collect a high volume of personal data and this is shared appropriately across the organisation. Privacy notices have been drafted for inclusion on all forms that are produced. The Cabinet Member requested an update on the action plan and the current vacant posts within the structure at the next meeting. Following consideration and discussion, it was moved and seconded that the recommendation in the report be approved. By a show of hands this was unanimously agreed.

RESOLVED that the contents of the report be noted.

8. INFORMATION ITEMS

The Committee noted the following items for information, full details of which were included in the Officer's Reports:

1. Recent Hse updates.
2. Accident Statistics Report for January – March 2019.

The meeting closed at 11.00 am.

Approved as a correct record and subject to any amendments or corrections agreed and recorded in the minutes of the meeting held on 18th November 2019, they were signed by the Chair.

CHAIR



CORPORATE HEALTH AND SAFETY COMMITTEE – 17TH FEBRUARY 2020

SUBJECT: UPDATED HEALTH AND SAFETY POLICIES

**REPORT BY: CORPORATE DIRECTOR - EDUCATION AND CORPORATE
SERVICES**

1. PURPOSE OF REPORT

1.1 The purpose of this report is to provide Health and Safety Committee Members with details of proposed minor updates to Health and Safety policies and to seek approval to implement the revised drafts.

2. SUMMARY

2.1 The Authority has in place a number of policies setting out the Authority's approach to managing key health and safety risks. Most policies are currently overdue for review and a programme of policy review has recently commenced.

3. RECOMMENDATIONS

3.1 That the updated policies are approved.

4. REASONS FOR THE RECOMMENDATIONS

4.1 To ensure that the Authority meets its statutory responsibilities under Health and Safety law.

5. THE REPORT

5.1 Corporate Health and Safety Policy (Appendix 1)

The policy has been updated to reflect the current organisational structure and once approved will be signed by the Chief Executive. Health and Safety risks that are subject to separate approved CCBC H&S Policies are referenced in the policy but are not specifically covered. A paragraph has been included on contractor management.

5.1.1 Lone Working Policy (Appendix 2)

The policy has been subject to minor wording changes only. The policy and corporate management arrangement have been amalgamated into one document for ease of use.

5.1.2 Accident Reporting and Investigation Policy (Appendix 3)

The policy has been updated to bring key definitions in line with current HSE and IOSH guidance. The policy and corporate management arrangement have been amalgamated into one document for ease of use. **Page 5**

The accident reporting/investigation form has been updated principally in terms of layout to allow the order to follow in a simpler way. A privacy notice has been developed and a summary privacy notice is included on the form to ensure compliance with GDPR requirements

A near-miss postcard has been introduced to try to encourage near-miss reporting across the Authority. If required this can be used instead of the accident/incident reporting form where no injury has been sustained.

5.1.3 Risk Assessment Policy (Appendix 4)

The policy has been subject to minor wording changes only. The corporate risk assessment form has been updated to a 5 x 5 matrix in line with the IOSH accredited risk assessment training delivered the Health and Safety Training team.

5.1.4 First Aid Policy (Appendix 5)

The policy has been subject to minor wording changes only. A new appendix has been included which is a proforma record of first aid needs assessment which will make it easier for Managers to evidence compliance with the First Aid at Work Regulation 1981 and associated Approved Code of Practice.

5.2 CONCLUSION

The updated policies will help to ensure that CCBC is meeting its legal responsibilities under health and safety legislation and will assist in ensuring there is a robust health and safety framework in place to keep employees and others safe.

6. ASSUMPTIONS

6.1 No assumptions have been made regarding the information contained in this report.

7. LINKS TO RELEVANT COUNCIL POLICIES

7.1 This report links to the Corporate Health and Safety Policy and all other CCBC Health and Safety Policies listed above.

7.2 Corporate Plan 2018-2023.

The report content contributes towards or impacts the Corporate Well-being Objectives:

Objective 1 - Improve education opportunities for all. Through affording Health and Safety training opportunities both for our employees and for others across the borough which will support with developing skills and improving employability in a safe environment where the risks are effectively managed.

Objective 2 - Enabling employment. Through ensuring that CCBC employees and others affected by our work activities are kept safe and healthy whilst at work and able to remain in employment.

Objective 5 - Creating a County Borough that supports a healthy lifestyle in accordance with the sustainable Development Principle within the Wellbeing of Future Generations (Wales) Act 2015. Through ensuring that the health risks associated with work are assessed, controlled and managed in accordance with the relevant health and safety policy and that health and safety training provided in schools ensures that Managers and employees are aware of the Health and Safety policies and practises that support good health and well-being.

Objective 6 - Support citizens to remain independent and improve their well-being. Through ensuring that our health and safety policies and practises promote good health and well-being.

8. WELL-BEING OF FUTURE GENERATIONS

8.1 This report contributes to the Well-being Goals as set out in the Well-being of Future Generations (Wales) Act:-

- A prosperous Wales
- A resilient Wales
- A healthier Wales
- A more equal Wales

It is also consistent with the five ways of working as defined within the sustainable development principle in the Act in that we will seek to consider the long-term impact of Health and Safety policies, practices and training, we will seek to prevent any ongoing issues and ensure that Health and Safety training and subsequent practise is integrated into good management. We will also ensure there is effective collaboration and involvement as required in order to meet our legal Health and Safety objectives in line with the act. This will assist in safeguarding the health and safety of our employees, residents, service users and visitors and ensure that the Council as a public body and social landlord meets its regulatory duties and corporate objectives.

9. EQUALITIES IMPLICATIONS

9.1 There are no equalities implications

10. FINANCIAL IMPLICATIONS

10.1 There are no financial implications.

11. PERSONNEL IMPLICATIONS

11.1 There are no personnel implications.

12. CONSULTATIONS

12.1 All comments from consultees have been included in the report.

13. STATUTORY POWER

13.1 The Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

Author: Emma Townsend, Health and Safety Manager, townsej@caerphilly.gov.uk

Consultees: Richard Edmunds, Corporate Director for Education and Corporate Services, edmure@caerphilly.gov.uk
Lynne Donovan, Head of People Services, donovl@caerphilly.gov.uk
Cllr Gordon, Cabinet Member for Corporate Services, gordocj@caerphilly.gov.uk

Appendices:

Appendix 1 – Corporate H & S Policy
Appendix 2 – Lone Working Policy
Appendix 3 – Accident Incident Policy
Appendix 4 – Risk Assessment Policy
Appendix 5 – First Aid Policy

Gadewir y dudalen hon yn wag yn fwriadol

CAERPHILLY COUNTY BOROUGH COUNCIL

CORPORATE HEALTH AND SAFETY POLICY

Version:	Version 5
Policy Ratified by:	Cabinet
Date:	February 2020
Area Applicable:	All Council employees, agency staff, volunteers and service users.
Review Year	2023



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Mae'r cyhoeddiad hwn ar gael yn Gymraeg ac mewn ieithiodd neu fformatau eriall ar gais.

NOTE

Wherever the designation "manager" is used throughout this policy, it is taken to mean Head of Service, Head Teacher, Line Manager, Supervisor and the Officer in charge or anyone who has responsibilities for employees in the course of their work.

1. INTRODUCTION

- 1.1. This policy sets out the Authority's approach to health and safety and arrangements and responsibilities for managing health and safety within Caerphilly County Borough Council relating to its work activities and premises under its control.

2. POLICY STATEMENT

- 2.1. The Chief Executive, Corporate Management Team and Cabinet Members acknowledge their statutory and moral obligations to ensure the health and safety of employees whilst at work, and of others who may be involved in or affected by the Authority's activities and premises under its control.
- 2.2. Health and safety considerations are recognised as an integral part of the Authority's work activities and are a prime responsibility of its Directors, Managers and Members. As such, the Cabinet and Corporate Management Team are committed to the responsible management of health and safety throughout the Authority's activities and fields of operation.
- 2.3. In order to carry out this commitment, the Authority will:
- 2.3.1 Meet the requirements of health and safety legislation and, where possible, seek to demonstrate exemplary health and safety performance and practices.
 - 2.3.2 Identify the health and safety hazards arising from the Authority's activities and assess and sensibly manage the associated risks.
 - 2.3.3 Endeavour to improve health and safety performance, in a cost- effective manner, so that instances of work-related ill health and injuries are reduced.
 - 2.3.4 Ensure that Members, employees, unions and management are consulted on health and safety issues, are involved in the health and safety management system and are provided with appropriate direction, information, training and supervision to enable them to meet their obligations to work safely and with due regard for the health and safety of others.
 - 2.3.5 Have suitable and sufficient operating policies, procedures, programmes, arrangements, guidance and resources to ensure continuous improvement in health and safety standards.
 - 2.3.6 Require contractors to demonstrate the same level of competence, implementation and commitment to legal compliance and to continuous improvement in health and safety performance.

- 2.4.** The Authority will implement this policy through:
- 2.4.1 Health and safety controls achieved through the implementation of management systems based on recognised safety management principles.
 - 2.4.2 Frequent, structured health and safety inspections, audits and monitoring of performance against agreed targets and objectives within a continuous improvement programme.
 - 2.4.3 Provision of competent health and safety advice and support through a competent Health and Safety Division and Occupational Health Service.
 - 2.4.4 Provision of funds and resources to ensure proper implementation of this policy.

Signed:

Date: February 2020

Interim Chief Executive

3. SCOPE

- 3.1. This policy has been agreed with the Trade Unions and applies to all employees.
- 3.2. This policy will be reviewed at least every 3 years to ensure it is in line with current legislation and remains current.
- 3.3. The effective date of issue 5 of this policy is: February 2020

4. ROLES AND RESPONSIBILITIES

Please note: All employees have a legal responsibility to comply with health and safety law and the provisions of this policy. Failure to do so could result in personal and/or corporate liability and disciplinary action.

The Authority's structure and employees' roles and responsibilities are contained within organisation charts and job descriptions, which are held by People Services.

This section provides information on health and safety related responsibilities and links to health and safety specific organisational charts, as well as details of specific roles and responsibilities assigned to individuals and groups within the Authority.

4.1 Health and Safety Assistance:

Competent persons have been appointed to assist the Authority in meeting its health and safety responsibilities. These people have sufficient knowledge and expertise to ensure that the appropriate policies and management arrangements are in place to meet statutory requirements.

A centralised Health and Safety Division is headed by the Health and Safety Manager who acts as the 'competent person' for the Authority for health, safety and welfare. The Division provides health and safety support related to work activities undertaken by CCBC employees. The Division develops and implements corporate policy and guidance on health and safety issues and produces improvement plans for strategic and operational risks.

Specific Roles and Responsibilities for health and safety are detailed below:

4.2 Elected Members will:

- 4.2.1 Have an understanding of the main provisions of applicable health and safety legislation, and in particular the requirements of the Health and Safety at Work etc. Act 1974.
- 4.2.2 Be aware of their responsibilities under legislation and industry specific guidance and attend relevant health and safety training provided by the Authority.
- 4.2.3 Allocate the necessary resources to ensure implementation and adherence to policies and legislation.
- 4.2.4 Ensure that they are aware of the Authority's arrangements for maintaining an appropriate level of professional health and safety advice and ensure that sufficient resources are provided for successful health and safety management.
- 4.2.5 Nominate a Chair and Vice Chair to sit on the Corporate Health and Safety Committee.
- 4.2.6 Ensure that the standards and profile provided to other Members' functions are applied to health and safety management.
- 4.2.7 Ensure that health and safety is integrated into the culture of the organisation.
- 4.2.8 Promote and encourage a safe working culture and ensure behaviour is led by example.

4.3 The Chief Executive will:

- 4.3.1 Assume ultimate responsibility for the health and safety activities of the Authority.
- 4.3.2 Be ultimately responsible for ensuring compliance with this policy within Caerphilly County Borough Council.
- 4.3.3 Have an understanding of the main provisions of applicable health and safety legislation, and in particular the requirements of the Health and Safety at Work etc. Act 1974.
- 4.3.4 Ensure that the standards and profile provided to other management functions are applied to health and safety management.
- 4.3.5 Ensure that health and safety is integrated into the management structure.
- 4.3.6 Promote and encourage a safe working culture and ensure behaviour is led by example.

- 4.3.7 Allocate the necessary resources to ensure implementation of and adherence to policies.
- 4.3.8 Review the safety management performance of Directors and Management.
- 4.3.9 Ensure that the organisational structure is appropriate to manage the health and safety affairs of the Authority.
- 4.3.10 Support the Health and Safety Division and Heads of Service in policy setting and monitoring the effectiveness of the health and safety management systems.
- 4.3.11 Ensure that the standards and profile provided to other management functions are applied to health and safety management.

4.4 Directors will:

- 4.4.1 Understand and comply with the main requirements of statutory health and safety legislation applicable to their areas of control.
- 4.4.2 Ensure effective implementation of the Authority's Health and Safety Policies, Management Arrangements and Procedures within their Directorates.
- 4.4.3 Ensure that health and safety is integrated into the Directorate management structure and is promoted as a vital component of service delivery.
- 4.4.4 Ensure adequate training, information, instruction and supervision of Assistant Directors/Heads of Service and managers is available to allow work to be safely managed.
- 4.4.5 Promote health and safety and encourage a safe working culture and behaviour through leading by example.
- 4.4.6 Bring to the attention of the Corporate Management Team and/or the Health and Safety Division any health and safety issues that require their attention and advice to rectify.
- 4.4.7 Ensure a safe working environment is maintained.
- 4.4.8 Ensure adequate resources are available within their service area to ensure continued improvement in health and safety.

4.5 Heads of Service / Assistant Directors and Managers will:

- 4.5.1 Ensure that employees, contractors and visitors under their control are aware of relevant health and safety policies and procedures.
- 4.5.2 Understand and comply with the main requirements of statutory health and safety legislation applicable to their Service Areas.

- 4.5.3 Monitor the workplace to ensure safe conditions are maintained.
- 4.5.4 Ensure effective implementation of this policy, other health and safety policies, procedures and guidance. This will require incorporating health and safety into service improvement plans and/or setting service area health and safety targets.
- 4.5.5 Ensure completion of suitable and sufficient risk assessments as required within service areas.
- 4.5.6 Ensure that buildings, equipment, plant and substances used are suitable for the task for which they are provided and used, and are kept in good working condition, including being regularly inspected, maintained and serviced as appropriate and in line with statutory requirements.
- 4.5.7 Ensure and monitor that adequate training, information, instruction and supervision of employees is provided, to ensure that work is undertaken safely.
- 4.5.8 Promote health and safety and encourage a safe working culture and behaviour through leading by example.
- 4.5.9 Bring to the attention of the Director and/or the Health and Safety Manager any health and safety issues that require their attention and advice to rectify.
- 4.5.10 Maintain a safe working environment and safe access to and from the workplace.
- 4.5.11 Take immediate and appropriate action to investigate and rectify any risks to health and safety arising from work activities.
- 4.5.12 Ensure that where they have specific responsibilities they discharge them appropriately

4.6 The Head of Digital and Customer Services will:

In addition to the responsibilities in section 4.5 above:

- 4.6.1 Ensure that goods and services are purchased according to the Authority's purchasing policy and procedures, recognising the requirements of statutory legislation towards hazardous substances, product safety, vibration and management of contractors.
- 4.6.2 Accurately communicate to suppliers, the Authority's requirements for materials and services, as described on purchase requisitions and/or specifications.
- 4.6.3 Ensure processes are in place to appoint competent (CCBC vetted) contractors when tenders are appointed via Procurement.

4.7 The Head of Property Services will:

In addition to the responsibilities in section 4.5 above:

- 4.7.1 Ensure that all agreed Authority properties are compliant with the minimum statutory maintenance requirements as set out in relevant statutory instruments.
- 4.7.2 Where engaged to do so appoint competent contractors to undertake work on Authority properties and ensure that they undertake work in accordance with legislation and CCBC priorities.
- 4.7.3 Ensure that appropriate records and certificates of statutory inspection and testing are retained and uploaded to the RAMIS system.
- 4.7.4 In the case of remedial works allocated to Property Services to progress following a statutory inspection/examination ensure that faults are rectified within a timely manner and closed out on RAMIS.

4.8 The Head of People Services will:

In addition to the responsibilities in section 4.5 above:

- 4.8.1 Ensure where applicable that People Services policies and practices promote the health, safety and well-being of employees.
- 4.8.2 Ensure a close working relationship exists between People Services, the Health and Safety Division and Occupational Health on common issues such as staff well-being, rehabilitation, industrial injuries and illness.

4.9 The Head of Corporate Finance will:

In addition to the responsibilities in section 4.5 above:

- 4.9.1 Ensure corporate insurance policies are in place to cover legal requirements e.g. employers liability, public liability, Authority vehicle cover.
- 4.9.2 Ensure that adequate systems and resources are in place to deal with liability claims relating to health and safety.

4.10 The Fleet Manager and Managers with responsibility for vehicles will:

In addition to the responsibilities in section 4.5 above:

- 4.10.1 Ensure that Authority vehicles are subject to a system of regular maintenance, servicing and statutory inspections where appropriate.
- 4.10.2 Ensure that the management of occupational road risk is integrated into the

section's activities.

- 4.10.3 Ensure that those who drive CCBC vehicles are aware of their obligations under law and CCBC policy.

4.11 Managers with responsibility for premises will:

In addition to the responsibilities in section 4.5 above:

- 4.11.1 Ensure that statutory inspections and testing are conducted and appropriate records and certificates of statutory inspection and testing are uploaded onto RAMIS.
- 4.11.2 Seek advice from a Technical Division and/or the Health and Safety Division on any building related health and safety concern.
- 4.11.3 Ensure they progress any requirements from statutory inspections within a timely manner and evidence actions taken on RAMIS.
- 4.11.4 Ensure that corporate policies and management arrangements and guidance regarding building management are adhered to.

4.12 The Health and Safety Manager will:

- 4.12.1 Ensure that this policy is reviewed at least every three years to ensure it is in line with current legislation.
- 4.12.2 Develop corporate management arrangements and policy documents, guidance and procedures relating to health and safety legislation, relevant British Standards, and best practice guidance as applicable to the Authority.
- 4.12.3 Ensure implementation of Strategic and Operational Improvement plans covering the Authority's activities, which meets legal minimum standards and update annually on progress.
- 4.12.4 Ensure implementation of a health and safety monitoring plan which measures health and safety performance in key risk areas and update annually on progress.
- 4.12.5 Ensure support and training on use of the RAMIS System is provided to Authority and Contractor staff.

4.13 The Asbestos and Fire Team Manager will:

- 4.13.1 Strategically manage asbestos within the Authority's premises, ensuring that the risk from exposure to asbestos is adequately managed. Providing surveying, training and advice services via the Asbestos Management Team. Implementation of the Corporate Asbestos Management Plan and ensure that the RAMIS Asbestos System is maintained to provide accurate information on asbestos within the Authority's premises.
- 4.13.2 Ensure Fire Risk Assessments are undertaken across the Authorities premises in line with the risk priority schedule. Ensure technical advice, support and training on all fire safety related issues is provided.

4.13.3 Monitor compliance and progress against asbestos and fire safety and update annually on progress.

4.13.4 The Manager responsible for the Occupational Health Department will:

4.13.5 Ensure Occupational Health lead on health promotion activities and improvements to well-being of employees in all occupations.

4.13.6 Ensure health surveillance is undertaken as necessary to support the ongoing health and well-being of employees while at work.

4.13.7 Provide a Physiotherapy Service to proactively support the identification and treatment of relevant Musculoskeletal conditions.

4.14 Employees will:

4.14.1 Take reasonable care of their own health and safety whilst at work.

4.14.2 Consider, whilst at work, the health and safety of others who may be affected by their acts or omissions.

4.14.3 Work in accordance with the information, instruction and training provided.

4.14.4 Where required, attend Occupational Health for relevant appointments related to their health and wellbeing while at work.

4.14.5 Refrain from intentionally misusing or recklessly interfering with anything provided in the interests of health and safety.

4.14.6 Report any hazardous defects in plant, equipment, or shortcomings in existing safety arrangements, or the unsafe activities of work colleagues or contractors, to their Line Manager and/or Health and Safety Division without delay.

4.14.7 Not undertake any task for which authorisation and/or training has not been given.

4.14.8 Not participate in horseplay, or initiate types of activities that can lead to accidents, and deter others from doing so.

5. HEALTH AND SAFETY ARRANGEMENTS

5.1 Document arrangements:

5.1.1 The Authority's Corporate Management Team recognises the need to plan health and safety controls within the organisation's activities. There are, therefore, the following levels of health and safety documentation within the

Authority:

- Corporate Health and Safety Policies and Corporate Management Arrangements on specific issues
- Corporate Procedures and Guidance on specific issues (guidance sets out best practice and gives advice on managing health and safety issues and procedures set out the process for managing a specific issue)
- Health and Safety Bulletins – provided to address an urgent health and safety risk.
- Risk Assessments and Safe Systems of Work.

5.1.2 Corporate Health and Safety Documents are available on the Health and Safety Portal on the Authority's intranet site, on the RAMIS4Schools database for school staff and are available via line management and/or Health and Safety Officers where appropriate.

5.1.3 Managers need to ensure that the requirements of the Corporate and Directorate documents are transferred into working practices and are contained within their local working arrangements.

5.2 Health and Safety Policies and Arrangements

Managers must have a basic knowledge of all health and safety legislative requirements relevant to the work activities undertaken within their work area, by their employees and involving contractors they appoint, and ensure that detailed knowledge and understanding is gained of specific regulations (or parts thereof), which apply to their areas of responsibility. The following sections highlight topics that commonly apply to the Authority's activities.

5.2.1 The Authority has a Corporate Policy and Corporate Management Arrangements on the following topics:

- Corporate Asbestos Management Plan
- Domestic Asbestos Management Plan
- Display Screen Equipment
- Fire Safety
- First Aid
- Lone Working
- Manual Handling
- Risk Assessment
- Employee Well-being
- Violence at Work
- Driving
- Control of Substances Hazardous to Health (COSHH) and REACH
- Accident Reporting and Investigation
- Noise
- Vibration
- Electrical Safety
- Legionella (Draft Policy)

/Please refer directly to the relevant policy and corporate management arrangement for details of the agreed approach. A copy of all Corporate Policies can be viewed on the Authority's Intranet or obtained from a Manager and/or any Health and Safety Officer.

5.2.2 Contractor Management:

The Authority is committed to ensuring that competent contractors are appointed to undertake activities on its behalf including both contracts for work and services. Contractors will be selected, managed and monitored in accordance with HSE guidance and relevant legislation e.g. The Construction (Design and Management) Regulation 2015.

5.2.1 Musculoskeletal Disorders

Musculoskeletal Disorders (MSD's) - involve the muscles, tendons, joints and skeleton, particularly in the back, hands and arms – symptoms may be acute or chronic and can range from mild aches and pains to severe swelling and inflammation. This also includes Upper Limb Disorders (ULD), which is used as an umbrella term for a range of disorders of the hand, wrist, arm, shoulder and neck. It covers those conditions, with specific medical diagnoses (e.g. frozen shoulder, carpal tunnel syndrome), and other conditions (often called Repetitive Strain Injury) where there is pain without specific symptoms.

The Authority recognises its responsibility to ensure all reasonably practicable precautions are taken to provide and maintain working conditions and systems of work that are safe and healthy. This is to be achieved via risk assessment and compliance with the corporate policies and management arrangement on Manual Handling and Display Screen Equipment, resulting in recommended safe systems of work. Instances of MSD must where appropriate be referred to Occupational Health and supported by a workplace inspection/Risk Assessment where relevant.

5.2.2 Events Safety

Corporate guidance is available regarding event safety. All council run events will be organised and managed in accordance with HSE guidance and recommendations.

The Health and Safety Division provide support for key Corporate Events and a Health and Safety Officer attends the Events Safety Advisory Group meetings

It is the responsibility of the Event Organiser to ensure that all events organised by Caerphilly County Borough Council or which take place on the Authority's premises are risk assessed and organised in a safe manner.

Where Officers approve the use of the Authority's land for third parties to hold events, the Officer must ensure that there are arrangements in place within the third party organisation to ensure the health, safety and welfare of those who will be attending the event.

Where events are run in partnership with an external body then there must be

an agreement on responsibilities for health and safety.

5.2.3 Personal Protective Equipment (PPE).

The Authority recognises that at times it will be necessary to control exposure to substances and hazards through providing personal protective equipment, and will ensure that it complies with the Personal Protective Equipment at Work Regulations 1992.

Where it is not possible to eliminate the hazard by any other means, personal protective equipment (PPE) will be issued as a last resort, in accordance with the hierarchy of control measures. Where PPE is specified it will be suitable for both the task and the user, taking into account its compatibility with other forms of PPE also required to be worn at the same time.

Employees will receive instruction and training in its correct storage and use. Where PPE is issued for use when carrying out tasks, it is the employee's responsibility to ensure it is properly used, to report any defects and obtain new as necessary from their line manager. No charge will be made for PPE used by employees within the course of the Authority's activities. Line Managers will ensure that PPE use is supervised and that suitable storage is provided.

Supervisors/Line Managers will, through monitoring, ensure that PPE is worn and will take appropriate action if it is found that employees fail to wear the PPE provided.

5.2.4 Management of Occupational Road Risk.

The Authority is committed to ensuring the health and safety of its employees, clients and others during its use of vehicles. Vehicle use is a necessary part of the Authority's activities and ranges from refuse collection to transportation of school children or transport of employees between council premises.

The Authority has policies and procedures in place to ensure that vehicles are appropriately managed, serviced and used.

5.2.5 Working at Height

The Authority acknowledges that during its activities some working at height will occur. Working at height will be avoided where possible, where unavoidable it will be risk assessed and carried out in accordance with health and safety guidance and training.

5.2.6 Work Equipment

Plant and equipment used will be suitable and sufficient for the purpose for which it will be used. All work equipment will comply with the Provision and Use of Work Equipment Regulations 1998 and where appropriate will comply with the relevant British Standards e.g. guarding of machinery, Design and Technology in schools etc.

All equipment will be maintained and inspected as per legal requirements e.g. lifting equipment, fume cabinets, wood working equipment, council vehicles etc.

5.2.7 New and Expectant Mothers

Expectant mothers are asked to notify their line manager as early as possible of their pregnancy. Once notified line managers must undertake a new and expectant mother risk assessment and seek advice or guidance from the Health and Safety Division if required.

5.2.8 Workplaces

Workplaces will be appropriate for the activity being undertaken and Building Managers will ensure the following where necessary (in accordance with the Workplace [Health, Safety and Welfare] Regulations 1992):

- Adequate ventilation
- A suitable workplace temperature (not below 16°C inside buildings)
- Suitable lighting
- A suitable level of cleanliness
- Sufficient space
- Appropriate workstations
- Suitable maintenance arrangements
- Appropriate, safe and secure doors, windows (glazing) and gates
- Suitable numbers of toilets and washing/changing facilities
- A suitable supply of clean, fresh drinking water
- Appropriate rest facilities

This list is not exhaustive. There may be other regulations that affect your activities and not all of the regulations listed above will always apply. If you are unsure or require further clarification, please speak to a member of the Health and Safety Division.

5.3 Consultation arrangements:

5.3.1 The Authority is committed to ensuring effective consultation with Managers, Employees, Unions and Elected Members on all health and safety issues, in accordance with the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996.

5.3.2 Formal consultation on H&S policies will be through:

- Direct union consultation
- Corporate H&S Committee
- CMT
- Cabinet
- JCC as appropriate

5.3.3 Monitoring Arrangements:

The Authority monitors its health and safety performance in two different ways – proactive and reactive monitoring.

5.3.4 Proactive Monitoring

Active monitoring measures organisational progress in health and safety. It involves the inspection of systems and processes before something goes wrong in order to prevent future accident, injury, ill health or the breakdown of a system or process

The Health and Safety Division carries out proactive monitoring through general inspections and management audits.

The RAMIS system is used to monitor statutory compliance in buildings and is an up to date reference tool for the following disciplines:-

- Asbestos
- Fixed Wiring Inspections
- Fire Alarm Wiring Inspections
- Gas and boiler Inspections
- Legionella Controls
- Fire Safety
- Passenger Lifts and good lifts
- Portable Appliance Testing
- General Health and Safety Inspections
- Glazing Inspections
- Air Conditioning Systems

Compliance Statistics are reported to Statutory Maintenance Group, Corporate Management Team and the Corporate H&S Committee.

5.3.5 Reactive Monitoring

Reactive monitoring monitors organisational failures. It looks at events after something has gone wrong to establish what happened and how it can be prevented in future e.g. investigating accidents/dangerous occurrences, reporting on accident statistics, collecting data on violent incidents etc.

Results of reactive monitoring are reported to Corporate Management Team and the Corporate Health and Safety Committee.

Health and Safety performance is reported on annually and is presented to the Corporate Management Team and the Corporate Health and Safety Committee.

5.3.6 Annual Reports on Health and Safety performance will be provided to the Corporate Management Team, Corporate Health and Safety.

APPENDIX A - Health and Safety Policy Statement



HEALTH AND SAFETY POLICY STATEMENT

1. The Chief Executive, Corporate Management Team and Cabinet Members acknowledge their statutory and moral obligations to ensure the continued health and safety of employees whilst at work, and of others who may be involved in or affected by the Authority's activities.
2. Health and safety considerations are recognised as an integral part of the Authority's activities and are a prime responsibility of its Directors, Managers and Members. As such, the Cabinet and Corporate Management Team are committed to the responsible management of health and safety throughout the Authority's activities and fields of operation.
 - 2.1 In order to carry out this commitment, the Authority will:
 - 2.1.1 Meet the requirements of health and safety legislation and, where possible, seek to demonstrate exemplary health and safety performance.
 - 2.1.2 Identify the health and safety hazards arising from the Authority's activities and assess and sensibly manage the associated risks.
 - 2.1.3 Endeavour to improve health and safety performance, in a cost-effective manner, so that instances of work-related ill health and injuries are reduced.
 - 2.1.4 Ensure that Members, employees, unions and management are consulted on health and safety issues, are involved in the health and safety management system and are provided with appropriate direction, information, training and supervision to enable them to meet their obligations to work safely and with due regard for the health and safety of others.
 - 2.1.5 Have suitable and sufficient operating policies, procedures, programmes, arrangements, guidance and resources to ensure continuous improvement in health and safety standards.
 - 2.1.6 Require contractors to demonstrate the same level of competence, implementation and commitment to continuous improvement in health and safety performance.
 - 2.2 The Authority will implement this policy through:
 - 2.2.1 Health and safety controls achieved through the implementation of management systems based on recognised safety management principles.
 - 2.2.2 Frequent, structured health and safety inspections, audits and monitoring of performance against agreed targets and objectives within a continuous improvement programme.
 - 2.4.1 Provision of competent health and safety advice and support through a competent Health and Safety Division and Occupational Health Service.
 - 2.2.4 Provision of funds and resources to ensure proper implementation of this policy.

Signed _____ Interim Chief
Executive

November 2019

CAERPHILLY COUNTY BOROUGH COUNCIL

LONE WORKING POLICY

Version:	Version 4
Policy Ratified by:	Health and Safety Division
Date:	February 2020
Area Applicable:	All Council employees, agency staff and volunteers.
Review Year	2023



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This publication is available in Welsh, other languages or formats on request.

Mae'r cyhoeddiad hwn ar gael yn Gymraeg ac mewn ieithiodd neu fformatau eriall ar gais.

NOTE

Wherever the designation “manager” is used throughout this policy, it is taken to mean Head of Service, Head Teacher, Line Manager, Supervisor and the Officer in charge or anyone who has responsibilities for employees in the course of their work.

1. INTRODUCTION

- 1.1. This document sets out the policy to be implemented by Caerphilly County Borough Council (the Authority) to ensure the health, safety and welfare of its employees in relation to lone working.
- 1.2. This policy should be read in conjunction with the Corporate Management Arrangements (CMA) for lone working that sets out the arrangements and responsibilities for managing lone working in the Authority.

2. POLICY STATEMENT

- 2.1. The Authority recognises that its employees are its most valuable resource in delivering high quality services to the community and will take all practical steps to ensure the health and safety of the Authority's employees, contractors and visitors to and users of council premises by not exposing them to hazards associated with lone working.
- 2.2. The Authority recognises there are inherent risks associated with lone working and will consider alternative safer systems of work where possible.
- 2.3. Where lone working is necessary, the effective control of these risks will be controlled through the correct management of lone working. To be effective this policy requires the full co-operation of management and employees at all levels.

3. SCOPE

- 3.1. This policy has been agreed with the Trade Unions and applies to all employees.
- 3.2. This policy will be reviewed at least every 3 years to ensure it is in line with current legislation.
- 3.3. The effective date of version 4 of this policy is: February 2020.

4. DEFINITIONS

- 4.1. For the purpose of this policy, lone working can be defined as the following:
 - Only one employee working on the premises. For example in small workshops, small offices etc.
 - Employees working separately from others. For example undertaking work, for a considerable period of time where no other person is in the

immediate vicinity to the 'lone worker' to provide assistance if required, alone within a clients home, parks employee tree cutting on a site.

- Infrequent high risk working activities carried out alone For example, Countryside or Park employees undertaking forestry related work or tasks making them more susceptible to abuse and physical assault e.g. Education Welfare Officers, Social Services and Housing undertaking visits private resident's homes.

Examples of typical lone working include: -

- I. Employees working alone outside normal hours for considerable time. For example, security, individuals providing care working alone within a client's home etc.
- II. Mobile employees working alone, away from their fixed base. e.g. For example, Rent Recovery Officers, Social Workers, Environmental Health Officers, Home Carers etc.
- III. Individuals working alone with vulnerable service users.

This list is not exhaustive.

Please note: this definition is not intended to cover those employees who travel alone between CCBC site or locations for meetings with others, or those left to work alone on an add hoc basis for short periods of time e.g. within a corporate office.

5. LEGISLATION

5.1. This policy along with its supporting procedures is designed to ensure the Authority meets its legal obligation as stated in:

- The Health and Safety at Work etc. Act, 1974.
- The Management of Health and Safety at Work Regulations 1999.

6. RESPONSIBILITIES

Please note: All employees have a legal responsibility to comply with health and safety law and the provisions of this policy. Failure to do so could result in personal and/or corporate liability.

6.1 The Chief Executive Officer will:

6.1.1 Be ultimately **responsible** for ensuring compliance with this policy within Caerphilly County Borough Council.

6.2 Directors will:

6.2.1 Be responsible for ensuring the effective implementation of this corporate policy and associated corporate management arrangements within their service areas.

6.2.2 Ensure that appropriate resources are made available for the effective operation of the policy and associated corporate management arrangements, including training and/or any other control measure identified as necessary following a risk assessment.

6.3 Managers with responsibilities for employees will:

6.3.1 Where possible, plan work to avoid lone working, or where this is not possible, identify all persons who fall into the lone working category.

6.3.2 Ensure that where lone working is unavoidable, tasks undertaken can be performed by one person safely.

6.3.3 Undertake, or ensure that, a suitable and sufficient risk assessment is carried out by a suitably trained and competent individual who is familiar with the work activity, process and equipment used – the ‘Lone Workers – Health and Safety Risk Assessment’ form in [Appendix A](#) of the supporting CMA may be used as a template for all but low risk activities.

6.3.4 If identified through the ‘Lone Workers – Health and Safety Risk Assessment’, that an individual may have a health concern, refer the individual to Occupational Health to enable further investigations to establish the individual’s suitability to work alone.

6.3.5 If classed as a night worker, ensure the employee completes a night worker assessment before they become a night worker and thereafter on a three yearly basis.

6.3.6 If notified by the employee their medical circumstances have changed within three years of their last Occupational Health assessment, Occupational Health must be consulted for further advice.

6.3.7 Co-ordinate the completion of any recommended actions required as a result of the ‘Lone Workers – Health and Safety Risk Assessment’ and ensure the findings of the risk assessment and its recommended actions are communicated to all the relevant employee/s e.g. make employees aware of the Employee Protection Register and the need to undertake checks in accordance with the Employee Protection Register Procedure.

- 6.3.8 Ensure the 'Lone Workers – Health and Safety Risk Assessment' is reviewed periodically, when there is reason to suspect the assessment is no longer valid, or where there have been significant changes in the work activity or environment to which the assessment relates. This is to include the medical aspect of the assessment for each employee.
- 6.3.9 Ensure the documented 'Lone Workers – Health and Safety Risk Assessment' is kept until a new assessment is produced or the assessment revised.
- 6.3.10 Ensure the emergency procedures are in place for when lone workers become non-contactable during periods of lone working or does not return to work/ call in as expected.
- 6.3.11 Ensure this policy is communicated to their employees.
- 6.3.12 Ensure their employees comply with this policy and associated Corporate Management Arrangements for lone working derived from this policy.

6.4 Each employee of the Authority will:

- 6.4.1 Comply with any working procedure or precautionary measure introduced to minimise the risk of lone working.
- 6.4.2 If working outdoors, respond accordingly to the changing local weather conditions at the time.
- 6.4.3 Ensure their manager is notified immediately if there are changes in their personal health, which may affect their ability or suitability to work alone safely, including the use of any medication that may affect their suitability to work alone.
- 6.4.4 Where appropriate carry out or request a search on the Employee Protection Register and/or other appropriate systems before any visits are carried out or meetings conducted.
- 6.4.5 Inform their manager or appropriate officer promptly of any incident involving violence and aggression, and complete the Violent Incident Reporting Form.
- 6.4.6 Inform their manager or appropriate officer promptly if a violent incident results in an injury and complete the 'Accident/Incident Report Form' of any incident.
- 6.4.7 Not attempt to perform a work activity alone that may put their or other persons' health or safety at risk.

6.5 The Health and Safety Division will:

- 6.5.1 Ensure that the lone working policy and corporate management arrangement is reviewed at least bi-annually to ensure it is in line with current legislation and that any necessary local arrangements are developed and reviewed.
- 6.5.2 Provide advice and information on legislation or guidance relating to lone working.

6.6 Occupational Health Department will:

- 6.6.1 Where requested by Managers, screen / undertake health assessment of identified lone workers and night workers who potentially have medical issues which may affect their suitability to lone work.
- 6.6.2 Maintain records of any health assessment of employees relating to above. These records must be kept in accordance with the Occupational Health Department's guidelines on confidentiality and for at least forty years.

7. MANAGEMENT ARRANGEMENTS

7.1 Lone Workers:

- 7.1.1 Lone workers are those who work for considerable periods by themselves without close or direct supervision, or those undertaking high risk activities alone (irrespective of frequency). They are found in a number of jobs in the Authority. Some examples are:
 - Employee's working **alone**, for significant periods of time in the Authority offices with no close supervision e.g. security guards.
 - Employee's working **alone** or with a customer or client in their home where there are no other persons that could provide assistance. For example, home care workers, social workers, rent collectors, property services and building works repair operatives.
 - Employee's working on their own away from their fixed base, or in premises not occupied and undertaking high risk activities. For example, in the street, on a construction site, undertaking activities using machinery.

7.2 Risk Assessments:

- 7.2.1 Risk assessments must be conducted for all individuals who are classed as a lone worker under the policy and CMA. For lower risk lone workers the

general health and safety risk assessment form may suffice however for higher risk workers a more detailed risk assessment should be undertaken – the template in [Appendix A](#) may be used for recording the significant findings and recommendations. When undertaking the risk assessment the following should be considered:

- The demands of the role, and whether it can be done safely by a lone worker.
- Availability of supervision and suitable means of communication to seek assistance, particularly in an emergency, such as a mobile phone or radio, or proximity to a landline telephone if working indoors.
- The nature of any physical, biological and chemical agents they will be exposed to, for how long and to what extent, e.g. cement, solvents from glues, mastics and sealants, size and weight of objects to be manually handled exposure to cleaning chemicals etc.
- What type of work equipment will be used and how this will be handled.
- The need to assess and provide health and safety training.
- The requirement for any personal protective equipment (PPE).
- Any specific needs or health conditions of the individual lone worker. It is recognised that the Authority can only act on health information that is in their possession.
- First aid requirements, and determine whether lone workers (notably mobile workers) should carry a first-aid kit.
- The requirement for any local arrangements that allow managers, supervisors and/or support staff to check where staff are working alone at different times of the working day (e.g. a booking in/out procedure and/or use of an electronic calendar providing details such as location and times of visits planned during the day (see guidance sheet?). This should include processes to follow in the case of an emergency.
- Any Procedures that are in place so that lone working employees can carry out a search on the Employee Protection Register (EPR) and/or other appropriate system before carrying out any visits to meet individuals alone. Where a positive entry is found, ensure the EPR advice is followed and appropriate action is taken in line with the Authority's Violence at Work Policy and CMA.

7.2.2 Risk assessments must be carried out by a competent person who is familiar with the work processes and equipment used. The significant findings and recommendations arising from the assessment may be recorded by completing the 'Lone Workers – Health and Safety Risk Assessment Form' ([Appendix A](#)). These can be completed for the team (i.e. team

arrangements) however they must be reviewed with each lone worker in order for the medical section to be completed.

7.2.3 Where a positive response is provided to section 5 of [Appendix A](#) or an employee notifies their manager of a medical condition that may make them particularly vulnerable to lone working, then the individual is to be referred to Occupational Health for review. The individual is to refrain from all lone working until a response is received from Occupational Health.

7.2.4 Any lone working health and safety risk assessments carried out must be kept by the line manager until a new assessment is made.

7.2.5 Lone working risk assessments should be reviewed periodically, when there is reason to suspect that the assessment is no longer valid, or there has been a change in the work to which the assessments relates. Where changes are related to the employee's health condition then an additional lone worker health and safety risk assessment should be completed and where necessary the individual should be referred back to Occupational Health.

7.3 Medical Fitness for Lone Working and Night Working:

7.3.1 Following a review by Occupational Health, advice will be given to line management on an individual's suitability to work alone or any additional control measure that may need to be implemented before such work can commence.

7.3.2 Night time is defined as the period between 11pm to 6am and a night worker is defined as someone who regularly works at least 3 hours of daily working time between these hours. Night workers must have a pre-employment health assessment and thereafter on a three yearly basis, Occupational Health advice will be given to line management on an individual's suitability to night working or any additional control measure that may need to be implemented before such work can commence.

7.3.4 If the employee medical circumstances change during the three years, occupational health must be consulted on their suitability to continue night working.

7.4 Emergency Procedures:

7.4.1 Lone workers should be capable of responding correctly to emergencies. Emergency procedures should be established and communicated to employees who will work alone, or have delegated responsibility for contacting lone workers.

7.5 Weather Conditions:

7.5.1 When lone workers are working outdoors, they are expected to take appropriate measures to take into account the changing weather conditions.

- 7.5.2 If the change in weather conditions makes it genuinely unsafe to continue with works, then employees should stop work until it is safe to carry on, or in line with the Authority's Inclement Weather Policy (i.e. contact their line manager).

8. SUPPORTING DOCUMENTS

8.1 Guidance:

- Working Alone in Safety – HSE Guidance INDG 73, available online from www.hse.gov.uk/toolbox/workers/lone.htm
- Caerphilly County Borough Council's Policy and CMA on Violence at Work. [**Appendix A – Lone Worker Health and Safety Assessment form.**](#)
- Caerphilly County Borough Council's Policy and CMA on Violence at Work. [**Appendix B – Night Worker Health and Safety Assessment form.**](#)
- Caerphilly County Borough Council's Employee Protection Register Procedure.

APPENDIX A - Lone Workers - Health and Safety Risk Assessment

Lone Workers - Health and Safety Risk Assessment

Where an employee is a lone worker this assessment should be completed by the Line Manager, in conjunction with the employee.

Lone Workers are those working on their own for considerable amount of time or undertaking infrequent lone working for high risk tasks. **Please note:** Employees are not classed as lone working when travelling from one authority site to another.

Completed forms act as the lone working risk assessment for the lone worker and for those with medical conditions the form must be forwarded to the Occupational Health for review.

1. About the Employee: -	
Name:	
Payroll Number:	
Job Title:	
Service Area:	
Work Location:	

2. Brief outline of lone working activities and associated risk: -		
Frequency of Lone Working	Daily	Hrs
	Weekly	Hrs
	Infrequent high risk	

3. Existing Risk Control Measures: - <i>Provide details of measures that are in place to reduce the risk of lone working. Please note for high risk lone working activities a more detailed risk assessment may be required.</i>		
Possible control measures:	Yes	No
Conflict Management Training/ Personal Safety Training		
Man Down Systems		
Mobile Phone		
Access to Violence at Work system		
Personal Attack Alarm		
Tracker systems		
System for staff location to be monitored i.e. call in system		
<i>Other (please provide details e.g. reference local arrangement documents)</i>		

4.0 Additional Control Measures:	
Following Assessment of Risk, detail any additional control measure that need to be implemented:	

5.0 Medical Section:		
Please complete question below, providing a yes or no answer only. Further details may be requested by Occupational Health.		
Do you have any impairment / disability (physical or mental) that may affect your ability to lone work safely? i.e. Do you suffer from a heart condition , epilepsy, blackouts, diabetes, sleep disorders, chest disorders or musculoskeletal disorders?	Yes*	No

****If the response is 'Yes, a copy of the form must be sent to Occupational Health for assessment and individual must refrain from lone working until feedback is received .***

6.0 Declaration: -	
Date of Assessment:	
Managers Signature:	
Employee Signature:	
Date:	

The following section is to be completed by Occupational Health:

7.0 Occupation Health Feedback	
O. H. Assessment Completed By:-	
Name:	
Job Title:	
Date of Assessment:	
Results (please tick)	
Employee is not fit to work alone:	
Employee is fit to lone work without further control measures:	
Employee is fit to work with additional control measure:	
Additional control measures required:	

APPENDIX B - Health Assessment Questionnaire - Night Workers

Health Assessment Questionnaire - Night Workers**Background**

Under the Working Time Regulations 1998 (amended 2003) you have a right, as a night worker, to have regular health assessments. This questionnaire will be used to assess if you have any conditions which may affect your ability to do night work. Medical details provided are **confidential**, but your manager will be advised on whether you are fit / unfit to undertake night work.

First Name _____ **Middle name(s)** _____ **Surname** _____

Sex **Male** **Female**

Date of Birth: _____ **Address:** _____

Job Title: _____

Department: _____

Employee No: _____

Please complete the form and return to Occupational Health you will then be called in for a face to face medical assessment (if required). Please complete the questions as accurately as you can.

Please provide the following cost codes:

Customer: _____ **Cost** _____ **Subjective** _____

Section 1

How long have you worked night shifts? _____

	YES	NO
Are you on permanent nights?		
Have you had any medical problem in the past which has prevented you from working at night?		
Do you suffer from diabetes?		
If yes do you require insulin injections?		
Do you suffer from heart or circulatory disorders?		
If yes does this affect your physical stamina and your ability to do physical work?		
Do you suffer from any stomach or Intestinal disorders such as peptic ulcer or duodenal ulcers?		
Do you have any condition where the timing of a meal is particularly important?		
Any condition which causes trouble sleeping?		
	YES	NO
Do you suffer from any chronic chest problem (especially one where night time symptoms are troublesome)?		
Any medical condition that requires medication to be taken to a strict timetable? E.g. epilepsy or thyroid disease?		
Have you had depression, "stress", nervous disorders or other mental health illness, alcohol or drug addiction?		
Are you aware of any other health factors that may affect your fitness to do night work or do you feel night shifts affect your health in any way? PLEASE DESCRIBE IN SECTION 2 BELOW		

Section 2

Please give any further details which you would like to bring to our attention, including details of any prescription medication you currently take:

I certify that the answers to the above questions are correct to the best of my knowledge and belief. I understand that if I have withheld information, this may adversely affect efforts to place me in suitable employment

Signature: _____ Date: _____

For Occupational Health Use Only

After reviewing the questionnaire, my assessment is that this individual:

- can work nights
- cannot work nights
- Consideration given to stress levels
- requires further assessment

Signature: _____ Date: _____

Print Name: _____ Job Title: _____

CAERPHILLY COUNTY BOROUGH COUNCIL

ACCIDENT/INCIDENT REPORTING AND INVESTIGATION POLICY

Version:	Version 3
Policy Ratified by:	Cabinet
Date:	February 2020
Area Applicable:	All Council employees, agency staff, volunteers and service users.
Review Year	2023



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This publication is available in Welsh, other languages or formats on request.
Mae'r cyhoeddiad hwn ar gael yn Gymraeg ac mewn ieithiodd neu fformatau eriall ar gais.

NOTE

Wherever the designation “manager” is used throughout this policy, it is taken to mean Head of Service, Head Teacher, Line Manager, Supervisor and the Officer in charge or anyone who has responsibilities for employees in the course of their work.

1. INTRODUCTION

- 1.1 This document sets out the policy of Caerphilly County Borough Council (the Authority) in relation to accident/incident reporting and investigation.

2. POLICY STATEMENT

- 2.1 The Authority recognises that its employees are its most valuable resource in delivering high quality services to the community and will take all practical steps to ensure the health and safety of Authority employees, contractors, visitors to and users of council premises and services.
- 2.2 The effective control of these risks will be delivered through the correct management of accident/incident reporting and investigation as set out in this policy and the provision of appropriate training, instruction and supervision. To be effective this policy requires the full co-operation of management and employees at all levels.

3. SCOPE

- 3.1 This policy has been agreed with the Trade Unions and applies to all employees.
- 3.2 This policy will be reviewed at least every three years to ensure it is in line with current legislation or sooner in the event of any relevant legislative changes.
- 3.3 The effective date of the policy is: February 2020.

4. DEFINITIONS

- 4.1 For the purpose of this policy, the following terms shall be defined as:
- Accident: An unplanned and undesired event that results in injury or ill health
 - Incident: An unplanned and undesired event that did not result in injury or ill health but had the potential to. This is split into two categories:
 - Near miss: an event or series of events, that, while not causing injury or ill health or damage, has the potential to do so.
 - Dangerous occurrence: one of a number of specific, reportable adverse events, as defined in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

- Occupational diseases: One of a number of specific, reportable diseases, arising from related work activities, as defined in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).
- Violent incident: When a member of staff is subjected to an act of violence or abuse, and, in relation to this Policy, where a physical injury has occurred. See Violence at Work Policy for further detail.
- RIDDOR: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.
- Death: Death of any person arising from a work related accident.
- RIDDOR reportable: An event that is reportable to the Health and Safety Executive in accordance with RIDDOR.
- Specified injury: A non-fatal injury defined by Regulation 4 of RIDDOR. This includes fractures (other than fingers, thumbs and toes), amputations, permanent loss or reduction of sight, a crush injury causing damage to internal organs in the chest, abdomen or head, any burn covering more than 10% of the whole body's surface area or causing significant damage to the eyes, respiratory system or other vital organs, any degree of scalping requiring hospital treatment, loss of consciousness caused by head injury or asphyxia or any other injury arising from working in an enclosed space which leads to hypothermia or heat- induced illness, resuscitation or admittance to hospital for more than 24 hours.
- Over 7 day incapacitation: Where any person injured at work is subsequently unable to carry out the activities they would reasonably be expected to do as part of their normal work for more than seven consecutive days, this includes absence from work or individuals who are placed on light or restricted duties. The period of time for an over-seven-day injury does not include the day of the accident, but it does include any weekends or rest days.
- Over 3 day incapacitation: Where any person injured at work is subsequently unable to carry out the activities they would reasonably be expected to do as part of their normal work for more than three consecutive days, this includes absence from work or individuals who are placed on light or restricted duties. The period of time for an over three-day injury does not include the day of the accident, but it does include any weekends or rest days.
- Minor injury: All injuries that are not covered by other categories, for example sprain, cut or bruise.

- Arising out of or in connection with work: This consists of a broad definition. Key factors to take into account are:
 - Was the accident/incident attributable to the workplace?
 - Was the accident/incident attributable to the work activity?
 - Was the accident/incident attributable to the work organisation?
- Immediate cause: This is the agent, unsafe condition or practice(s) that contributed to the cause of the incident. For example the blade of a machine the substance, the dust etc. There may be several immediate causes identified in any one accident/ incident.
- Underlying cause: These are the unsafe acts and unsafe conditions that contributed to the cause of the incident. For example the guard removed from the blade, the ventilation switched off etc.
- Root cause: This is the failure from which all other failings grow. This is often remote from the accident/incident itself, for example failure to identify training needs or inadequate supervision.
- Loss: The avoidable waste of any resource, including property, plant, equipment and human health.

5. LEGISLATION

5.1 This policy, along with its supporting procedures, is designed to ensure the Authority meets its legal obligation as stated in:

- The Health and Safety at Work etc. Act 1974.
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).
- Management of Health and Safety at Work Regulations 1999.
- The Social Security (Claims and Payments) Regulations 1979.
- The Safety Representatives and Safety Committees Regulations 1977.

6. RESPONSIBILITIES

Please note: all employees have a legal responsibility to comply with health and safety law and the provisions of this policy. Failure to do so could result in personal and / or corporate liability.

6.1 The Chief Executive will:

- 6.1.1 Be ultimately responsible for ensuring compliance with this policy and associated corporate management arrangements within Caerphilly County Borough Council.

6.2 Directors and Heads of Service will:

- 6.2.1 Be responsible for ensuring the effective implementation of this corporate policy within their service areas.
- 6.2.2 Ensure that appropriate resources are made available for the effective implementation and operation of the policy and associated corporate management arrangement, including training.

6.3 Managers will:

- 6.3.1 Ensure all employee related accidents/incidents and/or dangerous occurrences arising out of or in connection with work within their section (including teaching staff in schools) are reported to the Authority's Health and Safety Division. The completed form must be submitted within 2 working days of the accident/incident and can be sent via mail and/or email to healthandsafety@caerphilly.gov.uk
- 6.3.2 Ensure, in the case of accidents / incidents affecting school pupils, users of Authority premises and public services, and members of the general public arising out of, or in connection, with a work activity or a known or reported fault of an Authority premises or a dangerous occurrence that these are reported to the Authority's Health and Safety Division. The completed form must be submitted within 2 working days of the accident/incident and can be sent via mail and/or email to healthandsafety@caerphilly.gov.uk
- 6.3.3 Ensure that all accidents, incidents and near miss are investigated appropriately in order to identify immediate, underlying and root causes. The level of investigation required will differ depending on the severity of the accident/incident. The investigation should be carried out as detailed in the guidance sheet.
- 6.3.4 Report and investigate near miss incidents using the Corporate Accident/Incident Form or Near Miss Report Card ([see Appendix B](#)).

- 6.3.5 Inform the Health and Safety Division of any employee unable to undertake normal duties for more than 7 consecutive days (including weekends and rest days) as a result of a work related accident or incident. See the corporate management arrangements for further information.
- 6.3.6 Immediately contact the Health and Safety Division by telephone (Tel. 01443 86 4901) if a work-related accident/incident results in:
- The death of any person
 - A reportable non-fatal injury
 - A dangerous occurrence
 - Hospitalisation of a member of public, service user or school pupil – where taken directly from the scene of the accident/incident to hospital for treatment by whatever means. The accident/incident must be considered as ‘arising out of or in connection with work’

Report any accidents/incidents occurring out of hours (0830-1700 Monday-Friday excluding bank holidays) via the Authority’s out of hours contact centre - Tel. 01443 875500, and follow this up by completion and submission of an Accident/Incident Report Form as a matter of urgency (where necessary before completing a shift) to the Health and Safety Division.

- 6.3.7 Where necessary following an injury which results in lost time, or where an individual is placed on limited duties, refer the individual using an OH1 form to the Occupational Health Department, where necessary. Advice should be obtained before allowing individuals to resume full duties. Inform Managing Attendance of any accidents to be classified as industrial injury in accordance with the guidance in the Health and Attendance at Work Procedure.
- 6.3.8 Where it is suspected or confirmed by a Doctor’s note that a staff member is suffering from an occupational disease, refer them to the Occupational Health Department using an OH1 form and ensure that the Health and Safety Division is informed within two working days.
- 6.3.9 Where a violent incident occurs, ensure a ‘Violent Incident Report form’ is completed, in association with the affected employee. This should be accompanied by a completed Accident / Incident Report Form when the employee has sustained an injury due to the violent incident. Where necessary this should be followed up with an investigation, ensuring actions are put forward to prevent re-occurrence and copies forwarded to the Health and Safety Division for consideration of entry onto the Employee Protection Register in accordance with the Violence at Work Policy.

6.3.10 Make staff aware of this Policy and its requirements. Ensure their employees comply with this policy and site-specific arrangements for accident/incident reporting derived from this policy.

6.3.11 Ensure that where following an accident/incident investigation, any relevant recommended corrective actions are implemented as soon as is reasonably practicable unless the risks are significant in which case the risk must be addressed immediately.

6.4 The Health and Safety Division will:

6.4.1 Ensure that the Accident/Incident Reporting and Investigation Policy is reviewed at least every 3 years to ensure it is in line with current legislation.

6.4.2 Provide advice and information on legislation or guidance relating to accident/incident reporting.

6.4.3 Audit compliance with this policy and associated corporate management arrangements.

6.4.4 Provide support and assistance to Managers where required.

6.4.5 Conduct an investigation into the accident or incident where:

- There is a work-related fatality.
- There is an identified pattern/trend.
- The accident/incident is considered serious, could reoccur, or is likely to lead to a claim for compensation or an enquiry/investigation from the Health and Safety Executive.
- There is a request from a Head of Service or Authority's Corporate Management Team.

6.4.6 Monitor and review the accuracy and timeliness of data submitted onto the Authority's Corporate Incident Recording Database.

6.4.7 Monitor accident/incident trends and root causes for the Authority and provide management reports as required.

6.4.8 Provide system administrator facility for the Corporate Incident Recording Database.

- 6.4.9 Notify the Health and Safety Executive of all RIDDOR-reportable accidents/incidents and diagnosed occupational diseases.
- 6.4.10 Retain electronic copies of completed forms in line with the relevant Privacy Notice to allow for production of statistical reports and trend analysis.
- 6.4.11 6.4.10 Review all accident/incident report forms received to ensure they are adequately completed, investigated, RIDDOR reported where relevant and necessary corrective actions are taken in a timely manner as appropriate based on the risks.
- 6.4.12 Where notified, ensure Managers report and investigate accidents in line with this policy and provide advice and assistance where required.
- 6.4.13 Ensure through audit that Managers facilitate the implementation of preventative actions as soon as is reasonably practicable.

6.5 Human Resources will:

- 6.5.1 On receiving notification from a doctor that an employee has a RIDDOR-reportable disease, immediately inform and advise the employee's Manager, the Health and Safety Division and Occupational Health.
- 6.5.2 Following an employees' absence due to a work related accident, ensure that the managing attendance procedures are invoked where required.
- 6.5.3 Where it is informed that an employee has died within 12 months, as a result of a work related accident/incident, notify the Health and Safety Division.

6.6 The Occupational Health Department will:

- 6.6.1 On receiving notification from a doctor that an employee has a work related reportable disease immediately inform the employee's Manager, the Health and Safety Division and Human Resources Manager.
- 6.6.2 Where required support the injured person to return to work in line with the Authority's Managing Absence Policy and Procedures.
- 6.6.3 Where requested, provide advice and guidance during accident/incident investigations.
- 6.6.4 Keep records of work related ill health for a minimum of 40 years.

6.7 Each employee of the Authority will:

- 6.7.1 Report all accidents/incidents, to their Manager the same day of the accident. If they are unable to do so then ensure that information is passed to a colleague to enable them to report the incident to the Manager. If the employee does not notify their Manager on the same day of the accident, the accident may not be classed an industrial injury. This includes near misses that must be reported on the Corporate Accident/Incident Report Form or the Near Miss Report Card. Near misses can, if required be reported directly to the Health and Safety Division.
- 6.7.2 Report all work related health issues, to their Manager as soon as possible, but as a maximum within two working days.
- 6.7.3 Co-operate with their Manager, Officers of the Health and Safety Division and Trade Union Safety Representatives when carrying out accident/incident investigations, regardless of whether the accident/incident directly or indirectly concerns them.
- 6.7.4 If witness to an accident/incident, provide details when requested, for example in the form of a witness statement.

7. CORPORATE MANAGEMENT ARRANGEMENTS – ACCIDENT / INCIDENT REPORTING

7.1 Accident / Incidents:

- 7.1.1 All accidents causing personal injury to an Authority employee (including volunteers), and incidents that had the potential to cause personal injury and/or cause ill health that arise out of or in connection with a work activity undertaken by the Authority, or arising as a result of a fault with a premises occupied and maintained by the Authority, must be reported to, and recorded by, the Authority's Health and Safety Division. Such reports should be made within 2 working days of the accident/incident by completion and submission of the corporate Accident/Incident Report Form (Appendix A). In the case of near miss incidents the Near Miss Report Card or Accident/Incident Report Form can be completed and returned to the Health and Safety Division.
- 7.1.2 An 'accident' includes an act of non-consensual physical violence against a person at work. This makes injuries to workers arising from such acts reportable to the Health and Safety Division. All violent incidents should also be reported in accordance with the Violence at Work Policy and Corporate Management Arrangements.

- 7.1.3 The following accidents / incidents must be reported to the Health and Safety Division immediately by the quickest means (e.g. telephone) and followed up with the completion of the Accident / Incident Report Form within 2 working days:
- Fatality.
 - Accidents causing a 'specified injury' to an employee
 - Accidents causing injury to a non-employee (e.g. a service user, pupil, visitor or member of the public) that requires them to go directly from the site to hospital for treatment.
- 7.1.4 Non work related accidents not included in 7.1.1 (for example a person falling over own feet while running) need not be reported to the Health and Safety Division although a basic record should be kept by the site manager of any such incidents for example entry into an Accident Book. Where first aid treatment is administered a record should be kept of the details.
- 7.1.5 Where necessary and safe to do so immediate corrective actions to prevent a secondary accident/incident should be implemented. However, care should be taken not to disturb the scene until advice has been sought from the Health and Safety Division, unless instructed by a member of the emergency services or HM Inspector of the Health and Safety Executive. This may entail segregation of the area to prevent entry other than by authorised persons investigating the accident/incident,
- 7.1.6 Managers must report suspected or confirmed cases of work-related ill health concerning an employee to the Health and Safety Division using the Accident/Incident Report Form (Appendix A). A copy should also be sent to Occupational Health along with an OH1 'Request For Medical Assessment' form.
- 7.1.7 All accidents / incidents and cases of ill health arising out of or in connection with a work activity reported to the local authority's Health and Safety Division will be recorded on relevant the Authority's database by the Health and Safety Division for recording and statistical purposes.

7.2 Notification and reporting to the Health and Safety Executive (HSE):

7.2.1 Under Regulation 3 of the Reporting of Injuries and Dangerous Occurrences Regulations (RIDDOR) 2013 the following accidents / incidents are reportable to the HSE. All such reports will be made only by the Health and Safety Division:

- The death of any person if it arises from a work-related accident, including an act of violence to a worker,
- Any employee suffers a ‘specified injury’ as defined in RIDDOR (e.g. fracture, amputation, crush injury, serious burn) as a result of an accident arising out of or in connection with work (see Appendix 2 for full details),
- Work-related accidents that cause an employee to be away from work, or unable to perform their normal work duties for more than seven consecutive days as a result of their injury (not including the day of the accident itself, but including weekends and rest days.)
- Accident to members of the public or others (including pupils, service users and visitors) arising out of or in connection with work must be reported if they result in an injury that requires them to be taken directly from the scene to hospital for medical treatment. Examinations and diagnostic tests do not constitute ‘treatment’ in such circumstances.
- There is a specified near miss event that had a high potential to cause death or serious injury that is defined in RIDDOR as a dangerous occurrence e.g. the collapse, overturning or failure of a lift or crane, and unintentional release or escape of any substance which could cause personal injury to any person other than through the combustion of flammable liquids or gases.
- The Authority is also required to report cases of certain occupational ill health conditions diagnosed by a medical practitioner where they are linked with specified work activities. Such reports will be made to the HSE by the Authority’s Health and Safety Division.
- When the Health and Safety Division receives written statements by a registered Doctor that confirms a direct link with a medical condition and work activity that falls within the definition of a reportable occupational disease under the Reporting of Injuries and Dangerous Occurrences Regulations (RIDDOR) 2013, a report will be submitted to the HSE by the Health and Safety Division.

8.1 Accident / Incident Investigations

- 8.1.1 All accidents/incidents must be investigated to identify immediate underlying and root causes and measures necessary to minimise the risk or recurrence.
- 8.1.2 The level of investigation and amount of time spent investigating an accident/incident is a management decision, directed by Health and Safety Division where appropriate; however the level of detail in the investigation should be proportionate to the severity and consequences of the accident/incident or the potential severity and potential consequences of the near miss. Simple accidents may require basic accident investigations involving minimal time and effort.
- 8.1.3 The level of investigation and amount of time spent investigating an accident/incident is a management decision, directed by Health and Safety Division where appropriate; however the level of detail in the investigation should be proportionate to the severity and consequences of the accident/incident or the potential severity and potential consequences of the near miss. Simple accidents may require basic accident investigations involving minimal time and effort.
- 8.1.4 The Health and Safety Division may assist, where required, in the accident / incident investigation for more serious accidents / incidents, particularly where it is reportable to the HSE under RIDDOR or could foreseeably lead to a civil claim.
- 8.1.5 Details of basic investigations should be recorded on the Accident/Incident Report Form (Appendix A) and record details of fact. This should include details of who stated what and avoid hearsay. Misleading statements must be avoided.
- 8.1.6 Details of more in depth investigations should be recorded on the Accident/Incident Investigation Form (Appendix C). Where remedial actions are highlighted as being necessary these should be included in Part B of the investigation form along with estimated completion dates.
- 8.1.7 For all but low level investigations for minor incidents the accident / incident investigation process involves 5 main steps:
- Ensure accident/ incident is reported and deals with the immediate accident / incident scene
 - Information gathering
 - Analysis of the information to identify immediate, underlying and root causes.
 - Identification of appropriate risk control measures to minimise the risk of recurrence, proportionate to the level of risk identified.
 - Create an action plan to implement the recommendations arising from the investigation.

8.1.8 All employees must cooperate with the Health and Safety Division and others undertaking an accident / incident investigation.

9. AUDITING

9.1 The Health and Safety Division will audit service areas to ensure compliance with the Accident /Incident Reporting and Investigation Policy and these management arrangements. Auditing activities will be undertaken via a number of means, which may include:

- Formal compliance audits
- Reviews of submitted accident forms
- Review of completed accident investigations
- Follow up to ensure that remedial actions have been implemented
- Statistical analysis of accident data.

APPENDIX A – Accident / Incident Report Form

ACCIDENT / INCIDENT REPORT FORM

This form should be completed for all work-related incidents causing personal injury or ill health, or those that had potential to cause but did not on this occasion.

Completed forms should be sent, **within 48 hours of the incident** to:

Health & Safety Division, Penallta House or e-mail HEALTHANDSAFETY@caerphilly.gov.uk



DETAILS OF INCIDENT

Date of occurrence: / / Time of occurrence: : AM / PM
Day Month Year Hour Mins

Where did the incident happen:

Site Name / School / Other address:

Specific location of incident:
(Be as precise as possible)

Brief details of the incident causation:

NB Include what was being done at the time, what happened, who was involved, details of any vehicles/equipment involved and details of ground conditions. If incident was not witnessed, state who said or saw what (avoid hearsay):

Continue on additional sheet if required.

Was any personal protective equipment being worn at the time of the incident? Yes No

If yes, state what

Weather conditions at time of incident, or shortly before (if incident occurred outdoors):

INCIDENT SEVERITY

If Pupil / Service User / Member of the public is injured person:

Was injured person taken directly from incident location to hospital for treatment? Yes No

Was injured person (or guardian thereof) advised to go to hospital for treatment? Yes No

If an employee is the injured person (tick all that apply)

Fatality Known to cause more than 3 days' incapacitation Known to cause more than 7 days' incapacitation Superficial injury

Near miss / dangerous occurrence – no injured persons

No person injured, but incident had potential to cause serious injury or ill health.

FIRST AID TREATMENT AND POST-INCIDENT ACTIONS

Was first aid treatment administered? Yes No If yes, by whom?

Was resuscitation required? Yes No

Outline of first aid treatment given:

Outline of emergency action taken:

Did the injured person report sick / go home? Yes No

PERSONAL DETAILS OF INJURED PERSON

Full name: Male Female

Date of Birth: / / Day Month Year

Home Address:

Tel. No: ()

Town:

Postcode:

CCBC Employee Pupil Service User / Client On work experience/training
 Agency Worker Contractor Member of public No person injured

Directorate:

Service Area:

Occupation:

Line Manager's Name:

DETAILS OF INJURY / ILL HEALTH SUSTAINED					
<u>Injury / Ill Health Suffered</u>			<u>Body Part</u>		
<input type="checkbox"/> None	<input type="checkbox"/> Concussion	<input type="checkbox"/> Fracture	<input type="checkbox"/> Left Side	<input type="checkbox"/> Right Side	
<input type="checkbox"/> Abrasion	<input type="checkbox"/> Crush injury	<input type="checkbox"/> Graze	OF THE INJURED PERSON		
<input type="checkbox"/> Allergic reaction	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Internal bleed	<input type="checkbox"/> Ankle	<input type="checkbox"/> Face	<input type="checkbox"/> Leg
<input type="checkbox"/> Asphyxia/Poison	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Splinter	<input type="checkbox"/> Arm	<input type="checkbox"/> Finger	<input type="checkbox"/> Neck
<input type="checkbox"/> Bruise/Contusion	<input type="checkbox"/> Electric shock	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Back	<input type="checkbox"/> Foot	<input type="checkbox"/> Shoulder
<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Foreign Body	<input type="checkbox"/> Stab / puncture	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Toe
<input type="checkbox"/> Other, (state):			<input type="checkbox"/> Ear	<input type="checkbox"/> Head	<input type="checkbox"/> Trunk
<input type="checkbox"/> Multiple injuries / locations (state)			<input type="checkbox"/> Eye	<input type="checkbox"/> Knee	<input type="checkbox"/> Wrist
			<input type="checkbox"/> Other (state)		
INJURED PERSON'S DECLARATION					
<i>I certify that, to the best of my knowledge, these details are correct.</i>					
Name:		Signature:		Date: / / <small>Day Month Year</small>	
INVOLVED PERSONS: <i>Please continue on separate sheet if required</i>					
Name:		Type of involvement:		Witness <input type="checkbox"/>	
Address:				Assailant <input type="checkbox"/>	
				Relative <input type="checkbox"/>	
				Other <input type="checkbox"/>	
Signed:		Date: / / <small>Day Month Year</small>		If 'other' please state nature of involvement:	
INCIDENT INVESTIGATION					
<i>Please provide details of any investigation carried out, findings, and any corrective actions taken or recommended.</i>					
Please note – anything other than a minor/superficial injury requires a full investigation form to be completed - see the Corporate Accident / Incident Reporting Management Arrangements regarding incident investigation for more information and template form.					
Form completed by:			Date: / / <small>Day Month Year</small>		
Job title:			Time: : AM <input type="checkbox"/> / <input type="checkbox"/> PM <small>Hour Mins</small>		
Injured Person's Line Manager Name:			Signature:		
Date and time notified of incident:		Date: / / <small>Day Month Year</small>		Time: : AM <input type="checkbox"/> / <input type="checkbox"/> PM <small>Hour Mins</small>	
Premise Manager's Name:			Signature:		
Date and time notified of incident:		Date: / / <small>Day Month Year</small>		Time: : AM <input type="checkbox"/> / <input type="checkbox"/> PM <small>Hour Mins</small>	

How we will use your information

Your information will be used to investigate this incident with the aim of preventing recurrence, identify incident trends, defend civil claims and facilitate compliance with social security and health and safety legislation. Relevant details will be recorded on CCBC's incident recording database, and retained in line with the Authority's Record Retention and Disposal Policy.

Further information on how we process your information and your rights please can be found on the "Privacy Notice" page on the CCBC website: www.caerphilly.gov.uk

APPENDIX B – Near Miss Report Card

NEAR MISS REPORT CARD

* **Please complete all sections of the card** *



Completed cards should be sent **within 7 days** of occurrence to:

Health & Safety Division, Penallta House or e-mail HEALTHANDSAFETY@CAERPHILLY.GOV.UK

Report Card Submitted by:

DETAILS OF NEAR MISS

Date of near miss: ___ / ___ / ___
Day Month Year


Time of near miss: ___ : ___ AM / PM
Hour Mins

Exact location of near miss:

Brief details of near miss:

What immediate action has been taken:

APPENDIX C – Accident / Incident Investigation Form

ACCIDENT / INCIDENT INVESTIGATION FORM		 CCBC Health & Safety Division Is-adran Iechyd a Diogelwch CBSC
Completed forms should be sent, within 5 work days of the incident to: Health & Safety Division, Penallta House, Ystrad Mynach, CF82 7PG		
A manager who has the authority to ensure that the actions identified are implemented should countersign part B.		
PART A – INVESTIGATION – Information gathering and analysis. (Supplementary Information to be included on additional sheets if necessary)		
Injured Person’s Name:	Accident / Incident Date:	
Members of the investigation team		
Name	Job Title	
1. Exactly where did the accident/ incident happen? (include block and room numbers from Corporate CAD plans for the site where possible)		
2. Who was injured etc or otherwise involved in the event? (Include witness details where relevant) Employee only		
Is the injured person(s):		
An employee	<input type="checkbox"/>	Member of the public <input type="checkbox"/>
Volunteer	<input type="checkbox"/>	Service user/pupil <input type="checkbox"/>
Contractor	<input type="checkbox"/>	
3. How did the accident / incident happen? (Note any equipment involved)		
4. What activity(ies) were being carried out at the time? (Include details of who else was involved in activity where appropriate)		
5. Was there anything unusual or different about the working conditions? If so, what?		
6. Were there adequate risk assessments and safe working procedures? Were they being followed? Please attach copies.		

7. What injuries or ill health effects were caused and what caused it?**8. Did the injured person:**Become unconscious? Need resuscitation? Remain in hospital for more than 24 hrs Require to be taken directly to hospital from the scene for medical treatment **9. Was the risk known? If so, why wasn't it controlled? If not, why not?****Did controls fail? If so why?****10. Did the organisation and arrangement of the work influence the accident / incident?****How?** E.g. was insufficient time / resources allocated.**11. Was maintenance and cleaning sufficient? If not why not?****12. Were the people involved competent and suitable?** Please detail competencies.**13. Did the workplace layout influence the accident / incident?** Explain how?**14. Did the shape or size of any materials involved or difficulty in using any equipment have an influence on the accident / incident occurring? If so, how?**

E.g. item that is bulky or awkward to lift.

15. Was the safety equipment used sufficient? If yes, what equipment? If not, why?**16. Did other conditions influence the accident / incident? Please describe?**

E.g. adverse weather.

17. What were the immediate, underlying and root causes? (More than one may apply)		
Immediate Causes – Unsafe Conditions	Immediate Cause – Unsafe Practice	Root Causes
Faulty/Damaged Equipment <input type="checkbox"/>	Changing Position Suddenly <input type="checkbox"/>	Avoiding Discomfort <input type="checkbox"/>
Energised Equipment <input type="checkbox"/>	Failure to Lock Off <input type="checkbox"/>	Avoiding Effort <input type="checkbox"/>
Congestion <input type="checkbox"/>	Failure to Secure <input type="checkbox"/>	Inadequate Communication <input type="checkbox"/>
Hazardous Atmosphere <input type="checkbox"/>	Failure to Use PPE <input type="checkbox"/>	Influence of Emotions <input type="checkbox"/>
Inadequate Guards <input type="checkbox"/>	Failure to Warn/ inform <input type="checkbox"/>	Influence of Fatigue <input type="checkbox"/>
Inadequate Ventilation <input type="checkbox"/>	Hurrying to save time <input type="checkbox"/>	Influence of Illness <input type="checkbox"/>
Poor Arrangements <input type="checkbox"/>	Horseplay <input type="checkbox"/>	Insufficient Planning <input type="checkbox"/>
Poor Equipment design <input type="checkbox"/>	Improper Equipment Service <input type="checkbox"/>	Influence of drugs or alcohol <input type="checkbox"/>
Poor Housekeeping <input type="checkbox"/>	Inappropriate Speed <input type="checkbox"/>	Lack of Enforcement <input type="checkbox"/>
Poor Illumination <input type="checkbox"/>	Inadequate PPE Used <input type="checkbox"/>	Lack of Knowledge <input type="checkbox"/>
Slip/Trip Hazard <input type="checkbox"/>	Not following method statement <input type="checkbox"/>	Lack of Skill <input type="checkbox"/>
Other immediate cause – unsafe condition <input type="checkbox"/>	Not following Risk Assessment <input type="checkbox"/>	Lack of Supervision <input type="checkbox"/>
	Operating without Authority <input type="checkbox"/>	Lack of Training <input type="checkbox"/>
	Workload too heavy <input type="checkbox"/>	Physically Impaired <input type="checkbox"/>
	Overexertion whilst lifting / moving <input type="checkbox"/>	Procedure/ risk assessment not established <input type="checkbox"/>
	Using Equipment Improperly <input type="checkbox"/>	Procedure/ risk assessment not followed <input type="checkbox"/>
	Safety device not working <input type="checkbox"/>	Procedure/ risk assessment not known <input type="checkbox"/>
	Position of body <input type="checkbox"/>	Other root cause <input type="checkbox"/>
	Other Immediate Cause – Unsafe practices <input type="checkbox"/>	
18. What Risk Control Measures are needed / Recommended?		
19. Have similar events happened before? Give details:		
20. Is incident RIDDOR reportable?		
Yes <input type="checkbox"/>		No <input type="checkbox"/>
Date reported to HSE:	RIDDOR reference number:	

]

APPENDIX D - ‘Specified injuries’ reportable to the Health and Safety Executive

‘Specified injuries’ reportable to the Health and Safety Executive

Fractures, other than to fingers, thumbs and toes

Bone fractures include a break, crack or chip. They are reportable when diagnosed or confirmed by a doctor, including when they are specified on a GP ‘fit note’. In some cases, there may be no definitive evidence of a fracture (e.g. if an X-ray is not taken), but the injury will still be reportable if a doctor considers it is likely that there is a fracture. Self-diagnosed ‘suspected fractures’ are not reportable.

Amputation of an arm, hand, finger, thumb, leg, foot or toe

Amputation includes both a traumatic amputation injury at the time of an accident, and surgical amputation following an accident, as a consequence of the injuries sustained.

Any injury likely to lead to permanent loss of sight or reduction in sight in one or both eyes

Any blinding and injuries causing reduction in sight are reportable when a doctor diagnoses that the effects are likely to be permanent.

Any crush injury to the head or torso, causing damage to the brain or internal organs

Injuries to the brain or internal organs in the chest or abdomen are reportable, when caused by crushing as result of an accident.

Any burn injury (including scalding)

Which:

- covers more than 10% of the whole body’s total surface area or
 - causes significant damage to the eyes, respiratory system or other vital organs
- Burns which meet the above criteria are reportable, irrespective of the nature of the agent involved, and so include burns caused by direct heat, chemical burns and radiological burns.

Medical staff may indicate the approximate proportion of skin suffering burn damage, and charts are often available in hospital burns units. In adults of working age, the *Rule of Nines* can help estimate the body surface area affected:

- skin covering the head and neck: 9%
- skin covering each upper limb: 9%
- skin covering the front of the torso: 18%
- skin covering the rear of the torso: 18%
- skin covering each lower limb: 18%

If the body surface area of a burn exceeds 15% in an adult, they are likely to require hospitalisation for intravenous fluid resuscitation.

Where the eyes, respiratory system or other vital organs are significantly harmed as a consequence of a burn, this is a reportable injury irrespective of the surface area covered by that burn. Damage caused by smoke inhalation is not included in this definition.

Any degree of scalping requiring hospital treatment

Scalping is the traumatic separation or peeling of the skin from the head due to an accident, eg hair becoming entangled in machinery. Lacerations, where the skin is not separated from the head, are not included, nor are surgical procedures where skin removal is deliberate.

Any loss of consciousness caused by head injury or asphyxia

Loss of consciousness means that the injured person enters a state where there is a lack of response, either vocal or physical, to people trying to communicate with them. The length of time a person remains unconscious is not significant in terms of whether an accident is reportable.

Asphyxia (lack of oxygen) may happen when a person enters an oxygen-deficient atmosphere, such as a confined space, or are exposed to poisonous gases, eg carbon monoxide.

Any other injury arising from working in an enclosed space

Which:

- leads to hypothermia or heat-induced illness or
- requires resuscitation or admittance to hospital for more than 24 hours

An enclosed space includes any space wholly or partly enclosed, to the extent that there is a significantly increased risk to the health and safety of a person in that space by virtue of its enclosed nature. This includes any confined space as defined by the Confined Spaces Regulations 1997, and additionally similar spaces where there is a foreseeable risk of hypothermia (e.g. a cold store).

Hypothermia and heat-induced illness includes situations where a person has an adverse reaction (the physical injury) to intense heat or cold acting on the body, so they need help from someone else.

When the extent of an injury is unclear

In some cases the full extent of an injury may not be known, e.g. when a prognosis has not yet been established in relation to an eye injury, or when efforts are being made to treat an injured limb which may ultimately require surgical amputation. In such situations, the Health and Safety Division should be informed based on what is known at the time, and updated without delay if the extent of injury to that reported changes.

Gadewir y dudalen hon yn wag yn fwriadol

CAERPHILLY COUNTY BOROUGH COUNCIL

RISK ASSESSMENT POLICY

Version:	Version 4
Policy Ratified by:	Health and Safety Division
Date:	February 2020
Area Applicable:	All Council employees, agency staff and volunteers.
Review Year	2023



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This publication is available in Welsh, other languages or formats on request.

Mae'r cyhoeddiad hwn ar gael yn Gymraeg ac mewn ieithiodd neu fformatau eriall ar gais.

NOTE

Wherever the designation “manager” is used throughout this policy, it is taken to mean Head of Service, Head Teacher, Line Manager, Supervisor and the Officer in charge or anyone who has responsibilities for employees in the course of their work.

1. INTRODUCTION

- 1.1** This policy sets out the arrangements and responsibilities for carrying out health and safety risk assessments of work activities and workplaces.

2. POLICY STATEMENT

- 2.1** The Authority recognises that its employees are its most valuable resource in delivering high quality services to the community and will take all practical steps to ensure the health and safety of Authority employees, contractors and visitors to and users of Authority premises.

3. SCOPE

- 3.1** This policy has been agreed with the Trade Unions and applies to all employees.
- 3.2** This policy will be reviewed at least every 3 years to ensure it is in line with current legislation.
- 3.3** The effective date of version 4 of the policy is: February 2020

4. DEFINITIONS

- 4.1** **Health and safety risk assessment** is a careful examination of the workplace and/or work activities, considering what could cause harm to any person's health or cause them injury, of what existing controls are in place and whether anything else should be done to further reduce/control the risk.
- 4.2** **Hazard** means anything with the potential to cause harm e.g. by injury or ill health. Examples of common hazards include chemicals, electricity, working at height etc.
- 4.3** Hazard Event is where someone or something interacts with the hazard and harm results
- 4.4** **Likelihood** is the chance that the hazardous event will occur/
- 4.5** **Consequence/Severity** is the outcome of the hazardous event.
- 4.6** **Risk** is the combination of the likelihood of a hazardous event occurring and the consequence of the event.

- 4.7 Reasonably practicable** means that you must do what you can to reduce risk but you may take into consideration the time, effort and cost of implementing the control measures. This means that where the resources needed to implement control measures are high and the resultant risk reduction would be low it may not be considered to be 'reasonably practicable' to implement these measures.

5 LEGISLATION

- 5.1** This policy along with its supporting management procedures and guidance is designed to ensure the Authority meets its legal obligations as stated in:

- The Health and Safety at Work etc.. Act, 1974
- The Management of Health and Safety at Work Regulations 1999
- Topic-specific legislation requiring risk assessment to be conducted e.g. first aid, manual handling activities, Control of Substances Hazardous to Health (COSHH), work in confined spaces or exposure to noise and vibration etc..

6. RESPONSIBILITIES

Please note that all employees have a legal responsibility to comply with health and safety law and the provisions of this policy. Failure to do so could result in personal and / or corporate liability.

6.1 The Chief Executive Officer will:

- 6.1.1 Be ultimately responsible for ensuring compliance with this policy within Caerphilly County Borough Council.

6.2 Directors and Heads of Service will:

- 6.2.1 Be responsible for ensuring the effective implementation of this corporate policy and associated local arrangements within their service areas.
- 6.2.2 Ensure that appropriate resources are made available for the effective operation of the policy including training.

6.3 Managers with responsibilities for employees will:

- 6.3.1 Undertake or ensure that a competent person carries out risk assessments for all workplaces/work activities under their control. A competent person is somebody with the relevant training, qualifications and experience to carry out the risk assessment
- 6.3.2 Undertake or ensure that specific risk assessments are carried out where required by law e.g. display screen equipment assessments, manual handling assessments, control of substances hazardous to health (CoSHH) assessments and personal protective equipment (PPE). Please refer to applicable health and safety policies and guidance.
- 6.3.3 Ensure that a plan is in place to undertake risk assessments on a priority basis and to ensure their periodic review
- 6.3.4 Ensure that the findings of the risk assessments are communicated to all employees and others (e.g. contractors etc.) who may be affected by the assessment and involved in the work activities concerned.
- 6.3.5 Ensure that the findings of any risk assessments are recorded and copies of the risk assessments are kept, accessible to employees, until new assessments are produced or the assessments are revised. Old assessments should be archived and should be accessible if required e.g. to defend civil claims.
- 6.3.6 Ensure actions and recommendations arising from the risk assessment are implemented and adequate resources are allocated to control risks identified.
- 6.3.7 Ensure the risk assessments are monitored and reviewed periodically, at least every two years as well as when there are any changes which may affect the validity of the assessment e.g. changes in work activity, work processes, technology or accidents, incidents, near-misses, and dangerous occurrences.
- 6.3.8 Ensure this policy is communicated to their employees.
- 6.3.9 Where required, develop safe working procedures/safe systems of work from the risk assessments.
- 6.3.10 Ensure their employees comply with this policy and any associated service area arrangements for risk assessment derived from this policy.

6.4 Managers with responsibility for Authority premises will:

- 6.4.1 Ensure that a general building related risk assessment, and any necessary specific assessments, e.g. asbestos, legionella, fire etc., are undertaken by a competent person and suitable written records of findings and recommendations kept.
- 6.4.2 Where required develop safe working practices/safe systems of work from the risk assessments related to identified risk control measures.

6.5 Each employee of the Authority will:

- 6.5.1 Assist the competent person (or risk assessment team) in carrying out a risk assessment where required.
- 6.5.2 Comply with any working procedure or precautionary measure introduced to reduce or control identified risks.
- 6.5.3 Ensure their Manager is notified immediately if they become aware of anything that may constitute a hazard or create risk e.g. faulty work equipment, work processes/arrangements.
- 6.5.4 Ensure their Manager is made aware of any changes to work practices requiring a deviation from the agreed risk assessments/safe systems of work.

6.6 The Health and Safety Division will:

- 6.6.1 Ensure that the risk assessment policy is reviewed at least every three years to ensure it is in line with current legislation.
- 6.6.2 Ensure the communication of this policy to all Heads of Service.
- 6.6.3 Provide advice and information on legislation or guidance relating to risk assessment.
- 6.6.4 Monitor implementation of this policy.

6.7 Occupational Health will:

- 6.7.1 Provide support and advice on the completion of a risk assessment relating to occupational health issues where appropriate
- 6.7.2 Provide advice on any health issues arising from the risk assessment process.

7. MANAGEMENT ARRANGEMENTS

7.1 Risk Assessments:

7.1.1 The Management of Health and Safety at Work Regulations 1999 place a duty on employers (the Authority) to make suitable and sufficient assessments of the health and safety risks to which employees (and others not in its employment e.g. contractors, visitors, service users and members of the public) may be subjected due to its work activities, work organisation or premises.

7.1.2 Risk assessments must be carried out by a competent person i.e. somebody with the necessary training, qualifications and experience. This will usually be somebody familiar with the work activity or workplace premises to which the assessment relates and who has completed a risk assessment training course.

7.1.3 It is the manager's responsibility to ensure the assessment is completed by a competent person and that the recommendations that arise are actioned and completed. Although the Health and Safety Division may be competent to carry out most risk assessments, and will assist where required, it is the Manager's responsibility to ensure individuals within their service area are trained and competent to undertake risk assessments.

7.1.4 The completion of a risk assessment should preferably be a team approach and should be carried out in consultation with the employees who carry out the work activity or work in the premises to which the assessment relates. This will help to ensure the assessment considers what actually happens rather than what procedures state should happen.

7.1.5 The risk assessment should be dated and signed by those involved in carrying out the assessment.

7.2 Identification of hazards:

7.2.1 The assessment must identify anything with the potential to cause harm in the workplace or work activity.

7.2.2 Manufacturers' instructions, working procedures or data sheets, accident records and ill-health trends can help to identify hazards and suitable risk control measures.

7.2.3 Things to be considered when carrying out a risk assessment include:

- The fitting out and layout of the workplace and the particular site where those identified as being at risk will be working or be present, taking into account the individuals who are not at work.
- The nature of any physical, biological and chemical agents employees/others may be exposed to, for how long and to what extent, e.g. cement, glues, mastics and sealants, asbestos, cleaning chemicals etc..
- What type of work equipment will be used and how it will be used and stored.
- How the work and processes involved are organised.
- The need to assess and provide health and safety training.
- The requirement for any personal protective equipment.
- The arrangements for the provision of first aid

7.2.4 As well as routine activities the risk assessment should consider any foreseeable activities that would take place during emergencies e.g. arrangements for somebody to be called out of hours to respond to an emergency, maintenance or breakdown procedures for equipment.

7.2.5 [Appendix A](#) gives more information on hazard identification.

7.3 Decide who might be harmed and how:

7.3.1 This should include all employees and pay particular attention to those at high-risk e.g. young workers, new and expectant mothers, people with additional needs and trainees.

7.3.2 The assessment should consider cleaners, visitors, pupils, services users and contractors who may not be in the workplace at all times. The assessment should also take into account members of the public and others who may share the workplace.

7.3.3 When considering who might be harmed, the assessment must take into account the number of people who could be involved. This is because different controls may be needed depending on the number of people at risk.

7.3.4 See [Appendix B](#) for further information on identifying who may be harmed and how.

7.4 Evaluate the risk and decide whether existing precautions are adequate or more should be done.

- 7.4.1 Look at what control measures are already in place to address the risk and whether they are adequate or whether more needs to be done e.g. a employee working alone might be high risk, however if there is a booking in/out procedure, arrangements for checking as to whether the person to be visited has any history of violence/aggression (e.g. use of the Employee Protection Register), visits only carried out in office hours, a procedure for working in pairs if there is any uncertainty, a mobile phone provided and the employee has received training, then the real risk might in fact be low and no further action needed. Please note that all of the above controls might not be necessary and this would depend on the assessment of the risk.
- 7.4.2 Consideration must be given to any legal requirements as well as relevant industry standards. The overall aim is to make the risk as low as possible while still allowing the activities or service provision to take place.
- 7.4.3 Assign a risk rating to any hazards identified taking into account any controls already in place to minimise the risk. See [Appendix D](#) for further details on assigning a risk rating. The risk rating allows any identified hazards to be prioritised.
- 7.4.4 The principles of risk control as outlined below must be applied to managing any risk identified. This means that the measures at the top of the list are preferable and should be used to control the risk if possible:

Eliminate; e.g. by doing an activity in a different way, or substituting a hazardous chemical for a non-hazardous alternative

Reduce; choose collective safety measures over individual person measures e.g. a guard rail rather than a safety harness for work at height activities, or reducing the quantity of a hazardous substance used or stored

Isolate; Isolate power or guard appropriately to prevent or restrict access to dangerous equipment until adequate safety measures are in place

Control by means of:

- Safe System of Work
- Written Procedures
- Adequate Supervision
- Adequate training/competence
- Information (signs etc.)
- Personal Protective Equipment

- 7.4.5 When the risk has been controlled the remaining risk from the hazard (residual risk) identified should be as low as is reasonably practicable.

7.5 Implementing the findings of the risk assessment

- 7.5.1 Following the risk assessment any further actions identified as necessary must be actioned to ensure the risks are eliminated, reduced or suitably controlled as far as is reasonably practicable.
- 7.5.2 Completion of actions required from the risk assessment may take considerable time and/or money. During the process, depending on the degree of risk, it may be necessary to put in place interim control measures.
- 7.5.3 The control measures implemented should be based on the priority rating following on from the risk assessment rather than based on cost.
- 7.5.4 If the resources are not available to act on the findings of the risk assessment then the findings and details of recommended actions must be passed to a higher level of management for consideration. Advice may also be sought from the Health and Safety Division on the contents of the risk assessment and recommended actions.

7.6 Recording the findings:

- 7.6.1 The findings of the risk assessment must be recorded. This is a legal requirement and is necessary to show that a suitable and sufficient risk assessment has been carried out.
- 7.6.2 The risk assessment should be recorded on the Corporate Risk Assessment Form ([Appendix C](#)). It is recognised that in some cases specialist risk assessments may require bespoke forms. Unless an alternative form has been agreed with the Health and Safety Division, the corporate form should be used.
- 7.6.3 The risk assessment does not need to document all of the safety procedures, but can refer to health and safety arrangements, manuals, handbooks and method statements etc..
- 7.6.4 The Manager should keep a copy of risk assessments until a new assessment is made, either in hard copy format or electronically. It is recommended that old risk assessments should also be kept for three years in order to defend any personal or employers' liability claims.

7.7 Reviewing and revising the assessment:

- 7.7.1 A risk assessment must not be a one off exercise but should be reviewed (and revised periodically where identified as necessary).
- 7.7.2 The risk assessment should be reviewed earlier than planned for the periodic review if there are any changes in working practices / arrangements / machinery / substances used etc.. which might affect the validity of the current assessment.
- 7.7.3 Risk assessments should also be reviewed following an accident/incident/near-miss/dangerous occurrence.
- 7.7.4 Even if there have not been any changes that might affect the risk assessment, and there have not been any accidents/incidents that would prompt a review, the assessment should still be reviewed periodically (at least every two years) to ensure it remains current and accurate.
- 7.7.5 When the risk assessment is reviewed, in addition to making any necessary changes, the assessment should be dated and signed to show that it has been reviewed and by whom, even when no changes are made.

7.8 Communication of Risk Assessments:

- 7.8.1 Any significant findings from the risk assessment, together with control measures, must be communicated to those who may be affected and records must be kept to show that this information has been communicated e.g. notes of teams meetings, signed and dated check sheets showing that employees have received copies of relevant assessments.
- 7.8.2 The findings of the risk assessment can also be communicated by giving employees (and others who may be affected) a copy of the risk assessment, although this should not be done as a substitute for instruction and training.

Copies of the appendices that follow can be downloaded from the Intranet and are also available from your Manager and/or the Health and Safety Division.

Example generic risk assessments can also be downloaded from the Health and Safety pages on the Intranet (RAMIS4Schools database for schools).

APPENDIX A – Hazard Information

Hazard Information

Examples* of hazards include:

- Working at height
- Items that people may slip or trip on
- Objects (or people) to be moved / lifted etc.
- Exposed rotating parts of machinery
- Vehicle movements
- Fire
- Electricity
- Excavations
- Flammable / explosive materials
- Fragile surfaces e.g. a glazed door/window
- Corrosive / toxic chemicals
- Building materials (particularly if damaged and forming a dust)
- Cold / hot surfaces
- Mechanical lifting operations
- High noise levels
- Biological agents
- Lone working
- Dealing with the public
- Violence and aggression
- Vibration
- Use of hand tools
- Adverse weather
- Stacking objects
- Housekeeping
- Intruders
- Lighting
- Confined spaces
- Cleaning operations
- Pressure systems

* Please note this list is guidance only and is not an exhaustive list of all hazards likely to be encountered.

APPENDIX B – Who is at risk?

Step 2 - Who is at risk and how?

Once you have identified the hazards you need to identify who is at risk from (those hazards) them and how they are at risk. For example, operators are at risk of being cut on an unguarded rotating blade, or operators, cleaners, and all visitors to an area are at risk of tripping on an uneven floor. Identify everyone who comes into contact with the hazard including people not directly involved e.g. cleaners, members of the public, or visitors to the area. Give special attention to vulnerable people who may be exposed to a risk e.g. young persons, service users or pregnant women. Consider the list of hazards again, examples of who could be harmed and how have been identified in the second and third column.

*THIS TABLE IS NOT EXHAUSTIVE

HAZARDS	EXAMPLE WHO COULD BE AT RISK	EXAMPLE HOW THEY COULD BE AT RISK
Working at height	Contractors, employees working at height	Falling and associated injuries
Use of objects at height	Anyone who may be walking / working underneath (employees, contractors, members of the public etc.)	Struck by falling object and associated injuries
Slippery floor	Anyone walking on that floor (employees, contractors, members of the public etc.)	Slipping on the floor, falling and associated injuries.
Objects to be moved lifted etc.	Anyone who needs to lift the object.	Any injuries associated with the lifting operation. *
Use of machines – exposed rotating parts	Anyone using the machinery or who could come into contact with it accidentally	Injuries associated with contact with the moving parts, cuts, bruising, amputation etc.
Operation of vehicles	Anyone who could come into contact with moving vehicles. Employees, members of the public, pupils at schools etc.	Injuries associated with being struck by moving vehicles
Fire	Employees, contractors, members of the public (anyone in the area where the fire may be)	Burns, smoke inhalation etc. *
Electricity	Employees, contractors, members of the public (anyone who could be affected by a discharge of electricity (either directly or through arcing)	Burns, shocks from faulty equipment, live working etc.
Excavations	Contractors, employees, members of the public (anyone who may fall into or be trapped by a collapsing excavation)	Falling into unguarded excavation, being trapped in a collapsing excavation and associated injuries

HAZARDS	EXAMPLE WHO COULD BE AT RISK	EXAMPLE HOW THEY COULD BE AT RISK
Flammable / explosive materials	Anyone who may be affected by these materials, employees, contractors, members of the public etc.	Burns, etc. if explosions occur or flammable materials are set alight.
Chemicals / dusts	Anyone who may come into contact with these substances	Exposure to the substance and any subsequent short or long term ill health or injury, e.g. dermatitis, burns, occupational asthma etc.*
Cold / hot surfaces	Anyone who may come into contact with these surfaces	Burns
Mechanical lifting operations	Anyone operating lifting equipment or who is likely to be struck if equipment fails	Any associated injuries if mechanical lifting equipment fails
High noise levels	Anyone who is exposed to very high noise levels or who is exposed to certain levels of noise for a long period of time	Chronic or acute noise induced hearing loss *
Biological agents	Anyone who is exposed to biological agents,	Variety of illnesses e.g. HIV, legionella, Weil's disease from contact with bodily fluids, water courses or through contact with needles etc.*
Lone working	Anyone who works on their own, especially peripatetic workers	Someone may be injured / ill and is unable to raise an alarm, coming into contact with violent members of the public on their own etc. any associated injury verbal or physical. Stress
Dealing with the public	Employees or contractors who may be exposed to violent members of the public through verbal or physical abuse	Associated injuries Stress
Vibration	Anyone using vibrating equipment	Long term chronic syndromes associated to excessive vibration, e.g. vibration white finger

HAZARDS	EXAMPLE WHO COULD BE AT RISK	EXAMPLE HOW THEY COULD BE AT RISK
Use of electric hand tools	Anyone using them or coming into contact with them	Electric shock if not maintained.
Adverse weather	Employees, contractors working in adverse weather or members of the public exposed to adverse weather	Associated injuries that could result from activities carried out in bad weather, e.g. working at height in strong winds. Or, lighting at outdoor event
Workload, work patterns, support	Employees	Stress
Stacking objects	Anyone who may be struck by falling objects	Associated injuries with being struck by falling objects
Workstation equipment	Employees	Injuries and ill health associated with poor set up and use of display screen equipment. Pain in back, wrist etc.

- N.B. Due to the nature of some hazards and the existence of legislation the hazards marked with an asterisk require further specific risk assessments to be carried out, e.g. COSHH risk assessments, fire risk assessments, noise risk assessments, DSE risk assessments (this list is not exhaustive). A general risk assessment should highlight the requirement for these to be carried out.
- Please note this list is guidance only and is not an exhaustive list of all hazards likely to be encountered.

When considering risk, think about ill health as well as accidents. Some risks may be long term, e.g. noise induced hearing loss or contact dermatitis from using a chemical or latex over many years. When considering risk think about what is reasonably foreseeable, e.g. is it likely to happen or has it happened before? If it has then it may happen again. Don't bother with insignificant risks.

APPENDIX C – Risk Assessment Form

Significant Hazard	People at risk and what is the risk	Existing control measures	Risk rating				Further action if required	Actioned to:	Due date:	Completion date:
			L	S	RR	L/M/H				

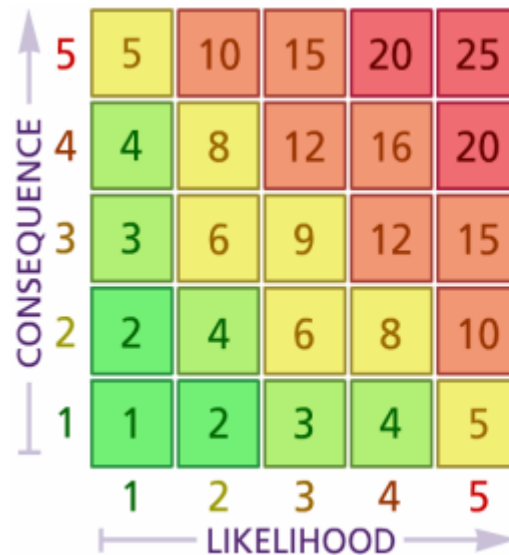
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Likelihood

- 1) Very unlikely e.g. there's a 1 in a million chance of the hazardous event happening
- 2) Unlikely e.g. there's a 1 in 100,000 chance of the hazardous event happening
- 3) Fairly likely e.g. there's a 1 in 10,000 chance of the hazardous event happening
- 4) Likely e.g. there's a 1 in 1,000 chance of the hazardous event happening
- 5) Very likely e.g. there's a 1 in 100 chance of the hazardous event happening.

Consequence

- 1) Insignificant - no injury
- 2) Minor – minor injuries needing first aid
- 3) Moderate – up to three days' absence
- 4) Major – more than three days' absence



- 17-25 Unacceptable**
Stop activity and make immediate improvements
- 10-16 Tolerable**
Look to improve within specified timescale
- 5-9 Adequate**
Look to improve at next review
- 1-4 Acceptable**
No further action, but ensure controls are maintained

APPENDIX D – Assigning a Risk Rating

Assigning a Risk Rating

A risk rating is used to identify significance and prioritise actions. When awarding a risk rating, take into account the controls already in place to minimise the risk.

Risk rating is a combination of the **severity** of the exposure to the hazard and how **likely** exposure to the hazard is to occur.

Multiply the severity number by the likelihood number to arrive at the risk factor for each hazard. The number will give an indication of the extent of the risk and therefore the priority. The higher the number, the greater the priority and risk and therefore the more resources which may be needed to control the risk.

Risk Rating and Priority

A risk-ranking matrix to assist with calculating risk as described above can be found in [Appendix C](#) of this policy.

Appendix 5

CAERPHILLY COUNTY BOROUGH COUNCIL

FIRST AID POLICY

Version:	Version 4
Policy Ratified by:	Health and Safety Division
Date:	February 2020
Area Applicable:	All Council employees, agency staff and volunteers.
Review Year	2023



Appendix 5

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This publication is available in Welsh, other languages or formats on request.

Mae'r cyhoeddiad hwn ar gael yn Gymraeg ac mewn ieithiodd neu fformatau eriall ar gais.

Appendix 5

NOTE

Wherever the designation “manager” is used throughout this policy, it is taken to mean Head of Service, Head Teacher, Line Manager, Supervisor and the Officer in charge or anyone who has responsibilities for employees in the course of their work.

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1. INTRODUCTION

- 1.1** This document sets out the policy to be implemented within Caerphilly County Borough Council (the Authority) to ensure the health, safety and welfare of its employees in relation to first aid at work.
- 1.2** The policy sets out the responsibilities of individuals and departments within the Authority to ensure the health, safety and welfare of its employees, occupiers of buildings, members of the public, contractors and others in relation to first aid provision and treatment for personal injury or sudden ill health.

2. POLICY STATEMENT

- 2.1** The Authority recognises that its employees are its most valuable resource in delivering high quality services to the community and will take all practical steps to ensure their health and safety, and also that of contractors and visitors to and users of council premises by ensuring adequate first aid provision is available.
- 2.2** This will be facilitated by the provision of first aid equipment and personnel as set out in this policy and the provision of appropriate training, instruction and supervision.
- 2.3** The Authority accepts that it has specific duties as set out in Section 5.

3. SCOPE

- 3.1** This policy has been agreed with the Trade Unions and applies to all employees.
- 3.2** The policy will be reviewed at least every 3 years to ensure that it is in line with current legislation.
- 3.3** The effective date of version 4 of the policy is: February 2020.

4. DEFINITIONS

- 4.1** For the purposes of this policy 'First Aid' is defined as
- Treatment for the purpose of preserving life and minimising the consequences of injury and illness.
 - Treatment of minor injuries which would otherwise receive no treatment or which do not need treatment by a medical practitioner or nurse.

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5. LEGISLATION

5.1 This policy, along with supporting procedures, is designed to ensure that the Authority meets its legal obligations as stated in:

- The Health and Safety at Work etc Act 1974
- Management of Health and Safety at Work Regulations 1999
- The Health and Safety (First Aid) Regulations 1981
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

6. RESPONSIBILITIES

Please note that all employees have a legal responsibility to comply with health and safety law and the provisions of this policy. Failure to do so could result in personal and/or corporate liability.

6.1 The Chief Executive Officer will:

6.1.1 Be ultimately responsible for ensuring compliance with this policy within Caerphilly County Borough Council.

6.2 Directors and Heads of Service will:

6.2.1 Be responsible for ensuring the effective implementation of corporate policy and site-specific arrangements within their Service Area.

6.2.2 Ensure that appropriate resources are made available for the effective operation of the policy, including training.

6.3 Managers with responsibilities for employees will:

6.3.1 Ensure arrangements are in place for the provision of first aid treatment in the event of an accident to/ill health of an employee, member of the public (on an Authority site) or pupil/client in their care.

6.3.2 Cooperate with other managers in their building or location with regards to the provision of first aid facilities and personnel.

6.3.3 Ensure that minimum requirements relating to first aid provision are met or exceeded e.g. number of trained first aiders, contents of first aid boxes (as detailed in appendices 1, 2 and 3) and that arrangements are in place to maintain them (restock first aid boxes etc).

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- 6.3.4 Ensure first aiders are allowed time to undertake their responsibilities as detailed in this policy.
- 6.3.5 Ensure that training records are kept and refresher training provided.
- 6.3.6 Ensure risk assessments/needs analysis (as detailed in appendix 5) specifically relating to first aid provision are completed, recorded for inspection or audit reference and kept until such time as a new assessment is undertaken or the assessment is revised.
- 6.3.7 Put in place measures to control the risks highlighted by the risk assessment that will remove them altogether or reduce them to the lowest possible level.
- 6.3.8 Ensure that all employees are aware of the provision and location of first aid facilities and personnel within their building, workplace or location.
- 6.3.9 Ensure that an Accident and Incident Report Form is completed, where appropriate, in line with the Accident / Incident Reporting and Investigation Policy.
- 6.3.10 Ensure, where applicable, Automated External Defibrillators (AED's) are provided in all corporate offices and relevant training provided.
- 6.3.11 Ensure, where AED's are donated to CCBC where Council employees are located, training is provided.
- 6.3.12 Ensure, when AED's are required, the Health and Safety Division is consulted on the appropriate number of AED's required and their locations.
- 6.3.13 Ensure servicing of AED's is carried out in accordance with manufacturer's recommendations.
- 6.4 Building Managers will:**
- 6.4.1 Ensure that all visitors and contractors are appropriately made aware of the first aid arrangements for the location they are visiting.
- 6.4.2 Ensure with local managers, that appropriate arrangements are in place with regards to the provision of first aid facilities and personnel.
- 6.4.3 Conduct weekly checks ensuring the AED is in working order, pads are in-date and battery has sufficient charge.

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6.5 Each Employee of the Council will:

- 6.5.1 Ensure that they are aware of the provision and location of first aid facilities and personnel within their building, workplace or location.
- 6.5.2 Not misuse the first aid provisions provided.
- 6.5.3 Report to their line manager any failures in the provision of first aid facilities.
- 6.5.4 Act in accordance with their instruction and training with regards First Aid provision and assistance.
- 6.5.5 Act in accordance with this policy.

6.6 Procurement Departments will:

- 6.6.1 Ensure that requests for first aid provisions are met in a timely fashion.

6.7 The Occupational Health Department will:

- 6.7.1 Provide guidance, where requested, to first aiders.
- 6.7.2 Offer appropriate immunisations to those first aiders identified by risk assessment as requiring them.

6.8 First Aiders and Appointed Persons will:

- 6.8.1 Undertake approved training, including refresher training, as appropriate to their position.
- 6.8.2 Notify their line manager, in advance of their certificate expiring, that they require refresher training.
- 6.8.3 Act in accordance with their instruction and training.
- 6.8.4 Ensure that their first aid box/room is kept stocked with the appropriate supplies/equipment and that stock is within its expiry dates
- 6.8.5 Act according to the provisions of this policy.

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6.9 The Health and Safety Division will:

- 6.9.1 Ensure that this policy is reviewed at least every 3 years to ensure it is in line with current legislation.
- 6.9.2 Provide advice and information on legislation or guidance relating to first aid.
- 6.9.3 Audit compliance with the policy.

7. MANAGEMENT ARRANGEMENTS**7.1 Risk Assessment;**

- 7.1.1 Risk assessment of first aid requirements is the joint responsibility of managers with responsibility for employees and others in a particular building or location, in consultation with the building or site manager, and coordinated by a senior member of staff.
- 7.1.2 The risk assessment should consider the following as a minimum:
 - The nature of the work
 - The size of the workforce
 - Other individuals who may use the premises
 - Any history of accidents
 - Hazards and risks particular to the environment/work tasks
 - Risks specific to multi-occupied premises
 - Risks specific to lone workers and remote workers
 - The absence of first aiders/appointed persons to cover annual leave/sickness etc.
 - The remoteness of the site from emergency services
 - The requirement of Automated Electronic Defibrillators
- 7.1.3 A written record of the risk assessments/need analysis as detailed in appendix 5 should be kept until such time as a new assessment is undertaken or the assessment is revised.

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7.2 Minimum Requirements;

- 7.2.1 There must be adequate and appropriate facilities and stock (e.g. first aid rooms and appropriate equipment in first aid boxes) for enabling first aid to be administered to employees and others if they are injured or become ill at work and it must be readily available to each employee at all times.
- 7.2.2 The facilities required will vary according to the number of employees present, the type of work being carried out and the hazards associated with the work, and will be defined by the risk assessment. When establishing the facilities required you should take into consideration others who may share the premises.

7.3 First Aid Boxes;

- 7.3.1 First aid boxes should be located as deemed necessary by the risk assessment. Their location must be clearly signposted and the box itself identified as a first aid container (marked with a white cross on a green background).
- 7.3.2 It is the responsibility of the appointed person(s) or first aider(s) to ensure that the first aid box is fully stocked and that the contents are discarded and replaced when they reach their expiry date. Managers must ensure that first aiders are allowed time to undertake these duties.
- 7.3.3 Where applicable the names and contact numbers of first aiders should be located near to the first aid box.
- 7.3.4 The contents of the first aid box should be determined by your risk assessment. For guidance a list of minimum contents can be found at Appendix 1. As part of the risk assessment consideration should be given to providing such items as scissors, disposable gloves and aprons, cold packs, cling film, adhesive tape, etc. to be stored in, or alongside, the first-aid container. The risk assessment should consider if any specialist requirements are necessary e.g. eye washes, emergency showers.
- 7.3.5 Medicines must not be stored in the first aid box.
- 7.3.6 Where mains water is not readily available for eye irrigation, at least a litre of sterile water in sealed disposable containers should be provided.
- 7.3.7 Lone and remote workers should, if deemed necessary by an appropriate risk assessment, be provided with a first aid kit suitable for their needs and at least to the minimum standard (Appendix 1).

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7.4 First Aid Rooms;

- 7.4.1 If deemed necessary by the risk assessment, designated first aid rooms should be provided.
- 7.4.2 First aid rooms must be clearly marked as such and should also display, on the door, the names and locations of the nearest first aider.
- 7.4.3 First aid rooms should be used solely for rendering first aid or health screening. Access should only be granted to authorised personnel, and the room should be lockable from the inside for the purposes of privacy and dignity.
- 7.4.4 The room itself should be suitable for its purpose in terms of size (big enough to move around comfortably in), facilities (see Appendix 2) and location (near to a point of access for transport to hospital). The entrance should be wide enough to accommodate a stretcher or wheelchair.
- 7.4.5 The first aid room must be kept in a clean and hygienic state, with an appropriate cleaning regime in place.
- 7.4.6 All clinical waste must be disposed of in an appropriate fashion.

7.5 First Aiders and Appointed Persons;

- 7.5.1 It least one 'suitable person' must be appointed to administer first aid where required. These people may be 'appointed persons', 'first aiders' or a combination of both.
- 7.5.2 The number of appointed persons and first aiders required will be determined by the minimum requirements (Appendix 3) and the results of your risk assessment, however there must be enough appointed people and first aiders to cover all times when employees are at work, and cover foreseeable absences (such as annual leave).
- 7.5.3 In larger premises cover must be established with other managers. A list of local appointed persons and first aiders, and the means of communicating with them (i.e. telephone extension number), should be displayed in a prominent location.
- 7.5.4 Low risk environments (i.e. small offices) may simply require an 'appointed person' whose duties would be to contact emergency services, maintain the contents of the first aid box and undertake basic first aid (such as the control of bleeding) in exceptional circumstances. 'Appointed persons' must undertake basic first aid training, but are not expected to undertake the full duties of a qualified First Aider.

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7.5.5 Where it is a minimum requirement (see Appendix 3), or the risk assessment shows it to be necessary, first aiders must be appointed.

7.5.6 First Aiders must hold a HSE approved first aid qualification, which must be refreshed within three years. In addition, if there are any specific risks that would require specialist first aid treatment (i.e. exposure to toxic chemicals) the first aider may be required to undertake additional training as appropriate.

7.5.7 The selection of a person to be a first aider will depend on a number of factors including the individual's:

- Reliability, disposition and communication skills.
- Attitude and ability to absorb new knowledge and learn new skills.
- Ability to cope with stressful and demanding procedures.
- Ability to leave their normal duties to attend an emergency.
- Physical ability to undertake the required tasks.

7.5.8 First aiders must keep written records of all first aid treatment given on the appropriate form, (Appendix 4) which must be kept in a secure location (such as a locked cupboard, or a cupboard in a locked room) for at least 4 years.

7.5.9 First aiders should remind employees to fill in an Accident/Incident Report Form, or fill one in on their behalf if the injured person is unable to do so or is not an employee, for all incidents caused by a fault of the workplace site or building, the work activity or work equipment in accordance with the Authority's Accident/Incident Reporting and Investigation Policy.

7.6 Automated Electronic Defibrillators (AED);

7.6.1 Corporate offices must provide AED's. The health and Safety Division must be consulted on the number of AED's to be provided and suitable locations.

7.6.2 The Head of Service / Head Teacher must provide authorisation for the provision of AED's in all other CCBC buildings and Schools.

7.6.3 Where AED's are provided First Aid staffing provision must be considered by the Building Manager to ensure that a trained employee is on site during opening hours.

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- 7.6.4 Training in the use of AED's is required on a 2 yearly basis and is provided by the Authority's Health and Safety Division.
- 7.6.5 All AED units must be ordered via the Health and Safety Division to ensure consistency on the type of units being provided.
- 7.6.6 Where AED's are donated to CCBC premises where Council employees are located, relevant staff must undergo training on a 2 yearly basis to ensure they are confident in using the AED.
- 7.6.7 The building manager must ensure the AED is serviced in accordance manufacturer's recommendations and the necessary routine checks are carried out on a weekly basis, including checking battery life and the expiry dates of defibrillator pads.

7.7 Schools and School Pupils

- 7.7.1 Schools as employers must comply with this policy in relation to their employees.
- 7.7.2 Schools must also take into account, when assessing the need for first aid provision, visitors to their premises and pupils. Schools must comply with the provisions laid out in the Department for Education and Employment's leaflet '*Guidance on First Aid for Schools*'.

8. SUPPORTING DOCUMENTS

- 8.1 L74 "First Aid At Work – Health and Safety (First Aid) Regulations 1981: Approved Code of Practice and Guidance"
- 8.2 Other sources of Information:
- Basic Advice On First Aid At Work – HSE leaflet INDG347
 - First Aid At work: Your Questions Answered – HSE leaflet INDG214
 - Guidance on First Aid for Schools: A good practice guide – Department for Education and Employment Booklet
 - www.hse.gov.uk/firstaid

This policy should be read in conjunction with the following Caerphilly County Borough Council Policies:

- Corporate Health and Safety Policy
- Risk Assessment Policy
- Accident and Incident Reporting Policy

Appendix 5

APPENDIX 1 – Minimum contents of First Aid box and travel first aid kits

Taken from L74 the Health and Safety (First Aid at Work) Regulations 1981
Guidance on Regulations

Appendix 5

Minimum contents of First Aid box and travel first aid kits

There is no mandatory list of items to be included in a first-aid container. The decision on what to provide will be influenced by the findings of the first-aid needs assessment. However, as a guide, where work activities involve low hazards, a minimum stock of first-aid items should be:

- a leaflet giving general guidance on first aid advice on first aid at work
- 20 individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic or food-detectable plasters can be provided if necessary);
- two sterile eye pads;
- two individually wrapped triangular bandages, preferably sterile;
- six safety pins;
- two large, sterile, individually wrapped unmedicated wound dressings;
- six medium-sized sterile individually wrapped unmedicated wound dressings;
- at least three pairs of disposable non-latex gloves.

Managers may wish to refer to British Standard BS 8599 which provides further information on the contents of workplace first-aid kits. Whether using a first aid kit complying with BS 8599 or an alternative kit, the contents should reflect the outcome of the first-aid needs assessment.

Travel First Aid Kits for lone workers should contain the following as a minimum (N.B. the exact contents should be determined by your risk assessment):

Similarly there is no mandatory list of items to be included in first-aid kits for travelling workers. However, as a guide they might typically contain:

- a leaflet giving general guidance on first aid (
- six individually wrapped sterile plasters (hypoallergenic or food-detectable plasters can be provided if necessary);
- two individually wrapped triangular bandages, preferably sterile;
- two safety pins;
- one large, sterile, unmedicated dressing;
- individually wrapped moist cleansing wipes;
- at least three pairs of disposable non-latex gloves.

Either of the above should be considered as suggested contents lists only, and are based on guidance in the Health and Safety Executive publication L74 '*First Aid At Work: Guidance on the Health and Safety (First-Aid) Regulations 1981*

NOTE: First aid treatment items e.g. bandages and eyewashes do have expiry dates and must not be used if this date has passed.

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APPENDIX 2 – Facilities and equipment to be provided in first aid rooms

Taken from L74 the Health and Safety (First Aid at Work) Regulations 1981
Guidance on Regulations

Appendix 5

Facilities and equipment to be provided in first aid rooms

Where the risk assessment has deemed the provision of a first aid room to be necessary, they should

- be large enough to hold an examination/medical couch, with enough space at each side for people to work, a chair and any necessary additional equipment;
- have washable surfaces and adequate heating, ventilation and lighting;
- be kept clean, tidy, accessible and available for use at all times when employees are at work;
- be positioned as near as possible to a point of access for transport to hospital;
- display a notice on the door advising of the names, locations and, if appropriate, telephone extensions of first-aiders and how to contact them.

Typical examples of the equipment and facilities a first-aid room may contain are:

- a sink with hot and cold running water;
- drinking water with disposable cups;
- soap and paper towels;
- a store for first-aid materials;
- foot-operated refuse containers, lined with disposable, yellow clinical waste bags or a container suitable for the safe disposal of clinical waste;
- an examination/medical couch with waterproof protection and clean pillows and blankets (a paper couch roll may be used that is changed between casualties);
- a chair;
- a telephone or other communication equipment;
- a record book for recording incidents attended by a first-aider or appointed person.

Where special first aid equipment is needed, this may also be stored in the first aid room

[source HSE publication L74 '*First Aid At Work: Guidance on the Health and Safety (First-Aid) Regulations 1981*']

Appendix 5

APPENDIX 3 – Provision of Appointed Persons and First Aiders

Taken from L74 the Health and Safety (First Aid at Work) Regulations 1981
Guidance on Regulations

Appendix 5

Provision of Appointed Persons and First Aiders

From your risk assessment, what degree of hazard is associated with your work activities	How many employees do you have	What first aid personnel do you need
Low Hazard e.g. Offices, shops, libraries	Less than 25 employees	At least one appointed person
	25 – 50 employees	At least one first aider trained in emergency first aid
	More than 50 employees	At least one first aider trained in first aid at work for every 100 employed (or part thereof)
Medium Hazards e.g. workshops, Kitchen, Grounds	10 employees	At least one appointed person
	10 –50 employees	At least one first aider trained in emergency first aid for every 50 employed (or part thereof)
	More than 50 employees	At least one first aider trained in first aid at work for every 50 employed (or part thereof)
High Hazard e.g. lighting engineering and assembly work, food processing, ware housing, extensive work with dangerous machinery or sharp instruments, construction, chemical manufacture	Less than 5 employees	At least one appointed person
	5 – 50 employees	At least one first aider trained in emergency first aid or first aid at work depending on the type of injuries that might occur
	More than 50 employees	At least one first aider trained in first aid at work for 50 employed (or part thereof)

Note: The numbers of First Aider, Emergency First Aider and Appointed Persons provided must take into account cover for absences such as holiday or sickness and training.
The HSE recommend that all work related staff who have been trained on first aid to go on a half day 3 hours refresher training every year (CPD).

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APPENDIX 4 – Form For Recording First Aid Treatment



FORM FOR RECORDING FIRST AID TREATMENT

Full name and address of persons who suffered an accident (1)	Occupation (2)	Date when entry made (3)	Date and time of accident (4)	Place and circumstance of accident (state clearly the work process being performed at the time of the accident) (5)	Details of injury suffered and treatment given (6)	Signature of person making this entry (state address if different from Col 1) (7)

APPENDIX 5 – Record of First Aid Needs

Record of First Aid Needs

Assessment completed by:

Date:

Number of staff:

Number of pupils:

Number of volunteers:

Details of site:

Areas posing a greater risk of injury

Overall risk rating:

First aid personnel	Required Yes/No	Number needed	Comments
First aider(s) with the first aid at work certificate			
First aider with the emergency first aid at work certificate			
First aider(s) with paediatric first aid			In calculating the ratio of adults to children, the ratio of trained persons to children should never fall below 1:10, or 1:13 for children under the age of 8 years in open access play settings. All first aid qualifications should be kept up to date and renewed every 3 years
First aider(s) with additional training (please provide details) [e.g. Epipen, use of defibrillator]			
Appointed persons [responsible for checking first aid kits to identify and arrange replenishment of any used stock or items approaching their expire date]			

First aid equipment and facilities	Required Yes/No	Number needed	Comments
Waterproof first aid container	Yes		Suggested:- <ul style="list-style-type: none"> • One for each first aider. • One in the main office and each high foreseeable risk of injury work area • One for outdoor and/or off site activities
Detail content of first aid kit(s):			Suggested minimum:- <ul style="list-style-type: none"> • 20 Individually wrapped sterile plasters • Two sterile eye pads • Four individually wrapped triangular • Six safety pins • Two large individually wrapped sterile unmediated wound dressings • Six medium sized individually wrapped sterile unmediated wound dressing • 1 box disposable non-latex gloves
Detail any additional equipment:			
Automated external defibrillator (AED)			Storage location
Portable/travel first aid kits			E.g. for educational visits and sports days etc.
First aid/medical room			

Gadewir y dudalen hon yn wag yn fwriadol

Appendix 1

CAERPHILLY COUNTY BOROUGH COUNCIL

LEGIONELLA CONTROL POLICY

Version:	Version 1
Policy Ratified by:	Corporate Management Team
Date:	February 2020
Area Applicable:	Technical Services, Building Managers, Relevant Contractors
Review Year	2023



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This publication is available in Welsh, other languages or formats on request.

Mae'r cyhoeddiad hwn ar gael yn Gymraeg ac mewn ieithiodd neu fformatau eriall ar gais.

NOTE

Wherever the designation “manager” is used throughout this policy, it is taken to mean Head of Service, Head Teacher, Line Manager, Supervisor and the Officer in charge or anyone who has responsibilities for employees in the course of their work.

1. INTRODUCTION

- 1.1 This document sets out the policy, and outlines the protective and preventative measures to be implemented by Caerphilly County Borough Council (the Authority), in the control of legionella in water systems within premises owned and operated by the Authority. CCBC Domestic premises are excluded from this policy and are subject to local arrangements covering legionella.
- 1.2 The Authority is ‘Duty Holder’ and, therefore, responsible for ensuring that employees, service users, visitors and contractors are protected from the risk of legionellosis by complying with the relevant Health and Safety Regulations and the duties imposed by them.
- 1.3 The Authority is responsible for ensuring that the risk from legionellosis is controlled and maintained to an acceptable level. The HSE Approved Code of Practice and guidance ‘The Control of Legionella Bacteria in Water Systems (L8) stresses that whilst the tasks required to be undertaken to control the risk may be contracted to an external specialist contractor, the owner/operator must take all reasonable care to ensure the competence of the service provider to carry out the work on their behalf.
- 1.4 The Authority will carry out an assessment of legionella risks and periodic review at all premises where there exists an undertaking involving a work activity managed by the authority or being carried out on its behalf. The requirement for risk assessment applies to premises controlled in connection with a trade, business or other work related activity, where water is used or stored; and where there is a means of creating and transmitting water droplets (aerosols) which may be inhaled, causing a reasonably foreseeable risk of exposure to legionella bacteria. The risk assessments will be reviewed regularly with the frequency based on the level of risk.
- 1.5 The Authority will ensure that the person or organisation, who is contracted to carry out the risk assessment and provide advice on prevention and control of exposure, is competent to do so. Any individual or contractor appointed must be able to prove compliance with the Code of Conduct administered by the Legionella Control Association (LCA).

2. POLICY STATEMENT

- 2.1 Caerphilly County Borough Council is committed to managing the risks associated with legionella to comply with the terms of ACoP L8.

This Policy is intended to highlight the key areas and requirements which need to be implemented, in order that the Authority reduces the risk from legionellosis so far as reasonably practicable, and outlines the written scheme the Authority must maintain in order to meet these requirements.

In summary: -

- The Authority will appoint suitably qualified personnel / contractors to access, control and manage the risk from legionella bacteria ensuring it identifies and assesses the sources of all risk and prepares a written scheme on behalf of the Authority.
- The Authority will oversee the development of a written scheme to prevent or control those risks so far as reasonably practicable.
-
- The Authority will implement control and monitoring procedures to ensure that the risks from legionella are eliminated or controlled and thereafter such controls are reviewed as necessary in accordance with ACoP L8.
- The Authority will keep up to-date records of precautions and management systems in place, and will oversee the actions of others in relation to legionella control via Statutory Maintenance Group and regular updates to CMT.
- The authority will use RAMIS to record the written scheme cyclic monitoring required, risk assessment and any other site documents related to legionella control / management.

2.2 The Authority uses RAMIS an electronic compliance database and written scheme, on which to publish, control and monitor its written scheme, and this database shall identify, and be fully accessible to all personnel who have responsibilities detailed in this policy. The database shall control and record the following:

- The frequency and timings of past and future cyclic monitoring required, relevant to each individual property.
- The Critical Control points (reactive tasks) required to reduce the risk to as low as reasonably possible, their priority score, target and completion dates.
- The site records and electronic copies of critical documents, including monitoring reports, the Legionella Risk Assessment, and the water system schematic.
- The Building Manager who has day to day responsibility for legionella management at that site, and their contact details.
- An electronic record of all entries and communications sent through the system including emails, reports, requests and automated calendar updates and requests.

3. SCOPE

- 3.1 This policy applies to all premises or any work activity which uses or stores water under Authority control. The policy also applies to installation of new hot and/or cold water systems or repair and maintenance work undertaken on existing hot and cold water systems.
- 3.2 This Policy also applies where establishments/schools order work directly from contractors without reference to Property Services. In this regard the commissioning officer is the Responsible Person for ensuring compliance with relevant Regulations and this policy.
- 3.3 This policy has been agreed with the Trade Unions and applies to all relevant employees.
- 3.4 This policy will be reviewed at least every 3 years to ensure it is in line with current legislation and guidance and remains fit for purpose.
- 3.5 The effective date of the policy is February 2020.

4. DEFINITIONS

- 4.1 For the purpose of this policy, the following definitions are to be used and applied throughout the policy:-
- Aerosol: a suspension in a gaseous medium of solid particles, liquid particles or solid and liquid particles having a negligible falling velocity. In the context of this document, it is a suspension of particles which may contain legionella with a typical droplet size of <math><5 \mu\text{m}</math> that can be inhaled deep into the lungs.
 - Algae: a small, usually aquatic, plant that requires light to grow.
 - Bacteria: (singular bacterium) a microscopic, unicellular (or more rarely multicellular) organism.
 - Biofilm: a community of bacteria and other microorganisms embedded in a protective layer with entrained debris, attached to a surface.
 - Calorifier: an apparatus used for the transfer of heat to water in a vessel, the source of heat being contained within a pipe or coil immersed in the water.
 - Cold water system: installation of plant, pipes and fitting in which cold water is stored, distributed and subsequently discharged.
 - Dead leg: a pipe leading to an outlet through which water flows but the outlet is unused/rarely used.

- Dead/blind end: a redundant length of pipe, closed at one end, through which water cannot flow.
- Fouling: organic growth or other deposits including deposits of dissolved salts in the water supply on heat transfer surfaces causing loss in efficiency.
- Hot water system: installation of plant, pipes and fittings in which water is heated, distributed and subsequently discharged (not including cold water feed tank or cistern).
- Legionellosis: any illness caused by exposure to legionella.
- Microorganism: an organism of microscopic size, including bacteria, fungi and viruses.
- Nutrient: a food source for microorganisms.
- Risk assessment: identifying and assessing the risk from legionellosis from work activities and water sources on premises and determining any necessary precautionary measures.
- Sentinel taps: for hot water services – the first and last taps on a recirculating system. For cold water systems (or non-recirculating HWS), the nearest and furthest taps from the storage tank. The choice of sentinel taps may also include other taps which represent parts of the recirculating system where monitoring can aid control.
- Slime: a mucus-like exudate that covers a surface produced by some microorganisms.
- Sludge: a general term for soft mud-like deposits found on heat transfer surfaces or other important sections of a cooling system. Also found at the base of calorifiers and cold water storage tanks.
- Stagnation: the condition where water ceases to flow and is therefore liable to microbiological growth.
- Thermostatic mixing valve: a mixing valve in which the temperature at the outlet is pre-selected and controlled automatically by the valve.

5. LEGISLATION

- 5.1. This policy, along with its supporting procedures, is designed to ensure the Authority meets its legal obligations under the following legislation and technical standards:-

- HSE, Legionnaires' disease, The control of legionella bacteria in water systems, Approved Code of Practice (ACoP) and guidance on regulations (fourth edition) known as L8.
- HSE, Legionnaires' disease, Part 1: The control of legionella bacteria in evaporative cooling systems.
- HSE, Legionnaires' disease, Part 2: The control of legionella bacteria in hot and cold water systems.
- HSE, Legionnaires' disease, Part 3: The control of legionella bacteria in other risk systems.
- Health and Safety at Work etc. Act 1974.
- The Management of Health and Safety Regulations 1999.
- The Control of Substances Hazardous to Health Regulations 2002.
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

6. RESPONSIBILITIES

6.1 The Chief Executive Officer will:

- 6.1.1 Seek assurance from Directors and Responsible Officers that this policy is being applied and that appropriate arrangements are in place to ensure ongoing compliance with this policy within Caerphilly County Borough Council. Receive and scrutinise compliance statistics for legionella control and ensure that arrangements are regularly reviewed.

6.2. Corporate Management Team and Heads of Service will:

- 6.2.1 Receive and scrutinise compliance statistics in relation to Legionella Control and review proactive and reactive reports in relation to compliance with this policy.
- 6.2.2 Ensure that appropriate resources are made available for the safe management, inspection and testing of water systems.
- 6.2.3 Ensure that each building has an appointed person who will take day to day responsibility of legionella management.

6.3 Property Services will:

- 6.3.1 For those Authority premises where Property Services has the responsibility and funding for repairs and maintenance, will ensure that it follows the policy set out in this document.
- 6.3.2 For Authority premises where Property Services do not have the responsibility and funding for repairs and maintenance, Property Services will take responsibility for arranging and closing out Priority 1 (P1) and Priority 2 (P2) legionella remedial tasks for all Council premises and recharging the relevant service area or school. For buildings where Property Services have no responsibility, the relevant building manager shall be responsible for the day to day management of legionella.
- 6.3.3 Ensure appropriate technical resources are in place, both internal and external to support the organisation to effectively implement the policy and meet legal requirements to help ensure ongoing quality of hot and cold water systems, this includes ensuring that all works undertaken to hot and cold water systems, considers and reduces the risk of legionella growth.
- 6.3.4 Appoint a responsible person for the day-to-day management for controlling the identified risks from legionella bacteria in accordance with the ACoP L8.
- 6.3.5 Engage and manage external competent water quality contractors to undertake legionella risk assessments, highlighting remedial engineering actions necessary to prevent stagnation in the water system and prioritise the actions using a P1-P3 scoring system, prepare/review and update written schemes (including schematics as required) and to action remedial tasks as directed and record information on RAMIS.
- 6.3.6 The risk assessment will highlight remedial engineering actions necessary to prevent stagnation in the water system and these will be scheduled for action, and prioritised, using the risk scoring system and recorded as critical control points in the written scheme.
- 6.3.7 The Authority in conjunction with the risk assessor will adopt a simple assessment scoring index which will identify the risk priority as:
- High Priority (P1) – Action to reduce the risk will be implemented inside 60.
 - Medium Priority (P2) – Action to reduce the risk will be implemented inside 90 days.
 - Low Priority (P3) – Recommendations or advisory actions to improve the system.
- 6.4 Property Services Project Officers/Designers will:-**

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- 6.4.1 Ensure that works for which they are responsible comply fully with all relevant regulations and this policy.
- 6.4.2 Ensure that systems are correctly disinfected and commissioned prior to being put into service and that disinfection certificates are scrutinised prior to uploading to RAMIS.
- 6.4.3 Ensure that legionella risk and scald risk are considered and the relevant risk assessed when evaluating the need of TMVs.
- 6.4.4 Infrequently used showers (less than once per week) should be removed from the supply and the associated redundant pipework cut back as close as possible to a common supply e.g. recirculating pipework or pipework supplying a more frequently used upstream fitting.
- 6.4.5 Low volume spray taps should be avoided in premises where there are known individuals susceptible to the legionella bacteria.
- 6.5 The Health and Safety Division will:**
- 6.5.1 Communicate this policy and Corporate Management Arrangement to all Managers.
- 6.5.2 Assist with monitoring compliance with this policy.
- 6.5.3 Direct appropriate investigations of any incidents, liaising with relevant officers as appropriate.
- 6.5.4 Report as required to the Statutory Maintenance Group and/or Corporate Management Team on performance against the requirement of the policy.
- 6.6 Statutory Maintenance Board will:**
- 6.6.1 Be chaired by an appointed Head of Service and made up of Technical Officers and Senior Officers representing relevant service areas.
- 6.6.2 Meet at least quarterly to monitor statutory compliance including legionella control in hot and cold water systems.
- 6.6.3 Review compliance statistics and contractor performance and advise and monitor where improvements are required.
- 6.6.4 Report to Corporate Management Team as required.
- 6.7 Building Managers will:-**
- 6.7.1 Take day to day responsibilities for legionella management.

- 6.7.2 Ensure that any remedial tasks identified by the Legionella Risk Assessment, or maintenance inspection are undertaken within the required timescale. RAMIS will display remedial tasks and recommendations for legionella control. The Building Manager must ensure that remedial tasks are completed within the stipulated timescales.
- 6.7.3 Ensure they are familiar with the written scheme for control of legionella at their site and have arrangements in place for undertaking the relevant checks (please refer to appendix 1) and recording on RAMIS with records uploaded within 3 months.
- 6.7.4 Ensure that full access is provided to the appointed Water Quality Contractor to undertake the relevant inspections in line with the Written Scheme for the premises. Make available to the contractor any on site records for relevant checks as detailed in Appendix 1.
- 6.7.5 Report any concerns with regards to hot and cold water systems to Property Services so relevant action can be taken.
- 6.7.6 Ensure that water temperature is maintained to avoid the temperature range 20 deg C – 45 deg C. ensure that where identified as a critical control point on the written scheme water temperature is maintained at 60 deg C to ensure that the furthest point of the system receive water within one minute at a minimum of 50 deg C. Where relevant check identify these criteria are not being met seek advice from competent person.
- 6.8 Competent Contractor responsibilities:-**
- 6.8.1 Identify and assess the sources of legionella risk in accordance with the L8 and HSG 274.
- 6.8.2 As directed complete a legionella risk assessment and written scheme to prevent and control the legionella risk for each premise taking into account increased susceptibility of persons 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.. Review the risk assessment highlighting the frequency of cyclical inspections for each site.
- 6.8.3 Provide competent advice in accordance with L8, HSC 274 and the relevant BS as requested.
- 6.8.4 Where contracted to do so complete monthly, quarterly, 6 monthly, annual checks and provide up to date records.
- 6.8.5 Record, risk assessment, written scheme, relevant checks and remedial actions on RAMIS.
- 6.8.6 Complete remedial actions as requested.

7. IDENTIFYING THE RISK FROM LEGIONELLA

- 7.1 The Authority will carry out an assessment of legionella risks and periodic review at all premises where there exists an undertaking involving a work activity managed by the authority or being carried out on its behalf. The requirement for risk assessment applies to premises controlled in connection with a trade, business or other work related activity, where water is used or stored; and where there is a means of creating and transmitting water droplets (aerosols) which may be inhaled, causing a reasonably foreseeable risk of exposure to legionella bacteria.
- 7.2 The Authority will ensure that the person or organisation, who is contracted to carry out the risk assessment and provide advice on prevention and control of exposure is competent to do so. Any individual or contractor appointed must be able to prove compliance with the Code of Conduct administered by the Legionella Control Association (LCA)

8. WRITTEN SCHEME

- 8.1 The risk assessment stage will have identified and evaluated potential sources of risk and for the purpose of the written scheme will identify:
- The particular means of preventing exposure to legionella bacteria; or if prevention is not reasonably practicable then the particular means of controlling the risk from exposure to legionella bacteria.
- 8.2 The Approved Code of Practice (ACoP) L8 states the risk from exposure should normally be controlled by measures which do not allow the growth of legionella bacteria in the system and, or, which reduce exposure to water droplets and aerosols.

9. PRESENCE OF LEGIONELLA BACTERIA

- 9.1 Legionella bacteria is widespread in lakes, rivers and reservoirs and as such is common in the water supplies it receives. To limit its presence the Authority adapts an approach of limiting the use of non-towns mains supply wherever possible to do so, and where not possible ensure that increased controls and monitoring regimes are in place to control the increased risk.

10. CONDITIONS SUITABLE FOR GROWTH OF THE ORGANISMS

- 10.1 In keeping with ACOP L8 the Authority will where possible ensure that water temperatures are maintained at all times to avoid the temperature range 20 c – 45 c.
- 10.2 Where temperature is being used as a Critical Control Point such as on hot water storage calorifiers, then it will be maintained at minimum level of 60 c in order to ensure that the furthest points on the system receive water within one minute of 50 c.

11. THERMOSTATIC MIXING VALVES (TMVs)

- 11.1 Thermostatic Mixing Valves use a temperature sensitive element and blend hot and cold water to produce water at a temperature that safeguards against the risk of scalding. However, blended water downstream of the TMV can provide an environment in which legionella can multiply, thus increasing the risk of exposure. Where the risk of scalding is assessed as low, TMVs should not be installed. The risk from scalding affects the very young, elderly, infirm or those with physical or mental disability or those with sensory loss. TMVs should not be installed unless the risk of scalding is regarded as higher than the risk from legionella infection. Where TMV's are fitted they should be fitted to relevant outlets only.
- 11.2 Where TMV's are to be fitted the following should be adhered to:-
- TMVs should be incorporated into a mixer tap, TMV 3 approved to WRAS standard.
 - TMVs should not be fitted to low flow rate spray taps as this increases the risk from legionella.
 - TMVs should not be fitted to serve multiple outlets as this increases the risk from legionella.
 - Where TMV's are designed to supply both cold and blended water, an additional separate cold tap is rarely needed and is likely to become a little used outlet.

12. NUTRIENTS

- 12.1 Sludge, scale, rust, algae other organism matter and bio film are increased where there is 'poor housekeeping' or 'poor turnover' in the water system. All

such identified risks should be monitored and limited as follows:

- The risk assessment will highlight a frequency of cyclical inspection for each water system that will ensure it can be checked for good housekeeping in accordance with ACOP L8, and this will be recorded in the written scheme
- The risk assessment will highlight remedial engineering actions necessary to prevent stagnation in the water system and these will be scheduled for action, and prioritized, using the risk scoring system set out in the Legionella Control Policy.

13. TRANSMISSION OF THE BACTERIA

13.1 Transmission of the bacteria occurs by creating and spreading breathable droplets, e.g. the aerosol generated by cooling towers, showers or spa pools. In order to limit transmission of water droplets, the Authority's policy is as follows:

- Infrequently used showers (less than once per week) should be removed from the supply and the associated redundant pipework cut back as close as possible to a common supply e.g. recirculating pipework or pipework supplying a more frequently used upstream fitting.
- Low volume spray taps should be avoided in premises where there are known individuals susceptible to the legionella bacteria. Spa pools/Jacuzzi baths must be subject to a separate risk assessment and water treatment programme.

14. SUSCEPTIBILITY

14.1 The risk from legionella bacteria is greatly increased where the presence (and numbers) of people who may be exposed increases, especially in premises where occupants are particularly vulnerable e.g. residential homes. Therefore the authority will:

- Follow the risk assessment scoring system set out in the Legionella Control Policy which takes into account increased susceptibility of persons over 45, smoker and heavy drinkers, people suffering from chronic respiratory or kidney disease, diabetes, lung and heart disease or anyone with an impaired immune system.
- The risk assessment score index takes into account increased susceptibility of premises where occupants are particularly vulnerable e.g. RHOP's.

15. RECORDS AND REVISIONS

- 15.1 The Authority uses RAMIS an electronic compliance database on which to publish control and monitor its written scheme and this database shall identify and be fully accessible to all personnel who have responsibilities detailed in this policy, the database shall control and record the following:
- The frequency and timing of past and future cyclic monitoring required, relevant to each individual policy.
 - The critical control points (reactive tasks) required to reduce the risk as low as reasonably possible, their priority score, target and completion dates.
 - The site records and electronic copies of critical documents including monitoring reports, the legionella risk assessment and the water system schematic.
 - The risk assessment which sets out the key person applicable to legionella management at that site.

16. ASBESTOS ISSUES WHICH AFFECT LEGIONELLA CHECKS/WORKS

- 16.1 CCBC requires that all operatives working on its buildings have received asbestos awareness training from a suitably accredited provider (UKATA/ IATP/ BOHS/ ASHEeLA) within the previous 12 months. Furthermore, those involved in statutory testing including legionella checks and works must have also received Task Specific Work with Non-licensed Asbestos Products (Category B) training from a UKATA/IATP registered provider.
- 16.2 Legionella contractors can access all available asbestos information via the Risk Assessment Management Information System (RAMIS) database. Where required, supplementary guidance provided by the CCBC asbestos team is also included with tender documents and additional support is provided by a CCBC Asbestos Officer, where appropriate.
- 16.3 It is CCBC policy and a condition of the contract that all contractor's staff sign the asbestos log book for the premises and read the asbestos survey and any associated Notice of Prohibited/Restricted Access Areas relating to the site at commencement of each visit or each job to an Authority building. Please note where a "Notice of Prohibited/Restricted Access Areas" is applied to a Caerphilly site this notice maybe pivotal to legionella inspections/test and works. They will be very detailed and provide advice to accessing ceiling/loft voids or where water tank(s) are located.
- 16.4 The following section is consistent with the Council's Asbestos Management

Plan:

- CCBC requires all internal staff/Contractors working on the fabric of its buildings to have undertaken and completed Asbestos Awareness Training as a minimum. This training must be provided by a Training Company/Trainer accredited by the following bodies (UKATA/ IATP/ BOHS/ ASHEeLA). The training must be valid within the previous 12 months. As stated, Asbestos Awareness is the minimum level of asbestos training required, however, works within some of Caerphilly properties require Non Licensed Training (Category B) as a minimum. This level of training must be accredited by the following bodies -UKATA/IATP) Non Licensed Training has been stipulated as a minimum requirement for those undertaking statutory testing throughout Caerphilly properties.
- The appointed legionella contractors can access all available asbestos information via the Risk Assessment Management Information System (RAMIS) database. However, unless the building is constructed post 2000, then site specific advice and support must be provided by Building Consultancy's Asbestos Officer (AO). This AO has the correct level of training, skills, experience and knowledge to review proposed checks/works and cross reference with all relevant asbestos information relating to site and specific work areas. Following this, the AO will provide advice to support the proposed testing at tender stage, along with all relevant asbestos information. Once the tender is awarded to the successful contractor, there may be a requirement for more detailed specific advice from the AO once contractor has attended site. Also onsite support and monitoring from the AO will be carried out whilst some asbestos works are being undertaken.
- Although asbestos information and advice will have been provided to the selected contractor prior to them attending site(s), the contractors must read the relevant sections of the asbestos survey and any prohibitions or restrictions relating to the site. This must be prior to the commencement of work or disturbance to the fabric of the building or prior to any access into prohibited or restricted areas, they must then confirm they understand the information by completing and signing the Asbestos Log Book for the premises. The Contractors should be fully aware of this information, as it will have been provided to them prior to any access. The Contractor must ensure this information is provided to any members of staff who attend the specific site(s).

Control of Legionella at Work - Guidance for Building Managers



Legionnaires' disease is the term given to infections caused by the bacteria *Legionella Pneumophila* (*Legionella*) and is a form of potentially fatal pneumonia. In the UK there are about 250 identified cases every year with around 10% of these resulting in death. The bacteria is part of the legionellaceae family which cause diseases called Legionellosis (other diseases in this group include Pontiac fever and Lochgoilhead Fever). The infection is caused by inhalation of the legionella bacteria, carried in water droplets in the air (called aerosols). These are created by showers, taps, air humidifiers, air conditioning units, or any other equipment that releases water vapour or droplets into the atmosphere.

Legionella is found in untreated surface waters, is not always removed by conventional water treatment processes and can easily colonise in environments such as hot and cold-water distribution systems. In these systems, legionella is able to flourish at temperatures between 20°C and 45°C especially where dirt, scale or sludge are present. *Legionella* bacteria is dormant below 20°C and is killed by temperatures above 60°C.

The Health and Safety Executive's Approved Code Of Practice and guidance publication '**Legionnaires' Disease: The Control of Legionella Bacteria in Water Systems**' (L8) provides a comprehensive approach to legionella control. To ensure the legal obligations are met, there is a need to:

1. Identify and assess potential sources of risk – this is undertaken on your behalf by a competent legionella contractor engaged through Property Services. The Risk Assessment is found on RAMIS and any remedial tasks highlighted by the Risk Assessment will be programmed into the system by the contractor, so the relevant work can be organised.
2. Prepare a Written Scheme to prevent and control the risk - this is done on your behalf by a competent legionella contractor and is uploaded to RAMIS
3. Implement manage and monitor the scheme – ensure that actions identified in the risk assessment and Written Scheme are progressed. This includes the following:-

To Be Undertaken by a CCBC Appointed Contractor:-
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The Written Scheme for the premises will identify the required checks, the dates that checks are due are recorded within the RAMIS calendar for your premises and will include the following:-

Annual Checks – These consist of:

Taking samples from hot water calorifiers (- Samples are only taken if the drains from the calorifier run unclear. If the water runs clear no samples are collected.)

- Visually inspecting cold water tanks and carrying out remedial works
- Servicing mixer valves

RAMIS will provide a date for when this It is your responsibility to ensure that annual checks are completed and to follow up with Building Consultancy if they are not done at the appropriate time.

6 Monthly Checks – These may consist of taking the temperature of cold water storage tanks at the ball valve, inspection of expansion vessels, temperature check of point of use heaters etc.

Quarterly checks – These maybe required in some premises as determined by Risk Assessment, are undertaken by contractors on your behalf through Building Consultancy. These consist of cleaning, dismantling, de-scaling and disinfecting showerheads and hoses. It is your responsibility to ensure that quarterly checks are completed and to follow up with Building Consultancy if they are not done at the appropriate time.

To Be Arranged by the Building Manager:-

Monthly

Hot Water - Non Circulating Systems – Take temperatures at sentinel points (nearest outlet, furthest outlet and any long branches, identified by your written scheme. Water temperatures should be a minimum of 50°C within one minute, 55 °C in Social Services Residential Homes.

Hot Water – Circulating Systems – Take temperatures at sentinel points of return legs, identified in your Written Scheme. Temperatures should be taken on the pipework using appropriate temperature checking equipment. Water temperatures should be a minimum of 50°C within one minute, 55 °C in Social Services Residential Homes.

Cold Water Services – Check temperatures at nearest furthest sentinel taps from the cold water storage tank, as identified in the written scheme. Outlets should be below 20 °C within two minutes of running the cold water tap.

Weekly

Infrequently used outlets such as those in disabled facilities, showers etc. which are not used for more than seven days, should be included in a weekly flushing regime. This requires the tap or shower to be run for 5 minutes or until the

temperature reaches that of the supply. This process is very important as it minimised the risk from microbial growth in the peripheral parts of the water system.

Records

Records of Monthly checks must be retained and uploaded at least quarterly to RAMIS. The appointed contractor may ask to see temperature records at any time to review temperature trends at the premises, to assess overall risk. If a temperature reading is between 20 °C and 50 °C the check should be repeated at that check point later that day or on a different time the following day. If a reading of 20 °C - 50 °C is repeated then advise should be sought from Property Services/Competent Legionella Contractor.

Records of weekly purging must be retained at the premises and uploaded at least quarterly to RAMIS., This task can be included on weekly building checks, but should identify the outlets which are included in the flushing regime.

If there is a case of legionella involving your premises, you may be asked to produce these records for inspection by the Investigating Authority.

Further Assistance

If you are not sure of the temperature testing points within your premises, please discuss with the Water Quality Contractor to confirm and label. If you require replacement temperature testing equipment please contact Health and Safety 01443 864901.

If you think there is a problem with the water systems at your premises please contact the Water Quality Contractor or Property Services.

Building Managers Checklist

- ✓ Make sure you are familiar with your Legionella Risk Assessment and Written Scheme.
- ✓ Ensure you progress the remedial tasks which are listed on RAMIS – Property Services will automatically undertake tasks with have a priority 1 or 2 rating due to risk.
- ✓ Ensure you have arrangements in place for weekly purging of little used outlets and monthly temperature checks and any other checks advised in the Risk Assessment and Written Scheme.
- ✓ Ensure you keep records of weekly and monthly checks.
- ✓ Report any problems with temperatures or any concerns regarding your water systems.

Gadewir y dudalen hon yn wag yn fwriadol

CORPORATE HEALTH AND SAFETY COMMITTEE – 17TH FEBRUARY 2020

SUBJECT: LEGIONELLA MANAGEMENT POLICY

REPORT BY: CORPORATE DIRECTOR - EDUCATION AND CORPORATE SERVICES

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to seek committee member approval for the draft policy on Legionella Management prior to the report being referred to Cabinet for consideration.

2. SUMMARY

- 2.1 The Authority has in place a number of policies setting out the Authority's approach to managing key health and safety risks. An electrical safety policy was introduced in December 2017 following HSE recommendations regarding the need for a policy setting out the Authority's commitment to and arrangement for managing electrical safety. Due to the similar high risk associated with legionella it was felt that a similar approach should be adopted and competent specialist advice was sought to assist with the development of a policy.

3. RECOMMENDATIONS

- 3.1 That the contents of this report are noted and the draft policy (Appendix 1) approved and referred to Cabinet for consideration.

4. REASONS FOR THE RECOMMENDATIONS

- 4.1 To ensure that the Authority meets its statutory responsibilities under Health and Safety law.

5. THE REPORT

- 5.1 Ensuring that there are robust arrangements to manage water systems where there is a means of creating and transmitting breathable water droplets (aerosols), thus causing a reasonably foreseeable risk of exposure to legionella bacteria is fundamental to the safe and efficient operation of CCBC premises.
- 5.2 Legionella bacteria legionella pneumophilia and related bacteria are found in natural water sources and may also be found on water systems such as cooling towers evaporative condensers, hot and cold water systems and spa pools. If conditions are favourable, the bacteria may grow. The risk increases with age however some people are at higher risk including people over 45 years of age, smokers and heavy drinkers, people suffering with chronic, respiratory or kidney disease, people with diabetes, lung or heart disease, and anyone with an impaired immune system.
- 5.2 The draft policy details the role and responsibilities at all levels for managing the risks associated with legionella, including ensuring there is a risk assessment and written scheme in place and that appropriate checks are in place.
- 4.3 The draft policy details the practical measures which will be undertaken to control the risks including:

- Identifying the risk from legionella.
- Written scheme to control the risk
- Avoiding conditions suitable for growth of the organisms
- Use of thermostatic mixing valves (TMVs)
- Nutrients
- Transmission of the bacteria
- Susceptibility
- Record keeping
- Asbestos issues affecting legionella checks/works

4.4 Compliance with the policy will enable the Authority to meet its obligations under the Health and Safety at Work etc. Act 1974 and the Control of Substances Hazardous to Health Regulations 2002.

5.2 Conclusion

The updated policies will help to ensure that CCBC is meeting its legal responsibilities under health and safety legislation and will assist in ensuring there is a robust health and safety framework in place to keep employees and others safe.

6. ASSUMPTIONS

6.1 No assumptions have been made regarding the information contained in this report.

7. LINKS TO RELEVANT COUNCIL POLICIES

7.1 This report links to the Corporate Health and Safety Policy and Control of Substances Hazardous to Health Policy (COSHH) and other CCBC Health and Safety Policies.

7.2 Corporate Plan 2018-2023.

The report content contributes towards or impacts the Corporate Well-being Objectives:

Objective 1 - Improve education opportunities for all. Through affording Health and Safety training opportunities both for our employees and for others across the borough which will support with developing skills and improving employability in a safe environment where the risks are effectively managed.

Objective 2 - Enabling employment. Through ensuring that CCBC employees and others affected by our work activities are kept safe and healthy whilst at work and able to remain in employment.

Objective 5 - Creating a County Borough that supports a healthy lifestyle in accordance with the sustainable Development Principle within the Wellbeing of Future Generations (Wales) Act 2015. Through ensuring that the health risks associated with work are assessed, controlled and managed in accordance with the relevant health and safety policy and that health and safety training provided ensures that Managers and employees are aware of the Health and Safety policies and practises that support good health and well-being.

Objective 6 - Support citizens to remain independent and improve their well-being. Through ensuring that our health and safety policies and practises promote good health and well-being.

8. WELL-BEING OF FUTURE GENERATIONS

8.1 This report contributes to the Well-being Goals as set out in the Well-being of Future Generations (Wales) Act:-

- A prosperous Wales
- A resilient Wales
- A healthier Wales
- A more equal Wales

It is also consistent with the five ways of working as defined within the sustainable development principle in the Act in that we will seek to consider the long-term impact of Health and Safety policies, practices and training, we will seek to prevent any ongoing issues and ensure that Health and Safety training and subsequent practise is integrated into good management. We will also ensure there is effective collaboration and involvement as required in order to meet our legal Health and Safety objectives in line with the act. This will assist in safeguarding the health and safety of our employees, residents, service users and visitors and ensure that the Council as a public body and social landlord meets its regulatory duties and corporate objectives.

9. EQUALITIES IMPLICATIONS

9.1 There are no equalities implications

10. FINANCIAL IMPLICATIONS

10.1 There are no financial implications.

11. PERSONNEL IMPLICATIONS

11.1 There are no personnel implications.

12. CONSULTATIONS

12.1 All comments from consultees have been included in the report.

13. STATUTORY POWER

13.1 The Health and Safety at Work etc. Act 1974 the Management of Health and Safety at Work Regulations 1999, and the Control of Substances Hazardous to Health Policy (COSHH)

Author: Emma Townsend, Health and Safety Manager, townsej@caerphilly.gov.uk

Consultees: Richard Edmunds, Corporate Director for Education and Corporate Services, edmure@caerphilly.gov.uk
Lynne Donovan, Head of People Services, donovl@caerphilly.gov.uk
Cllr Gordon, Cabinet Member for Corporate Services, gordocj@caerphilly.gov.uk
Mark Williams, Interim Head of Property Services

Appendix 1: Legionella Control Policy

Gadewir y dudalen hon yn wag yn fwriadol

CORPORATE HEALTH AND SAFETY COMMITTEE – 17TH FEBRUARY 2020

SUBJECT: STATUTORY MAINTENANCE OF COUNCIL BUILDINGS

REPORT BY: CORPORATE DIRECTOR - EDUCATION AND CORPORATE SERVICES

1. PURPOSE OF REPORT

- 1.1 The purpose of the report is to present current statutory maintenance compliance data for the four highest risk elements, namely electricity, gas, legionella and fire, to Corporate Health and Safety Committee and to highlight progress made and areas of concern. The report encompasses all Authority buildings and housing together with external lighting and power installations where these are located on Authority owned land.

2. SUMMARY

- 2.1 The report presents the current status of the statutory maintenance of the Council's built assets for the quarter as of 31st October 2019 with the exception of Fire Risk Assessment tasks which are as of 13th January 2020. In all cases the corresponding data for 31st July 2019 is included so that movement in period is clear. The report demonstrates the significant progress achieved.

3. RECOMMENDATIONS

- 3.1 That the contents of this report are noted.

4. REASONS FOR THE RECOMMENDATIONS

- 4.1 To ensure that the Authority meets its statutory responsibilities under Health and Safety law with regard to premises.

5. THE REPORT

- 5.1 Considerable effort continues to be focused on improving compliance and the safety of our buildings and installations. Statutory Maintenance Group Meetings continue and are chaired by the Interim Head of Property Services. Positive progress is being made in all areas and in all cases arrangements are in place to clear outstanding testing and remedials. Compliance data as of 31st October 2019 is presented below together with corresponding data for 31st July 2019.

5 1.2 Operational Buildings and Schools

Table 1 – Testing Compliance at 31st October 2019 (31st July 2019)

Discipline	Total Number of Assets	Assets not Compliant	% in Compliance
Gas	277	0 (1)	100%
Periodic Electrical	415	0 (1)	100%
Legionella Risk Assessment	427	0 (0)	100%
Fire Risk Assessment	377	0 (0)	100%
Fire Alarm Annual	314	0 (0)	100%
Emergency Lighting Annual	303	1 ¹ (0)	99%
Fire Fighting Equipment	352	2 ² (0)	99%
Kitchen Equipment Mtce	111	0 (2)	100%
Kitchen Canopy Mtce	111	13 (0)	99%

¹ Emergency Lighting – Cwmcarn Outdoor Education Centre added to Contract

² Fire Fighting Equipment – 2 sites with access issues

³ Kitchen Canopy – Islwyn Indoor Bowls – Booked for 25th Nov 2019

Table 2 - Overdue Remedials generally as of 31st November 2019 but FRA tasks as 13th January 2020 (31st July 2019)

Discipline	Operational Buildings	Schools inc. Flying Start	Total
Gas	7 ¹ (18)	14 ¹ (14)	21 ¹ (32)
Electrical	2 ² (2)	0 (0)	2 (2)
Legionella	1 ³ (1)	6 ³ (50)	7 ³ (51)
Fire Risk Assessment	23 ⁴ (45)	621 ⁴ (778)	644 ⁴ (825)
Fire Alarm Remedials	8 ⁵ (8)	34 ⁵ (10)	42 (18)
Emergency Lighting Remedials	7 ⁶ (7)	23 ⁶ (20)	30 ⁶ (20)
Fire Fighting equipment Remedials	0 (0)	0 (0)	0 (0)
Lift Remedials	0 (0)	0 (0)	0 (0)

¹ Gas - 6 of the 21 tasks outstanding are linked to Building Consultancy Schemes. The remaining 15 tasks are all actioned and due for completion by 20th December 2019.

² Electrical - 1 Task in Tredomen linked to Data Centre (No Risk) to be completed 10th December. 1 task in Llancaeach Fawr (Heritage Status is Page 144) being planned for 26th November on site

³ Legionella - All tasks in progress for completion by 20th December 2019.

⁴ Fire Risk Assessment Tasks

Operational Buildings - Of the 23 tasks outstanding 16 are linked to a capital scheme at Abercarn Pavilion due to start in May 2020 when the pavilion is out of use.

The remaining 7 tasks will be completed by the end of January 2020.

Schools - For full breakdown see Appendix 1, summary below

Table 2A Status Summary FRA Tasks Schools

	At 13/1/20	At 31/7/19
In hand	481	236
On hold pending review	33	123
Action confirmed with school H&S liaising to ensure progress	107	419
Total overdue tasks	621	778

⁵ Fire Alarms -

Operational Buildings - 8 tasks in progress for completion by 20th December 2019.

(These are tasks to the 8 outstanding at the last period).

Schools - 34 tasks in schools – 8 have been actioned by FM. The remaining 26 tasks are awaiting school instruction following quotes provided by FM

⁶ Emergency Lighting

Operational Buildings - 6 tasks in progress for completion by 20th December 2019

Schools - 23 tasks outstanding – 8 have been actioned by FM. The remaining 15 tasks are awaiting school instruction following quotes provided by FM

5.1.3 Leased out Buildings – Third Party Responsibility

Table 3 Compliance at 31st October 2019 (31st July 2019)

Discipline	No of Assets	Assets not Compliant	% Compliance
Electrical	251	12¹ (17)	95% (93%)
Gas	56	4² (4)	93% (93%)
Asbestos Surveys	251	6³ (6)	98% (98%)

¹ Electrical – 12 Sites outstanding. 6 sites are vacant with the other 6 planned for testing by 20th December 2019.

² Gas – letters have been sent to all tenants asking for confirmation of Gas in use.

241 replies -

5 yet to reply – being chased (6 are vacant)

56 sites are using gas (of the 241 Replies)

20 of these are managed by CCBC

32 of the 36 managed by tenant have supplied certificates

4 outstanding certificates – being chased

³ Asbestos – 6 units outstanding due to delayed access or contact with the tenant.

Property Services Leased Out Portfolio - Testing Compliance (Mainly Tenants Responsibility)

Table 4 – Testing Compliance at 31st October 2019 (31st July 2019)

Discipline	No of Assets	Assets not Compliant	% Compliance
Electrical	117	12 ¹ (13)	90% (89%)
Gas	103	20 ² (25)	81% (76%)
Asbestos Surveys	117	9 ³ (59)	92% (50%)

¹ Electrical – 2 in progress and 2 are vacant units. The remaining 8 sites are to be arranged with the tenant.

² Gas – 20 sites are showing as outstanding steps are being taken to establish if gas is present

³ Asbestos survey – Following a review with Estates a large proportion of the leased out sites without Asbestos surveys are land only leases. Therefore, an Asbestos Survey is not required. However, we have identified 9 CCBC assets that are leased out and do require surveys. A programme has started and will be completed over the next 4-8 weeks.

5.1.4 Floodlighting On Sports Facilities

Table 5 – Testing Compliance at 31st October 2019 (31st July 2019)

Discipline	No of Assets	Assets not Compliant	% Compliance
Floodlights owned and maintained by CCBC (Schools, Leisure etc.)	22	0 (0)	100%
Floodlights on CCBC land but leased to 3rd party who are responsible for maintenance (rugby clubs etc.)	25	0 (1)	100%

5.1.5 Sheltered Housing

Table 6 – Testing Compliance at 22nd November 2019 (27th August 2019)

Discipline	No of Assets	Assets not Compliant	% Compliance
Gas	34	0 (0)	100%
Periodic Electrical	34	0 (0)	100%
Legionella 6 monthly	34	0 (0)	100%
Lift 6 monthly	10	0 (0)	100%
Fire Alarm Annual	34	0 (0)	100%
Emergency Lighting Annual	34	0 (0)	100%
Fire Fighting Equipment	34	0 (0)	100%

Table 7 – Overdue Remedial Tasks at 22nd November 2019 (28th August 2019)

Discipline	Total	Of which over 3 months old
	Page 146	

Gas	0 (0)	0
Periodic Electrical	0 (0)	0
Legionella Risk Assessment	0 (27)	0 (26)
Fire Risk Assessment	0 (0)	0

4.1.6 General Housing

Table 8 Testing Compliance at 22nd November 2019 (27th August 2019)

Discipline	No of Assets	Assets not Compliant	% Compliance
Gas	10,676 (10,726)	2¹ (13)	99.98% (99.88%)
Periodic Electrical	10,676 (10,726)	896² (1,044)	91.61% (90.27%)

¹ Gas - 2 properties are due to no access with forced entry continuing to be implemented. Both assets are in the "No Access" process and are different to the 13 non-compliant assets from the report in August 2019. On 6th November the Heating Team confirmed that 100% compliance was reached, the first time this has happened.

² Electrical Periodic - Note these tests are not a statutory requirement but rather recommended best practice. A programme of retesting is in place that will ensure houses with current certification are retested after 5 years or after 10 years where a full rewire has been completed.

In line with WHQS electrical completions, survey data and periodic testing this will improve certification figures in order to ensure full compliance by the WHQS completion deadline of December 2020. It should be noted that the 896 currently showing as without a certificate, may well be compliant, but have not yet been surveyed or where they have been surveyed and works identified, these will be undertaken as part of our main WHQS programme as this includes electrical upgrades and rewires during 2019/20.

4.1.6 External Lighting and Power – CCBC Responsibility

Table 9 – Testing Compliance in November 2019 (August 2019)

Asset	Total No Assets	Assets not Compliant	% Compliance
Market feeder Pillars	20	0 (0)	100%
Air quality and water flow feeder pillars	8	0 (0)	100%
Other Lighting Columns	247	0 (0)	100%
CCTV	32	0 (0)	100%
Barrier	2	0 (0)	100%
Hook ups	10	0 (0)	100%
Electric gates	3	0 (0)	100%
Pump station (water)	4	0 (0)	100%
Pump station (fuel)	4	1¹ (3)	83%

Weather station	3	0 (0)	100%
Street Lights	27,459	0 (0)	100%
Footfall counter	3	0 (0)	100%
Water feature	2	0 (0)	100%

¹ Property Services have completed Fuel Pump testing on all live installations. Abercarn, Islywn Park and TYB Depots tested and satisfactory. Bedwas Depot tested but remedials on hold pending site upgrade. NB Rhymney Depot and Waunfawr Park previously isolated and no longer in required or in use

5.2 Conclusion

Whilst there are still areas requiring some improvement these areas have been identified and work is in progress to address. The report presents a position of continual improvement.

6. ASSUMPTIONS

6.1 No assumptions have been made regarding the information contained in this report.

7. LINKS TO RELEVANT COUNCIL POLICIES

7.1 This report links to the Corporate Health and Safety Policy and all other CCBC Health and Safety Policies listed above.

7.2 Corporate Plan 2018-2023.

The report content contributes towards or impacts the Corporate Well-being Objectives:

Objective 1 - Improve education opportunities for all. Through affording Health and Safety training opportunities both for our employees and for others across the borough which will support with developing skills and improving employability.

Objective 2 - Enabling employment. Through ensuring that CCBC employees and others affected by our work activities are kept safe and healthy whilst at work and able to remain in employment.

Objective 5 - Creating a County Borough that supports a healthy lifestyle in accordance with the sustainable Development Principle within the Wellbeing of Future Generations (Wales) Act 2015. Through ensuring that the health risks associated with work are assessed, controlled and managed in accordance with the relevant health and safety policy and that health and safety training provided in schools ensures that Managers and employees are aware of the Health and Safety policies and practises that support good health and well-being.

Objective 6 - Support citizens to remain independent and improve their well-being. Through ensuring that our health and safety policies and practises promote good health and well-being.

8. WELL-BEING OF FUTURE GENERATIONS

8.1 This report contributes to the Well-being Goals as set out in the Well-being of Future Generations (Wales) Act:-

- A prosperous Wales
- A resilient Wales
- A healthier Wales
- A more equal Wales

It is also consistent with the five ways of working as defined within the sustainable development principle in the Act in that we will seek to consider the long-term impact of Health and Safety policies, practices and training, we will seek to prevent any ongoing issues and ensure that Health and Safety training and

subsequent practise is integrated into good management. We will also ensure there is effective collaboration and involvement as required in order to meet our legal Health and Safety objectives in line with the act. This will assist in safeguarding the health and safety of our employees, residents, service users and visitors and ensure that the Council as a public body and social landlord meets its regulatory duties and corporate objectives.

9. EQUALITIES IMPLICATIONS

9.1 There are no equalities implications

10. FINANCIAL IMPLICATIONS

10.1 Operational buildings and schools – testing and associated remedial works are funded via building maintenance budgets held by Property Services or within individual services areas and schools. Clearing the backlog issues has put significant short term pressure on budgets.

10.2 Leased out buildings – the asbestos surveys will be funded by CCBC. The costs of other statutory testing and associated remedial works are the responsibility of the tenant and, where completed by the Authority, it is intended that the cost will be recovered. It is possible that newer tenants could dispute liability for faults that could have predated their occupancy and in that case CCBC may have to fund the works.

11. PERSONNEL IMPLICATIONS

11.1 There are no personnel implications.

12. CONSULTATIONS

12.1 All comments from consultees have been included in the report.

13. STATUTORY POWER

13.1 The Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999. Regulatory Reform (Fire Safety) Order 2005

Author: Mark Williams, Interim Head of Property Services

Consultees: Richard Edmunds, Corporate Director for Education and Corporate Services,
edmure@caerphilly.gov.uk

Lynne Donovan, Head of People Services, donovl@caerphilly.gov.uk

Cllr Gordon, Cabinet Member for Corporate Services,

Sue Richards, Head of Education, Planning and Strategy

Paul Smythe, Housing Technical Manager

Marcus Lloyd, Head of Engineering Services

Huw John, Technical Manager, Property Services

Alun Ford, Maintenance Manager, Property Services

Richard Phillips, Asbestos and Fire Team Manager

Emma Townsend, Health and Safety Manager, townsej@caerphilly.gov.uk

APPENDIX 1 - EDUCATION FIRE RISK ASSESSMENT OUTSTANDING TASKS

Gadewir y dudalen hon yn wag yn fwriadol

APPENDIX 1 - EDUCATION FIRE RISK ASSESSMENT OUTSTANDING TASKS

PRIMARY SCHOOLS - OUSTANDING FIRE RISK ASSESSMENT TASKS

(Note: Become Overdue on RAMIS After 90 days)

Data as 13/1/20 (31/7/19)

Primary Schools	TOTAL TASKS	BUILDING MANAGER TASKS			PHYSICAL WORKS		
		STRAIGHT FORWARD - PROGRESS UNKNOWN	STRAIGHT FORWARD - IN PROGRESS	NOT STRAIGHT FORWARD & CURRENTLY ON HOLD	PROPERTY SERVICES INSTRUCTED TO PROGRESS & IN HAND	PROPERTY SERVICES NOT INSTRUCTED - PROGRESS UNKNOWN	NOT STRAIGHT FORWARD, CURRENTLY ON HOLD, PENDING REVIEW
Total Tasks Overdue	429 (443)	31 (145)	126 (0)	20 (9)	205 (175)	39 (113)	8 (1)

COMPREHENSIVE SCHOOLS - OUSTANDING FIRE RISK ASSESSMENT TASKS

(Note: Become Overdue on RAMIS After 90 days)

Data as 13/1/20 (31/7/19)

Comprehensive Schools	TOTAL TASKS	BUILDING MANAGER TASKS			PHYSICAL WORKS		
		STRAIGHT FORWARD - PROGRESS UNKNOWN	STRAIGHT FORWARD - IN PROGRESS	NOT STRAIGHT FORWARD & CURRENTLY ON HOLD	PROPERTY SERVICES INSTRUCTED TO PROGRESS & IN HAND	PROPERTY SERVICES NOT INSTRUCTED - PROGRESS UNKNOWN	NOT STRAIGHT FORWARD, CURRENTLY ON HOLD, PENDING REVIEW
Total Tasks Overdue	164 (335)	18 (161)	9 (0)	2 (0)	133 (61)	1 (0)	1 (113)

FLYING START (inc THE HIVE) - OUSTANDING FIRE RISK ASSESSMENT TASKS

(Note: Become Overdue on RAMIS After 90 days)

Data as 13/1/20 (31/7/19)

OTHER	TOTAL TASKS	BUILDING MANAGER TASKS			PHYSICAL WORKS		
		STRAIGHT FORWARD - PROGRESS UNKNOWN	STRAIGHT FORWARD - IN PROGRESS	NOT STRAIGHT FORWARD & CURRENTLY ON HOLD	PROPERTY SERVICES INSTRUCTED TO PROGRESS & IN HAND	PROPERTY SERVICES NOT INSTRUCTED - PROGRESS UNKNOWN	NOT STRAIGHT FORWARD, CURRENTLY ON HOLD, PENDING REVIEW
Total Tasks Overdue	28	11	0	1	8	7	1

GRAND TOTALS FOR EDUCATION	621 (778)	60 (306)	135 (0)	23 (9)	346 (236)	47 (113)	10 (114)
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¹Primary Schools - of the 429 tasks overdue 126 tasks are more than 6 months old.

²Comprehensive Schools - of the 164 tasks overdue - 159 have been outstanding for 6 months or more

⁴School Action Required - Escalation email has been forwarded to Head Teachers regarding the outstanding tasks.

Gadewir y dudalen hon yn wag yn fwiadol



CORPORATE HEALTH AND SAFETY COMMITTEE - 17TH FEBRUARY 2020

SUBJECT: RECENT HSE UPDATES

REPORT BY: CORPORATE DIRECTOR - EDUCATION AND CORPORATE SERVICES

1. PURPOSE OF REPORT

1.1 The purpose of this report is to inform the Committee about recent relevant accidents, incidents and prosecutions

2. SUMMARY

2.1 The report is provided as information for members of the Committee, to ensure that they are kept informed of any matters that could impact on the management of health and safety within the Council.

3. RECOMMENDATIONS

3.1 That the Committee note the contents of the report.

4. REASONS FOR THE RECOMMENDATIONS

4.1 To keep the Committee up to date on any health and issues that may be relevant or may require further consideration.

5. THE REPORT

5.1 Teacher crushed by reversing delivery vehicle

5.1.1 An independent school has been fined after a Teacher sustained serious injuries when she was struck by a delivery van.

5.1.2 Cambridge Crown Court heard that on 26 February 2016, the 48-year-old Teacher was on a trip to the UK, bringing students to the college from Italy. Whilst at the front of St Andrew's College, Cambridge, the driver reversed over the Teacher, only stopping his delivery vehicle after members of the public alerted him. The Teacher sustained multiple fractures and crush injuries; her head was just inches away from one of the tyres.

5.1.3 An investigation by the Health and Safety Executive (HSE) found that St Andrew's Tutorial Services Ltd (trading as St. Andrew's College Cambridge) had not adequately segregated vehicles and pedestrians. Although the company had identified measures that would likely have prevented this incident, it failed to implement them.

5.1.4 St Andrew's Tutorial Services Ltd pleaded guilty to breaching Regulation 17(1) of the Workplace (Health & Safety and Welfare) Regulations, and was fined £30,000 and ordered to pay costs of £9,197.78.

5.2 LA prosecuted after insecure street vehicle bollard causes child's injury.

- 5.2.1 Hampshire County Council has been fined after a six-year-old girl playing on an unsecured street bollard suffered a life-changing head injury.
- 5.2.2 Bournemouth Crown Court was told that the victim was attempting to leapfrog the 0.9m cast iron hinged street bollard when it fell to the ground. As a result, the girl suffered serious, life-changing head injuries that were initially life-threatening and spent six months in hospital in a critical condition. The extent of her brain injury will not be fully known until her brain has matured.
- 5.2.3 An investigation by the Health and Safety Executive (HSE) found the bollard, which weighed approximately 69kg, was damaged and not appropriately secured. This matter had been reported to Hampshire County Council less than two weeks prior to the incident, and monthly scheduled inspections had failed to identify the issue sooner. The investigation also found insufficient information, instruction and training were provided to the Council's highways department personnel conducting ad hoc and monthly inspections, and the inspection guidance was misleading.
- 5.2.4 A Highways engineer of Hampshire County Council visited the site and reported that, while he found the bollard to be damaged, he did not think the work was urgent enough to warrant immediate repair, and did not class it as a "safety defect". The court was told how Highways Inspectors determine the seriousness of issues using their training and aptitude, and check their process against a Hampshire County Council handbook they carry.
- 5.2.5 The Highways Engineer had reported the bollard had two plastic ties on it when he attended the scene and carried out his inspection. He also told the court that he pushed against the bollard to check its resistance to movement and "it was clear it was stable". He concluded that it was not a safety issue and logged it on the council's system as a job that needed "further inquiry".
- 5.2.6 The highways engineer told the court that he then raised the bollard to its normal height because leaving it on the ground would have created a potential trip hazard.
- 5.2.7 However, experts in the trial had agreed the "main lump" of the bollard weighed around 63 kg and that using cable ties to secure it was an "inadequate control".
- 5.2.8 Hampshire County Council was found guilty after a trial of breaching Section 3(1) of Health and Safety at Work Act and was fined £1.4m plus costs of £130,632.

5.3 LA fined over death of care home resident

- 5.3.1 Derbyshire County Council has been fined £500,000 after a woman with dementia died following a fall at one of its care homes.
- 5.3.2 The 80 year old resident died in hospital a month after repeatedly falling at The Grange Care Home in Eckington in March 2016. She fell while in a communal area at the home and the staff moved her to her bed. Though she reported pain in her left side, no medical advice was sought. She had suffered rib fractures, which lacerated one of her lungs, leading to a haemorrhage.
- 5.3.3 No assessment of the pensioner's needs had been carried out by staff and no measures had been put in place to protect her, despite her being a high-risk resident. There was also a shortage of senior staff due to restructuring by the council.
- 5.3.4 At Chesterfield Magistrates' Court, Derbyshire County Council admitted failing to provide safe care and treatment.
- 5.3.5 On delivering their sentence the Judge said the fine would have been more had the authority not entered an early guilty plea, and questioned how it could have been allowed to happen at a care home rated as "good".
- 5.3.6 The prosecution is the first the Care Quality Commission (CQC) has brought against a local authority since it was given powers to prosecute health and social care providers for failing to provide safe care and treatment back in 2015.

5.4 HSE updates guidance on enforcement for welding fumes

- 5.4.1 The Health and Safety Executive (HSE) has updated its enforcement guidance after new evidence found that exposure to even mild steel welding fume can cause lung cancer and possibly kidney cancer.
- 5.4.2 As a result it no longer permits any welding to be undertaken without suitable exposure control measures being in place, regardless of the duration..
- 5.4.3 The new rules – which apply to all industries – are that any exposure to welding fumes must be controlled by effective engineering measures. The stricter enforcement measures come after the International Agency for Research on Cancer (IARC) evidence showed that general ventilation does not achieve the necessary control.
- 5.4.4 In a workshop or indoor environment, this will typically be local exhaust ventilation (LEV) which will also control workers' exposure to manganese, which has been linked to neurological effects similar to Parkinson's disease.
- 5.4.5 Where adequate control cannot be achieved from LEV alone, or it is not reasonably practicable to provide LEV (eg for work outdoors), employers must provide workers with suitable respiratory protective equipment (RPE) for the welding operative and also consider any other workers exposed to the welding fume, taking account of the level of general ventilation provided and excluding unprotected people from welding areas.

5.5 Health and safety risks associated with the process of forming 3D objects.

- 5.5.1 3D printers are becoming more widely used within industry and design and technology classrooms in schools, however there is now evidence that there are health and safety risks associated with the process of forming 3D objects.
- 5.5.2 The printers use filaments to deposit polymer through a heated nozzle to build three dimensional objects. Desktop printers are generally unenclosed, and concerns have been raised in respect of exposure to potentially harmful fumes and particles.
- 5.5.3 HSE research has informed new CLEAPSS guidance on controlling the risks. The guidance is designed for schools and colleges but the principles apply wherever such printers are used. Exposures can be significantly reduced by: setting a lower printer nozzle temperature, using a filament with a lower emission rate, and placing the printer within an enclosure fitted with a particulate filter and extraction arrangements.
- 5.5.4 All schools within the Borough have access to CLEAPSS' website to view their guidance, and use of their technical helpline. The guidance referred to above may also be viewed at:
http://dt.cleapss.org.uk/Resource-File/3D-printing-in-schools-and-colleges-managing-the-risks.pdf?utm_source=govdelivery&utm_medium=email&utm_campaign=3d-printer&utm_term=pdf&utm_content=MWE-dec-2019

5.6 Decline in number of HSE prosecutions, but increase in health and safety fines and prosecution of individuals.

- 5.6.1 Figures from the Health & Safety Executive (HSE) show that for the third year running there has been a reduction in the number of cases brought to prosecution. In 2018/19 the HSE and the Crown Office and Procurator Fiscal Service in Scotland prosecuted 394 health and safety cases, down 23% from the previous year. One of the influencing factors includes an increase in Newton hearings, where organisations plead guilty but argue to case over the details, with significant time spent on defence solicitor's challenging the sentencing guidelines introduced in 2016.
- 5.6.2 The sentencing guidelines introduced a starting point for deciding on the level of fine to impose by determining the category of offence. The court does this by considering two factors: culpability and the harm caused by the offence. The guidelines suggest that the courts should consider the risk created by an offence and not the actual harm suffered. A prosecution could therefore be brought based on the potential to cause serious injury or ill health event when no actual injury or ill health arose.

- 5.6.3 Further steps in the sentencing process look at mitigation, aggravating factors, assistance to the prosecution, a guilty plea reduction (typically the fine can be reduced by 1/3 if a guilty plea is made at the first hearing), compensation and the overall fine if the court is sentencing for more than one offence. At all these stages, cogent evidence can persuade the judge to make reasonable adjustments, so such evidence must be presented before the court before sentencing.
- 5.6.4 The organisation's turnover is the most significant factor when setting the level of fine. For large organisations with a high turnover but high costs or low profit margins this can have serious consequences. Forensic accountancy evidence can assist when the court reaches this step and enables the sentencing magistrates or judge to "step back" to check whether the overall fine based on turnover is proportionate to the overall means of the offender.
- 5.6.5 Historically, organisations have been more vulnerable than individuals to fines relating to health and safety offences but custodial sentences for individuals are now becoming more common.
- 5.6.6 Individuals convicted of health and safety offences face unlimited fines, community sentences or custodial sentences. Custodial sentences in these cases can range from six months to life for manslaughter. These individuals can also be penalised with director disqualification (maximum period is 15 years), costs and a victim surcharge payment.
- 5.6.7 In the first 12 months of the new guidelines, 4% of the individuals who were prosecuted for health and safety offences received an immediate custodial sentence of up to two years in prison.

5.7 **Cases of work-related stress at an 18-year high.**

- 5.7.1 Total annual cases of work-related stress are at an 18-year high, with more new cases reported than the previous year, figures released by the Health and Safety Executive (HSE) for 2018/19 indicate..
- 5.7.2 The statistics show that stress continues to be a significant cause of workplace ill-health in Great Britain, with 602,000 workers suffering from work-related stress, depression or anxiety and 12.8 million working days lost as a result in 2018/19.
- 5.7.3 As well as the human and quality of life impacts, work-related stress represents a substantial cost to employers, employees and the UK economy.
- 5.7.4 Factors such as workload, lack of support, violence, threats or bullying and changes at work are believed to be the main causes of work-related stress, depression or anxiety, based on previous Labour Force Survey data.

5.8 **CONCLUSION**

Health and Safety remains a key priority for Local Authority consideration. Although the HSE are less proactive than previously, they will investigate and prosecute if there are health and safety failings. Ensuring that health and safety is considered and risks assessed and controlled, assists the Authority in meeting its legal obligations, in protecting the health and safety of employees and others.

6. **ASSUMPTIONS**

- 6.1 No assumptions have been made regarding the information contained in this report.

7. LINKS TO RELEVANT COUNCIL POLICIES

7.1 This report links to the Corporate Health and Safety policy and other CCBC Health and Safety Policies e.g. Asbestos, Fire, Lone Working.

7.2 Corporate Plan 2018-2023.

7.2.1 The report content contributes towards or impacts the Corporate Well-being Objectives:

7.2.2 Objective 1 - Improve education opportunities for all. Through ensuring that case law and relevant Health and Safety updates are communicated. This allows relevant information to be included in CCBC H&S Training which is afforded to employees and other across the borough.

7.2.3 Objective 2 - Enabling employment. Through provision of up to date H&S information which assists CCBC in ensuring that CCBC employees and others affected by our work activities are kept safe and healthy and able to remain in employment.

7.2.4 Objective 5 - Creating a County Borough that supports a healthy lifestyle in accordance with the sustainable Development Principle within the Wellbeing of Future Generations (Wales) Act 2015. Through ensuring that any relevant information on health risks associated with work is communicated allowing the risks to be assessed, controlled and managed and ensuring that Health & Safety policies and practises support good health and well-being.

7.2.5 Objective 6 - Support citizens to remain independent and improve their well-being. Through ensuring that relevant health and safety information is communication and can considered. This assists in ensuring that our health and safety policies and practises can be reviewed and updated as appropriate and continue to promote good health and well-being.

8. WELL-BEING OF FUTURE GENERATIONS

8.1 This report contributes to the Well-being Goals as set out in the Well-being of Future Generations (Wales) Act:-

- A prosperous Wales
- A resilient Wales
- A healthier Wales
- A more equal Wales

8.2 It is also consistent with the five ways of working as defined within the sustainable development principle in the Act in that we will seek to consider the long-term impact of Health & Safety policies and practices, prevent any ongoing issues and ensure that Health & Safety is integrated into good management. We will also ensure there is effective collaboration and involvement as required in order to meet our legal Health & Safety objectives in line with the act. This will assist in safeguarding the health and safety of our employees, residents, service users and visitors and ensure that the Council as a public body and social landlord meets its regulatory duties and corporate objectives.

9. EQUALITIES IMPLICATIONS

9.1 There are no equalities implications

10. FINANCIAL IMPLICATIONS

10.1 There are no financial implications.

11. PERSONNEL IMPLICATIONS

11.1 There are no personnel implications.

12. CONSULTATIONS

- 12.1 If any consultee expresses views which differ from the recommendations, the author must include them in this section and as part of the main body of the report state whether the author is of the view that they have been addressed satisfactorily in the report, whether they can/should be incorporated in the recommendation and if not incorporated into the recommendation then why not.

13. STATUTORY POWER

- 13.1 The Health and Safety at Work etc. Act 1974 and Management of Health and Safety at Work Regulations 1999.

Author: Andrew Wigley, Principal Health and Safety Officer, wiglea@caerphilly.gov.uk

Consultees: Richard Edmunds, Corporate Director for Education & Corporate Services, edmunre@caerphilly.gov.uk
Lynne Donovan, Head of People Services, donovl@caerphilly.gov.uk
Cllr Gordon, Cabinet Member for Corporate Services, gordocj@caerphilly.gov.uk
Emma Townsend, Health and Safety Manager, townsej@caerphilly.gov.uk



CORPORATE HEALTH AND SAFETY COMMITTEE – 17TH FEBRUARY 2020

SUBJECT: ACCIDENT STATISTICS REPORT FOR OCTOBER - DECEMBER 2019

REPORT BY: CORPORATE DIRECTOR – EDUCATION AND CORPORATE SERVICES

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to inform Members, Management and Trade Union Safety Representatives of the numbers and types of work related accidents/incidents that occurred during the period of October to December 2019 (inclusive).

2. SUMMARY

- 2.1 The following report provides accident statistics for October to December 2019 (inclusive). Accident statistics are produced for each quarter and presented to the members of the Health and Safety Committee for information.

3. RECOMMENDATIONS

- 3.1 That the Committee note the contents of the report

4. REASONS FOR THE RECOMMENDATIONS

- 4.1 To keep the Committee up to date on any health and issues that may be relevant or may require further consideration.

5. THE REPORT

5.1 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 require accidents which arise as a result of, or in connection with, work to be categorised as follows and reported to the Health and Safety Executive (HSE):

- Fatal accidents
- 'Specified injury' (formerly referred to as a 'major injury'), including a fracture, other than to fingers, thumbs and toes; amputation of an arm, hand, finger, thumb, leg, foot or toe; permanent loss 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); scalpings (separation of skin from the head) which require hospital treatment; unconsciousness caused by head injury or asphyxia; and 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.
- Accidents which cause an employee to be away from work or unable to perform their normal work duties for more than seven consecutive days (not counting the day of the accident).
- Work-related accidents involving members of the public or people who are not at work (including pupils) if the injured person is taken from the scene of the accident directly to hospital for treatment to that injury.

5.1.2 The term 'non reportable' accident or incident, refers to any accident or incident that is not included in point 5.1 and therefore is not reportable to the Health and Safety Executive. Most of these accidents result in minor injuries. Accidents in this classification are reported to the Health and Safety Division only if they affect:

- Employees while they are at work.
- Pupils, clients and members of the public who are injured as a result of work activity while they are on Council premises or using the facilities.
- Any persons who are injured as a result of any work activity carried out by or on behalf of the Authority

5.1.3 Appendix 1 provides details on all of the work related accidents that were reported to the Health and Safety Division between October and December 2019. Appendix 2 provides details the RIDDOR-reportable accidents per directorate, categorised by accident type and by type of incident, e.g. non-reportable, over seven days' lost time or restricted duties, and 'specified' (formerly referred to as a 'major') injury. For comparison, tables for the same periods during 2018 and 2017 are also provided as Appendices 3-6.

5.1.4 There were 3 RIDDOR-reportable incidents in the period October to December 2019. Two of these were reported as the injury caused more than 7 days incapacitation of the injured person. One incident related to the reporting of a Countryside Warden who very occasionally operated vibratory tools including a chainsaw and strimmer who was diagnosed and underwent corrective surgery for carpal tunnel syndrome.

5.1.5 There was one RIDDOR-reportable incident in the Social Services and Housing Directorate in the period October to December 2019. This related to a Labourer for Housing who fell backwards from a hop-up' work platform.

5.1.6 There were no RIDDOR-reportable incidents for the Education and Corporate Services Directorate in the period October to December 2019.

5.1.7 For the purposes of reporting, staff who are working for the Authority via an agency are treated as employees.

5.1.8 It should be noted that when making comparisons with earlier years' reports there has been a change in the management structure within the Authority, with certain service areas now falling under different Directorates.

5.2 **Conclusion**

5.2.1 Near-miss reporting remains low. The corporate Accident/Incident Reporting and Investigation Policy has been reviewed, and includes new arrangements for reporting near miss incidents to improve reporting rates.

5.2.2 RIDDOR-reportable incidents remain consistently low. This is encouraging and demonstrates the positive benefits of interventions of Health and Safety Officers regarding audits of workplaces and work activities, and the provision of health and safety related training.

5.2.3 The updated Accident/Reporting and Investigation Policy will be supported by a poster campaign, policy briefing sessions and a team talk for Managers to deliver as part of their team meetings. It is anticipated that increasing managers and employees understanding of the policy and its application will result in a better appreciation of the importance of reporting both accidents and near-misses.

5.2.4 It should be noted that when making comparisons with earlier years' reports there has been a change in the management structure within the Authority, with certain service areas now falling under different Directorates.

6. **ASSUMPTIONS**

6.1 No assumptions have been made regarding the information contained in this report.

7. **LINKS TO RELEVANT COUNCIL POLICIES**

7.1 The report links to the Corporate Health and Safety Policy and Accident/Incident Reporting and Investigation Policy.

7.2 **Corporate Plan 2018-2023.**

The report content contributes towards or impacts the Corporate Well-being Objectives:

Objective 1 - Improve education opportunities for all. Through using accident/incident statistics to affording Health and Safety training opportunities both for our employees and for others across the borough which will support with developing skills and improving employability.

Objective 2 - Enabling employment. Through collating and reviewing accident statistics and using the information to assist with ensuring that CCBC employees and others affected by our work activities are kept safe and healthy and able to remain in employment.

Objective 5 - Creating a county borough that supports a healthy lifestyle in accordance with the sustainable Development Principle within the Wellbeing of

Future Generations (Wales) Act 2015. Through ensuring that information on work related ill-health is recorded and reviewed thereby ensuring that the health risks associated with work are assessed, controlled and managed and ensuring that Health and Safety policies and practises support good health and well-being.

Objective 6 - Support citizens to remain independent and improve their well-being. Through ensuring that our health and safety policies and practises are promote good health and well-being.

8. WELL-BEING OF FUTURE GENERATIONS

8.1 This report contributes to the Well-being Goals as set out in the Well-being of Future Generations (Wales) Act:-

- A prosperous Wales
- A resilient Wales
- A healthier Wales
- A more equal Wales

It is also consistent with the five ways of working as defined within the sustainable development principle in the Act in that we will review accident statistics and will use then when we seek to consider the long-term impact of Health and Safety policies and practices, prevent any ongoing issues and ensure that Health and Safety is integrated into good management. We will also ensure there is effective collaboration and involvement as required in order to meet our legal Health and Safety objectives in line with the act. This will assist in safeguarding the health and safety of our employees, residents, service users and visitors and ensure that the Council as a public body and social landlord meets its regulatory duties and corporate objectives.

9. EQUALITIES IMPLICATIONS

9.1 There are no equalities implications within this report.

10. FINANCIAL IMPLICATIONS

10.1 There are no financial implications within this report.

11. PERSONNEL IMPLICATIONS

11.1 There are no personnel implications within this report.

12. CONSULTATIONS

12.1 All comments from consultees have been included in the report.

13. STATUTORY POWER

13.1 The Health and Safety at Work etc. Act 1974 and the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. .

Author: Andrew Wigley, Principal Health and Safety Officer, wiglea@caerphilly.gov.uk

Consultees: Richard Edmunds, Corporate Director For Education & Corporate Services,
edmunre@caerphilly.gov.uk
Lynne Donovan, Head of People Services, donovl@caerphilly.gov.uk
Cllr Gordon, Cabinet Member for Corporate Services,
gordocj@caerphilly.gov.uk
Emma Townsend, Senior Health and Safety Manager,
townsej@caerphilly.gov.uk

Appendices:

Appendix 1 All accidents by type for the Authority - October to December 2019

Appendix 2 RIDDOR-reportable accidents by Type and Directorate October to December 2019

Appendix 3 All accidents by type for the Authority - October to December 2018

Appendix 4 RIDDOR-reportable accidents by Type and Directorate October to December 2018

Appendix 5 All accidents by type for the Authority - October to December 2017

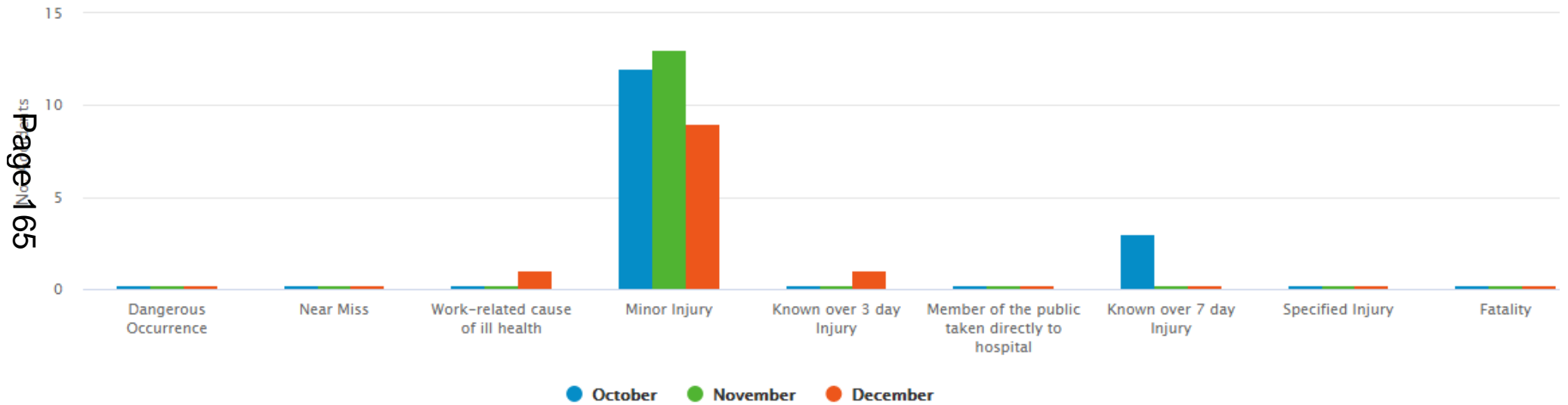
Appendix 6 RIDDOR-reportable accidents by Type and Directorate October to December 2017

Gadewir y dudalen hon yn wag yn fwriadol

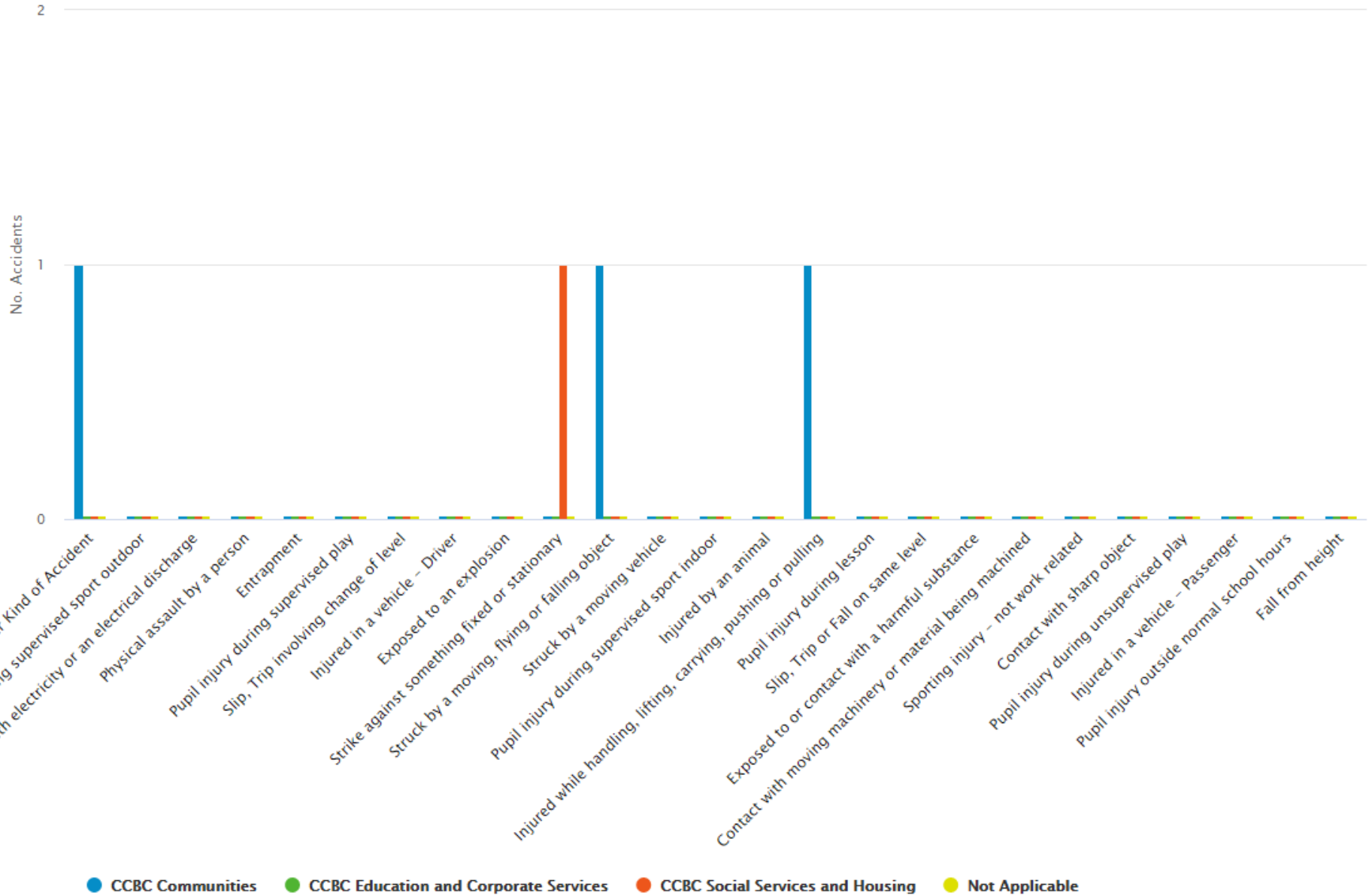
Appendix 1 - All accidents by Type for the Authority between October - December 2019

All Accidents by Type for the Authority

October to December - 2019



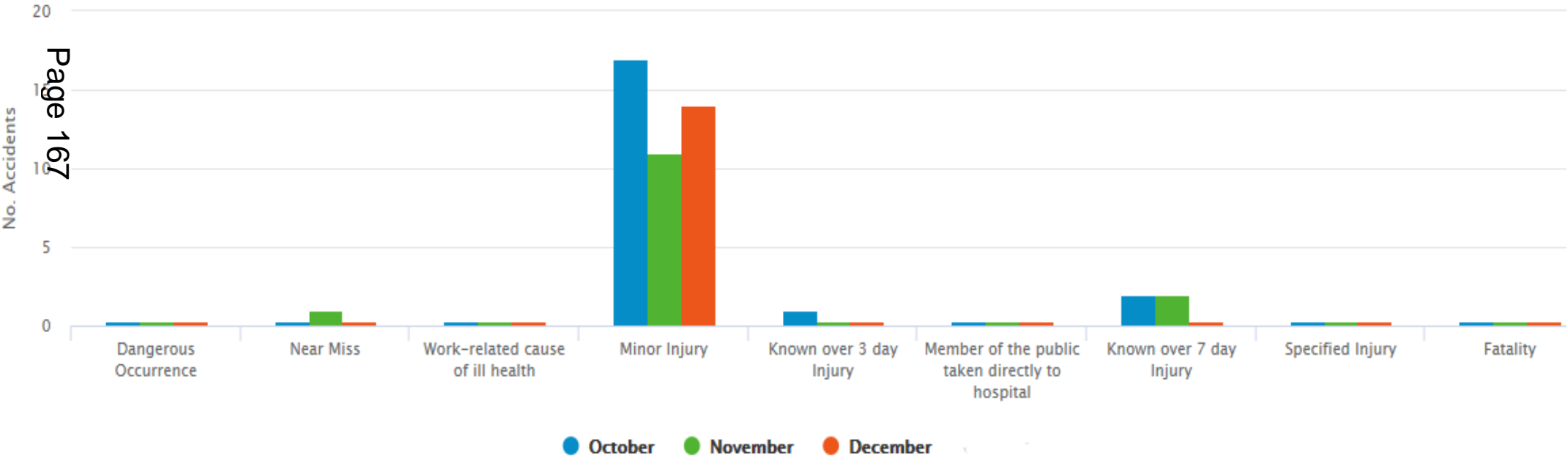
Appendix 2 – Reportable accidents by Type and Directorate between October – December 2019



Appendix 3 - All accidents by Type for the Authority between October - December 2018

All Accidents by Type for the Authority

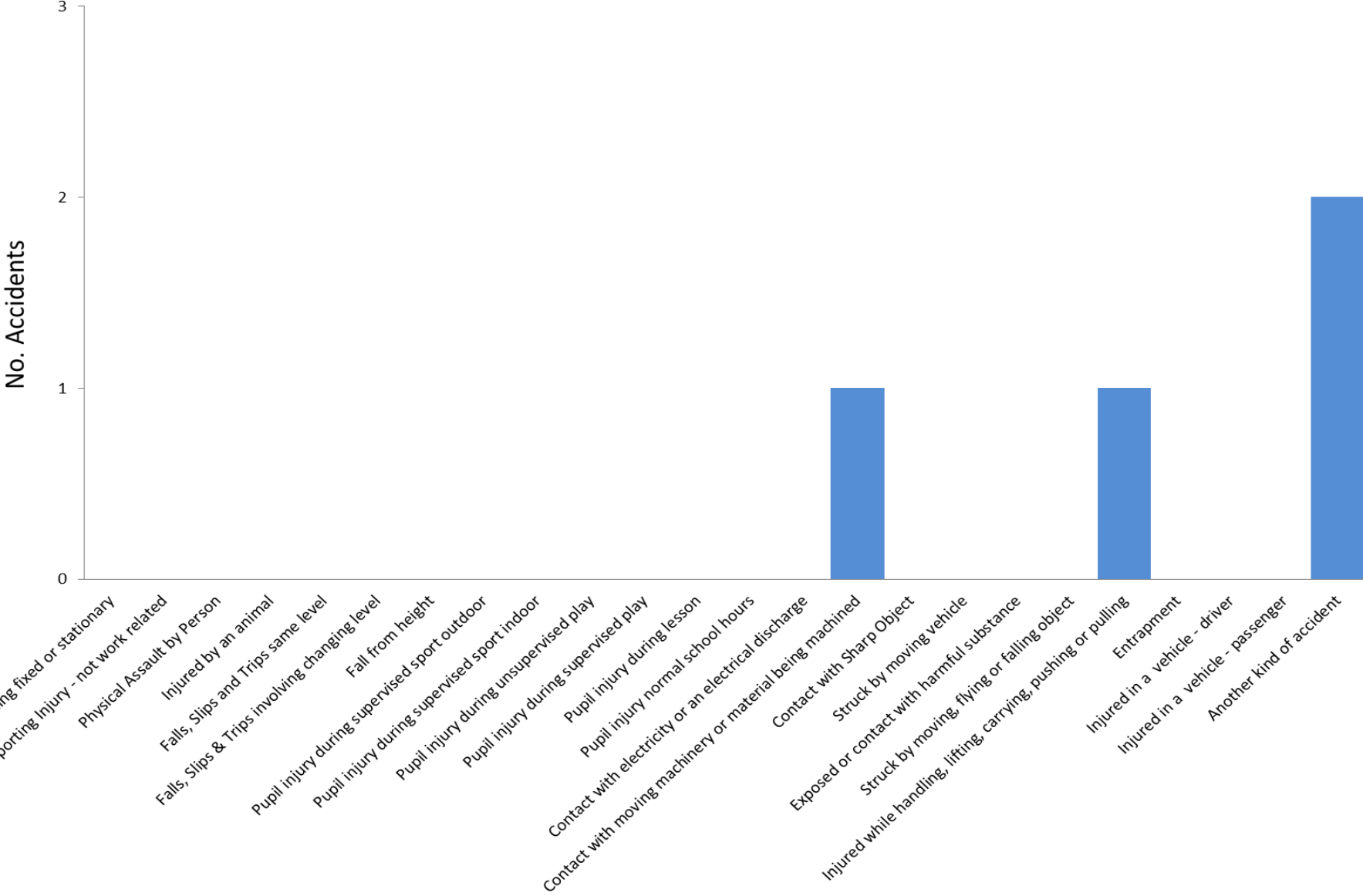
October to December - 2018



No. Accidents
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RIDDOR Reportable Accidents by Cause and Directorate

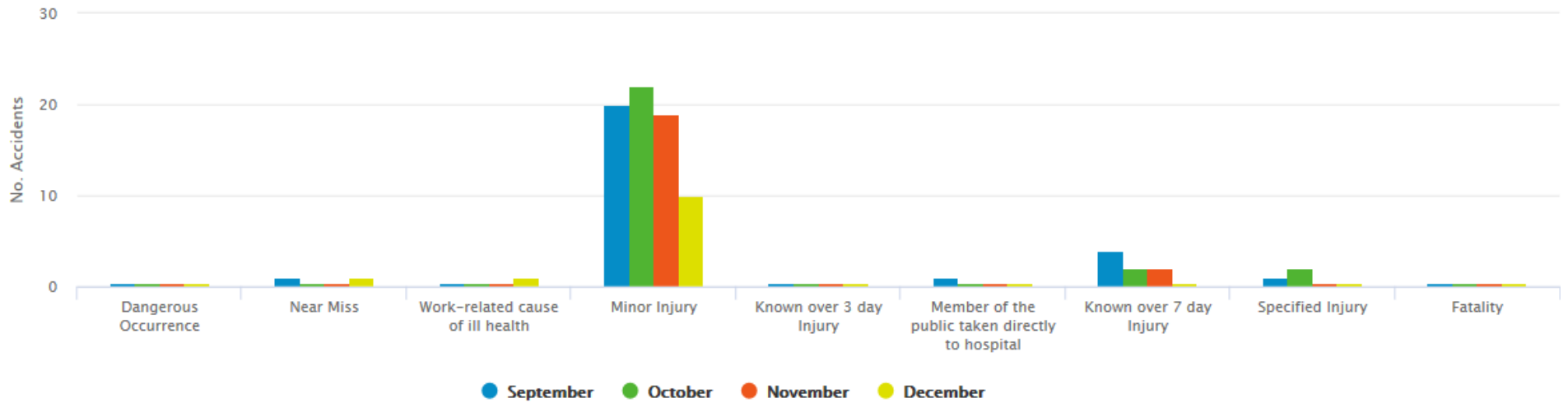
Between 01/10/2018 and 31/12/2018



Appendix 5 - All accidents by Type for the Authority between October - December 2017

All Accidents by Type for the Authority

September to December - 2017
With comparison to previous year.



Appendix 6 – Reportable accidents by Type and Directorate between October – December 2017

RIDDOR Reportable Accidents by Cause and Directorate

Between 01/09/2017 and 31/12/2017

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