

12. MANUAL HANDLING

1.0 Introduction

In accordance with the requirements of the **Manual Handling Operations Regulations 1992**, where the general risk assessment indicates the possibility of risks to employees from the manual handling of loads, the following hierarchy of measures will be followed:-

- **AVOID** hazardous manual handling operations so far as is reasonably practicable - this may be carried out by redesigning the task, by automation or by mechanical means;
- **ASSESS** any hazardous manual handling operations that can not be avoided;
- **REDUCE** the risk of injury as far as reasonably practicable for example by providing mechanical aids;
- Provide training if your assessment shows that it is required;
- Provide information - in the form of notices and warnings.

Manual handling accidents cause a lot of time to be lost and are probably the most common accidents. Assessments will enable management to plan, introduce and monitor measures needed to ensure compliance with health and safety legislation and to implement best practice.

Assessments will be reviewed when there is a reason to suspect they are no longer valid or where there has been a significant change in the matter to which it relates.

All significant findings of risk assessments will be recorded.

Employees will be consulted on risk assessments that affect their work and will be provided with comprehensible and relevant information on the risks to their health and safety identified by those assessments including the preventative and protective measures.

Anyone undertaking a risk assessment will be adequately trained in the risk procedure and is familiar with the activities involved in the activity being assessed. For some services / sections of Education Services, presenting few or simple hazards, a suitable and sufficient risk assessment will be a very straightforward process based on judgement and requiring no specialist skills or complicated techniques.

For a few intermediate cases specialist advice may be sought in respect of unfamiliar risks, such as those requiring some knowledge of ergonomics or more complex processes and techniques and in these instances the Corporate Health, Safety & Wellbeing Team will be able to give advice. The depth of risk assessment and time spent on it need not be great; it will depend upon the risks posed.

2.0 Definitions

- **Injury** - not only to the back but to any part of the body;
- **Load** - this must be a movable object for example a television set, a filing cabinet or even a child. This **does not** include an implement, tool or machinery;
- **Manual handling** involves the transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or by bodily force.

3.0 Areas of Action Priority and Procedures

1. Workplace Managers have the responsibility to ensure hazardous manual handling operations are avoided so far as is reasonably practicable.
2. Workplace Managers must make an assessment of any hazardous manual handling operations that cannot be avoided.
3. Workplace Managers must take appropriate steps to reduce the risk of injury arising out of manual handling operations as far as is reasonably practicable. Their effectiveness should be monitored and if the desired effect is not achieved, the situation should be reassessed.
4. Workplace Managers shall ensure that employees are provided with details of the risks and the preventative/protective measures identified by the assessments are put in place.
5. Workplace Managers must ensure that significant findings are recorded.
6. Workplace Managers must review, and if necessary, modify their manual handling assessments whenever there are developments that suggest they may no longer be valid or there has been a significant change in the matters to which the assessment relates.
7. Workplace Managers must monitor steps taken to avoid manual handling or reduce the risk of injury to check that they are having the desired effect in practice.
8. Workplace Managers must ensure that where a risk of injury as a result of manual handling is identified employees are provided with specific information and training on manual handling risks and prevention.
9. Workplace Managers must take into account an individual's pregnancy, recent childbirth or health problem when undertaking a manual handling assessment. If a Workplace Manager suspects that an individual's state of health might significantly increase the risk of injury from manual handling operations, advice should be sought from the Occupational Health Team.
10. Where a manual handling risk has been identified and is not an obvious risk in the role, Workplace Managers should ensure that Occupational Health has been informed so that this can be taken into consideration as part of pre-employment screening.
11. Employees must be advised to inform managers of any changes of circumstances that may affect their individual capability to undertake manual handling operations, including pregnancy and health problems.

It is essential that Workplace Managers familiarise themselves with the guidelines below or the system implemented within their school or centre before undertaking a manual handling assessment

Manual Handling Assessment Guidelines

Responsibilities

Workplace Managers and supervisors are responsible for ensuring that risk assessments are undertaken for all work activities in their area of responsibility. A meaningful assessment can only be based on a thorough practical understanding of the type of manual handling tasks to be performed, the loads to be handled and the working environment in which the tasks will be carried out. There may be some areas of the assessment for which specialist advice is required, in these cases Workplace Managers and supervisors should contact the Corporate Health, Safety & Wellbeing Team. There must be consultation with the staff involved in the manual handling activity and relevant safety representatives throughout the process, on the findings and any action plan. They can assist by highlighting difficulties such as the size and shape of the load, how often they are handled or the circumstances in which the handling operations are carried out.

Manual Handling

Employees whilst at work are required to make full and proper use of any system of work and/or equipment provided for their use by management in order to reduce the risk of injury during manual handling operations.

Risk of Injury

Workplace Managers need to establish whether any manual handling operation is likely to create a risk of injury. The general risk assessment should identify where there is a risk to employees from manual handling operations. At this preliminary stage a judgement should be made as to the nature and likelihood of injury. It may not be necessary to assess in great detail if the operation can be avoided or the risk is clearly of a low order. Workplace Managers should refer to the risk assessment template at **Appendix B** to determine if any of the following manual handling operation poses an increased risk of injury.

Well-kept records of accidents and ill health can identify accidents associated with manual handling and may yield evidence of links between manual handling and ill health, including injuries apparently unrelated to any specific accident or incident. Other possible indicators of manual handling problems include high levels of absenteeism or staff turnover. Any regular occurrence of back disorders or other relevant ailments should be investigated. However, such indicators are not a complete guide and should be used only to augment other risk assessment measures.

If there is any doubt whether there is a risk of injury resulting from manual handling operations, the Corporate Health, Safety & Wellbeing Team should be contacted for advice.

Elimination of Manual Handling

Once a possibility of injury from manual handling operations has been identified, Workplace Managers must first determine whether it is possible to avoid the manual handling operation in question.

It is necessary to determine whether movement of the loads can be eliminated altogether; whether the operations are necessary or whether the desired result could be achieved in some entirely different way? Examples include repairing equipment in situ where it is safe to do so or arranging for goods to be delivered to the point of use rather to a central point from which they will require subsequent relocation.

If load handling operations in some form cannot be eliminated entirely then further questions should be asked:-

- Can the operations be automated?
- Can the operations be mechanised? (Although this can cause further risks that may need to be addressed.)

4.0 Risk Assessment

Where avoidance of a manual handling operation is not reasonably practicable a more detailed assessment needs to be carried out. Generic assessments are acceptable. Management should ensure the assessments adequately reflect the range of operations encountered.

When an assessment is undertaken it should cover the following:-

- (a) The task.
- (b) The load.
- (c) The working environment.
- (d) Individual capability.

A pro-forma is provided at the end of this section.

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The assessment must be kept up to date. It should be reviewed if new information comes to light or if there has been a change in the manual handling operation, where either of which could have affected the conclusion previously reached. The assessment should also be reviewed if a reportable injury occurs or a member of staff becomes pregnant.

The views of staff can be of particular value in identifying manual handling problems and practical solutions to them. Employees, safety representatives and safety committees should be encouraged to play a positive role in assessment process.

The assessment should identify in broad terms the problems likely to arise during the operations that can be foreseen and the measures that will be necessary to deal with them. These measures should include the provision of training to enable individual employees to cope effectively with the operations they are likely to undertake.

5.0 Records

The significant findings of the assessment should be recorded and the record kept, readily accessible, as long as it remains relevant. This will be a minimum of three following completion of the activity. A longer period may be necessary if the activity involves the manual handling of service users/pupils.

The assessment need not be recorded if:-

- it could easily be repeated and explained at any time because it is simple and obvious; or
- the manual handling operations are quite straightforward, or
- low risk and the time taken to record them would be disproportionate.

6.0 Individual Capability

Manual handling injuries are more often associated with the nature of the operation than with variations in individual capability. Therefore, any assessment that concentrates on individual capability at the expense of task or workplace design is likely to be misleading. However, it is an inescapable fact that the ability to carry out manual handling in safety does vary between individuals.

As a general rule the risk of injury should be regarded as unacceptable if the manual handling operations cannot be performed satisfactorily by most fit, healthy employees.

As part of an individual's pre-employment health screening, Occupational Health considers whether an individual is able to undertake manual handling and will advise accordingly. However this can only be based on the information provided by the individual. If manual handling is only part of the work to be undertaken and the Disability Discrimination Act applies, reasonable adjustments may need to be considered.

Allowances must be made for pregnancy where the manager could reasonably be expected to be aware of it, i.e. where it is visibly apparent or the employee has informed management that she is pregnant. Particular care should also be taken for individuals who may handle loads during the three months following a return to work after childbirth.

Allowance should also be made for any health problem of which the manager could reasonably be expected to be aware and which might have a bearing on the ability to carry out manual handling operations in safety. If there is good reason to suspect an individual's state of health might significantly increase the risk of injury from manual handling operations, advice should be sought from the Occupational Health Team.

Where a manual handling risk has been identified and is not an obvious risk in the role, managers should ensure that Occupational Health has been informed so that they can take this into consideration as part of pre-employment screening.

7.0 Reducing the Risk of Injury

Once the assessment has identified a risk of injury, managers must take appropriate steps to reduce that risk of injury to the lowest level reasonably practicable. These should address the risk in a practical and effective manner. Their effectiveness should be monitored and if necessary the situation should be reappraised.

Employees and safety representatives should be involved in any redesign of the system of work and encouraged reporting its effects. They should be encouraged in the development of good handling practice.

It will usually be convenient to continue with the same structured approach used during the assessment of the risk, considering in turn the task, the load, the working environment and individual capability.

Appropriate steps may include:-

- Mechanical assistance.
- Improving task layout.
- Changing storage positions.
- Using the body more effectively.
- Improving the work routine.
- Avoiding the need to handle whilst seated.
- Introducing team handling.
- Reducing the load.
- Making the load smaller.
- Making the load easier to grasp.
- Making the load more stable.
- Removing space constraints.
- Improving the nature and condition of floors.
- Working on a single level.
- Improving lighting.
- Using personal protective clothing - this should be a last resort, when other controls do not provide adequate protection.

8.0 Information and Training

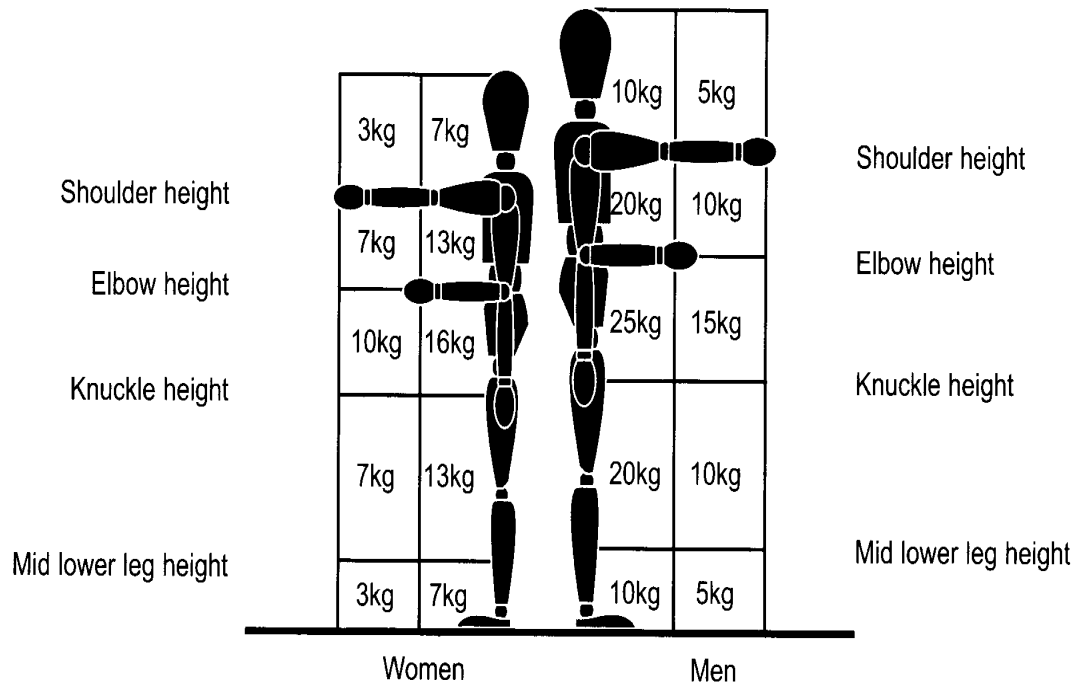
Managers should ensure that all employees involved in manual handling operations receive specific information and training on manual handling risks and prevention. Effective training is an effective part in reducing the risk of manual handling injury but is no substitute for a safe system of work. Employees should understand clearly how manual handling operations have been designed to ensure their safety. Training can be provided by the Corporate Health, Safety & Wellbeing Team.

Appendix A

Guidelines for lifting and lowering

These guidelines assume the load is easy to grasp with both hands and that the operation takes place in reasonable working conditions with the handler in a stable body position. They take into consideration the vertical and horizontal position of the hands as they move the load during the handling operation as well as the height and reach of the individual handler.

Guideline figures for lifting and lowering:-



If the handler's hands enter more than one of the box zones during the operation, the smallest weight figures apply. Where lifting or lowering with the hands beyond the box zones is unavoidable, a more detailed assessment should always be made. These figures are for relatively infrequent operations - up to thirty operations per hour. The figures will have to be reduced if the operation is repeated more often (by 30% when the operation repeated once or twice per minute, by 50% when the operation repeated five to eight times per minute and by 80% when the operation repeated more than twelve times per minute).

Even if the above conditions are satisfied, a more detailed risk assessment should be made when:-

- The worker does not control the pace of the work.
- Pauses for rest are inadequate or there is no change of activity, which provides an opportunity to use different muscles.
- The handler must support the load for any length of time.

Guidelines for carrying

Similar guideline figures apply to carrying operations where the load is held against the body and is carried no further than 10m without resting. If the load is carried over a longer distance without resting or the hands are below knuckle height then a more detailed risk assessment should be made. Where the load can be carried securely on the shoulder without first having to be lifted, the figures can be applied to carrying distances in excess of 10m.

Guidelines for pushing and pulling

The guidelines assume the force is applied with the hands between knuckle and shoulder height. The guideline figure for starting or stopping the load is a force of about 25kg (i.e. 250 Newtons) for men and 16kg (160 Newtons) for women. The figure for keeping the load in motion is about 10kg (100 Newtons) for men and about 7kg (70 Newtons) for women.

There is no specific limit to the distance over which a load is pushed or pulled provided there are adequate opportunities for rest or recovery.

Guidelines for handling while seated

The basic figure is 5kg for men and 3kg for women. If handling is required away from the body, a more detailed risk assessment should be made.

Twisting

Twisting will increase the risk of injury. Where the task involves twisting and turning a detailed risk assessment should normally be made. However, if the operation is infrequent and there are no other posture problems, then this filter can be used. In such cases the figures should be reduced if the handler twists to the side during the operation. As a rough guide, the figures should be reduced by about 10% where the handler twists through 45° and by 20% where the handler twists through 90°.

Remember - the use of these guidelines does not affect the duty to avoid or reduce the risk of injury where this is practicable. The figure should not be regarded as weight limits for safe lifting. They are an aid to determine if a detailed assessment is required.

APPENDIX B

MANUAL HANDLING RISK ASSESSMENT PRO FORMA

This assessment pro forma is to be used by Workplace Managers and appointed Risk Assessors when undertaking risk assessments. It is to be used in conjunction with the guidance provided within the Health and Safety Management System.

<p>1. Workplace:</p>	<p>2. Areas Covered:</p>
<p>3. Date of Assessment:::</p>	<p>4. Date of Next Review:</p>
<p>5. Foreseeable Hazard(s):-</p> <p>Space constraints. Doors and other obstacles. Poor storage of equipment. Using damaged or defective including wrong type of equipment e.g. hoist. Load, environment, tasks and individual capability.</p>	<p>6. Risks arising from the hazards identified:-</p> <p>*Severity</p> <p>(1) No injury to persons. (2) Minor Injury. (3) Major Injury. (4) Serious/ Long Term Injury. (5) Death / Permanent Disability.</p> <p>**Frequency</p> <p>(1) Most unlikely to occur. (2) Remote Chance. (3) Probable Chance. (4) Definitely Occur.</p>

<p>7. The Total Risk Factor (*S x **F)</p>	<p>Total: e.g. - 2 x 2 = 4</p>
<p><u>Risk Rating</u></p> <p>1-2 3-5 6-9 10-15 16-20</p>	<p><u>Action Required</u></p> <p>Monitor Take further action if reasonable practicable Take action to REDUCE RISK further Take IMMEDIATE action Prohibit activity - implement immediate control measures.</p>

8. Who are exposed to the risks?

STAFF	CONTRACTORS	
PUPILS	MEMBERS OF THE PUBLIC	
VISITORS	OTHERS (Porter, Cleaners, Agency Staff etc)	

9. Existing Control Measures in Place.

Read and adhere to Schools Health & Safety Manual Handling Policy and Guidance.

10. Additional Controls that can be taken to reduce the risks further

IMMEDIATE (WITHIN 7 DAYS)	ACTION BY
Identify all hazardous manual handling tasks.	Workplace Manager/H&S Adviser
Identify persons who may be especially at risk.	Workplace Manager
SHORT TERM (WITHIN 28 DAYS)	ACTION BY
Arrange and provide training for staff who are required to undertake tasks that involve lifting and handling.	Workplace Manager
Arrange joint consultation between Workplace Manager, Occupational Health and member of staff concerned.	Workplace Manager
Determine remedial action required and dates for action.	Workplace Manager/Occupational Health/Staff involved.
Provide written procedures to ensure that lifting and handling activities are carried out safely and that safe systems of work are implemented.	Workplace Manager/H&S Adviser
MEDIUM TERM (WITHIN 6 MONTHS)	ACTION BY
Review storage allocated.	Building Officer.
LONG TERM (OVER 12 MONTHS)	ACTION BY
Provide reminders and raise staff awareness on procedures to work safely.	Workplace Manager
Arrange refresher training.	Workplace Manager/H&S Adviser

ASSESSORS COMMENTS
Consider whether specialists advice in respect of equipment and/or use of equipment is required.

ASSESSMENT COMPILED BY _____

WORKPLACE MANAGER ACKNOWLEDGING FINDINGS _____

MANAGER'S SIGNATURE _____

DATE _____

MANUAL HANDLING ASSESSMENT

Section A – Preliminary:

<p>Operations covered by this assessment:</p> <p>Location:</p> <p>Personnel involved:</p> <p>Date of assessment:</p>	<p>Diagrams (other information)</p>
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Section B - Detailed analysis

Questions to consider:	If “Yes” tick in front. Depending on amount of Yes, select adequate Risk Level	Problem occurring from the task (Make rough notes in this column in preparation for the possible remedial action to be taken)	Possible remedial action (Possible changes to be made to systems/tasks, load, workplace/space, environment. Communication that is needed)
The Tasks - do they involve:			
• Holding loads away from trunk?			
• Twisting?			
• Slooping?			
• Reaching upwards?			
• Large vertical movements?			
• Long carrying distances?			
• Strenuous pushing or pulling?			
• Unpredictable movement of loads?			
• Repetitive handling?			
• Insufficient rest or recovery?			
• A work rate imposed by a process?			
Risk Level 1	Low	Med	High

Questions to consider:	If "Yes" tick in front. Depending on amount of Yes, select adequate Risk Level	Problem occurring from the task (Make rough notes in this column in preparation for the possible remedial action to be taken)	Possible remedial action (Possible changes to be made to systems/tasks, load, workplace/space, environment. Communication that is needed)			
The loads - are they:						
• Heavy?						
• Bulky/unwieldy?						
• Difficult to grasp?						
• Unstable/unpredictable?						
• Intrinsically harmful (e.g. sharp/hot)?						
Risk Level 2	<table border="1"> <tr> <td data-bbox="607 526 696 561">Low</td> <td data-bbox="703 526 792 561">Med</td> <td data-bbox="799 526 882 561">High</td> </tr> </table>	Low	Med	High		
Low	Med	High				
The working environment - are there:						
• Constraints on posture?						
• Poor floors?						
• Variations levels?						
• Hot/cold/humid conditions?						
• Strong air movements?						
• Poor lighting conditions?						
Risk Level 3	<table border="1"> <tr> <td data-bbox="607 885 696 920">Low</td> <td data-bbox="703 885 792 920">Med</td> <td data-bbox="799 885 882 920">High</td> </tr> </table>	Low	Med	High		
Low	Med	High				
Individual capability – does the job:						
• Require unusual capability?						
• Hazard those with a health problem?						
• Hazard those who are pregnant?						
• Call for special information/training?						
Risk Level 4	<table border="1"> <tr> <td data-bbox="607 1174 696 1209">Low</td> <td data-bbox="703 1174 792 1209">Med</td> <td data-bbox="799 1174 882 1209">High</td> </tr> </table>	Low	Med	High		
Low	Med	High				
Other factors: Is movement or posture hindered by clothing or personal protective equipment?	<p style="text-align: center;">Yes/No *</p> <p>* Circle as appropriate</p>					

Section C – Overall assessment of risk of injury?

*LOW / MEDIUM / HIGH

* Circle as appropriate

Overall Risk Level = Risk Level 1+ Risk Level 2 + Risk Level 3 + Risk Level 4+ other factors

Low Overall Risk = Low risk - no further action required

Medium Overall Risk = Medium risk - action required so far as is reasonably practicable

High Overall Risk = Risk reduction required - high priority

Section D – Remedial action to be taken

Remedial Steps that should be taken, in order of priority:

Date by which action should be taken:

Date for reassessment:

Assessor's name:

13. MEDICINE

1.0 Staff Training

When training is delivered to school staff, e.g. Welfare Officers and School Meals Supervisory Assistants, by the School Nursing Service the school must ensure that a training record is completed for inclusion in the Health and Safety records. This will be primarily appropriate for the use of Epi-pens (for allergies), the use of rectal Diazepam (for epilepsy) and tracheotomy clearance, although other conditions/procedures may also be included from time to time. This is for both insurance and audit purposes, and an example pro-forma is attached for information.

2.0 Storage

When items need to be available for emergency use, e.g. asthma pumps and Epi-pens, they may be kept in the Medical Room or classroom according to the size / layout of the building, or with the pupil, as appropriate. It is not necessary for a locked cupboard to be used, but such items should be easily available for the use of pupils and/or staff. When prescription items are held by the school for administration by school staff they should be stored in a fixed lockable cupboard / cabinet, with restricted access to keys.

2.1 Class 1 and 2 Drugs

When Class 1 and 2 drugs (primarily "Ritalin" prescribed for Attention Deficit Syndrome) are kept on school premises, a **written stock record is also required** in order to comply with drugs legislation. This should detail the quantities kept and administered, taken and returned on any educational visit and returned to the parent/carer, e.g. at the end of term.

3.0 GP Information and Fees

Where information is required for completion of a Child Health Care Plan, or a change in a prescription, and it is not possible to obtain this from another health care professional (e.g. School/Practice Nurse, Health Visitor, clinic/hospital) then it **will be necessary** for the school/centre to pay any fee charged by the GP for this service. It will also be appropriate for the school/centre to reimburse any GP fee paid by the parent/carer when it is necessary to "convert", by a GP letter, an "over the counter" medicine to a "prescription" one for school/centre administration.

4.0 Residential Visits

On occasion it may be necessary for a school/centre to administer an "over the counter" medicine in the event of a pupil suffering from a minor ailment, such as a cold, sore throat while away on an Educational Visit. In this instance the parental consent form (HSV2) will provide an "if needed" authority, which should be confirmed by phone call from the Group Leader to the parent/carer when this is needed, and a written record is kept with the visit documentation. This action has been agreed by the Council's Insurance and Legal Sections.

5.0 Travel Sickness

It has also been agreed by the Council's Insurance and Legal Sections that, in the event of a pupil suffering from travel sickness (by coach or public transport) the following procedure may apply.

Day Visits (e.g. to a museum or exhibition)

The pupil should be given the appropriate medication before leaving home, and when a written parental consent is received he/she may be given a further dose before leaving the venue for the return journey. Medication is to be kept in the charge of a named member of staff, and the parental consent is signed by that staff member before inclusion in the visit documentation.

Pendarren

When medication is required for the journey to Pendarren and coach trips while at the centre, the travel sickness medication may be specified in the parental consent form (HSV2) as described in para 4 above.

ADMINISTRATION OF MEDICINES AND MEDICAL PROCEDURES

1.0 Prescription Medicines

Medicines and medical procedures which are prescribed/directed by a registered medical practitioner. This would include General Practitioners (GP's), hospitals/clinics, Registered Homeopathic Practitioners, Dentists.

Staff responsibility

Staff who take responsibility for administering medicines and performing medical procedures, usually First Aid or Welfare Officers, should be "volunteers", and be provided with appropriate instruction/training and protective clothing , e.g. gloves. A payment for administration of medicines is available.

Storage and supplies

Medicines and supplies/equipment should be labelled with the child's name and dosage, and stored appropriately, e.g. fridge (separate from food items) or sealed container, to which access is strictly limited. Staff should ensure that the parent provides an adequate supply, usually on a weekly basis, and have a suitable system for ensuring replenishment.

Consent

A written signed parental consent should be in place detailing the child, dosage, parental contact and emergency action.

2.0 Non - Prescription (Over the Counter / 'Alternative") Medicines

The Working Party on Medicine Administration did **not** recommend the administration of non-prescription medicines in educational establishments due to the problem of unknown side effects and possible counter effects of combining with other medicines or foods.

Parental administration only would be acceptable.

Council policy currently prohibits the administration of painkilling items such as aspirin, and products containing this.

The application of sun cream for under five / primary age children, if indicated in a risk assessment for the sun should be supported by written parental consent.

3.0 Self Administration

This may be appropriate for children in upper primary and secondary schools and should be supported by written parental consent detailing action to be taken by paramedic staff in the event of an emergency.

4.0 Child Health Care Plans

It is important that a Child Health Care Plan is drawn up where a child requires administration of medicine or medical procedures on a long term regular basis. This may include items such as asthma pumps/inhalers, antibiotics.

The plan should be drawn up by the head teacher / centre manager in conjunction with the parent, child (if of an appropriate age) and named Welfare/First Aid Officer, with advice from the School Nurse/GP. Details of symptom/ procedure/dosage, GP, two family contacts, and emergency action should be included, and photographic ID is good practice.

5.0 Child Refusal

There may be important health implications for non-administration of medicines or medical procedures which may be the result of child refusal. It is therefore essential that schools / centres follow the following procedure which has been devised by the Medicine Working Party.

- The family should be advised by phone immediately, due to the possibility of post school/centre activities and later home arrival;
- The phone call to be confirmed in writing at the end of the day's session;
- A signed/dated entry should be made in the school/centre records;
- A meeting to be arranged with the family if refusal continues for a period of one week, and documented.

6.0 Record Keeping

All records of Medicine administration/Medical procedures/Child refusal should be kept for 25 years, on legal advice.

They should consist:-

- A record of administration for each child;
- A list of all items of medicine etc for the school/centre;
- Written parental consent.

All records should be signed/dated and timed. They should be available for parents/guardian to inspect / sign if this is requested. Photographic ID is good practice.

7.0 Educational Visits

The medical needs of pupils/students must form part of the planning process for all Educational Visits (Local/day/residential) from the school/centre. It is important to identify the medication details (from the Child Health Care Plan), emergency action and the adult taking responsibility, and ensure that parental consent covers visits away from the school/centre building. A record of food allergies will also be required if packed lunches are not taken.

When residential visits are planned medicine etc should be packed in hand luggage for ease of accessibility during the journey.

8.0 References / Further Information

Education Service Health and Safety Guidance Memo dated 2.2.04.

"Supporting Pupils with Medical Needs" - Dept for Education and Skills/ Dept of Health.

ADDENDUM TO MEDICINE POLICY

1. Prescribing Authorities

In addition to the list of authorised prescribers set out above, certain items may now be prescribed by Nurse Practitioners.

2. Non Prescription / Over The Counter / "Alternative" Items (Including Pain Killers)

The school / centre may **ONLY** administer these types of medicine, as an exception to the usual policy stated above, when written / signed authorisation is received from an authorised prescriber (see above) stating the child's name, medicine details and dosage.

A signed / written Parental Consent is **also required**.

In the absence of **both** documents, parental administration of the medicine will be necessary.

3. **Self Administration by a Pupil / Young Person**

A suggested format for a parental consent confirming a child is competent to take responsibility for their medicine, is attached. This could be photocopied for everyday use.

A signed letter from the parent / carer is also acceptable and should include:-

- the child's name;
- the medicine details and dosage;
- emergency action and parent contact details.

4. **EDUCATIONAL VISITS**

It is important for all Educational Visits (day and residential) to ensure that the medicine, record of administration **and** parental consent go with the child on the visit, usually in the care of the First Aid Officer.

In the event of the child needing to be taken to hospital during the visit, the hospital staff can be advised of any medicine administered that day

5. **Suspected Ill - Health In Children**

Where it is suspected that a child has a medical condition requiring treatment and their condition is such that the child has to be taken to hospital during the school / nursery day (eg for a suspected asthma attack or allergic reaction) an Accident / Incident Report form should be completed, and the parent / carer notified in writing.

14. MOBILE PHONES AND BASE STATIONS

1.0 Introduction

The Independent Expert Group on Mobile Phones (**IGEMP**), set up in 1999 to examine the possible effects from the use of mobile phones, base stations and transmitters on health, concluded that exposures to radio frequency (**RF**) radiation below national guidelines do NOT have adverse health effects to the general population. However it was also concluded that RF exposures even at levels under national guidelines, do have biological effects, and that children absorb more energy than adults. Therefore the group have recommended that a precautionary approach was taken and more scientific research undertaken.

The group did NOT recommend that base stations be prohibited on or near school sites. However it concluded that “the beam of greatest intensity” (normally falling to the ground between 50 and 200 meters from the base of the mast) should **NOT** be permitted to fall on school sites/grounds without permission from the school and parents. It should also be noted that consultations are more critical where mast proposals are at a height of **15 meters or lower**.

Therefore the operators have agreed to provide schools (on request) with information regarding intensity of the RF radiation from the base station. It is required that school governors are consulted on all proposals for masts on or near schools or colleges and in addition operators must consult with local residents (Prior to submitting planning applications). The schools and parents must then utilise this information to carry out its own risk assessment.

2.0 Children’s Use of Mobile Phones

It is accepted that there may be circumstances when the use of a mobile phones is essential for safety reasons, however it is recommended that the widespread use of mobile phones by children for non essential calls is discouraged.

The recommendations for children and young persons is that they should be encouraged to:-

- Use mobile phones for essential purposes only.
- Keep calls short - (long periods of exposure should be discouraged.)
- UK chief medical officer recommends that parents need to exercise their choice not to let children use mobile phones.

Schools may therefore wish to take this advice into account when considering any policies on the use of mobile phones by pupils and students.

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15. NEW AND EXPECTANT MOTHERS

1.0 Introduction

The **Management of Health & Safety at Work Regulations 1999** specifically require the assessment process to take into account of the risks to new and expectant mothers. This includes women who are pregnant, those who have given birth in the last six months or who are breast-feeding. In addition, the above Regulations require employers to alter the hours of work and/or working conditions where it is reasonable to do so to avoid any identified potential hazards. Advice should be sought from the Corporate Human Resources and the Health and Safety Team.

The **Workplace (Health, Safety and Welfare) Regulations 1992** require suitable rest facilities to be provided for pregnant women and nursing mothers. It is important to put into place arrangements to protect non-smokers from the harmful effects of tobacco smoke with regard to the special duty of care owed to pregnant women and their unborn child.

2.0 Duties and Responsibilities

Employers

The following is required of a **Workplace Manager**:-

- Identify potential hazards and assess the risk which may affect the health and safety of new or expectant mothers and their unborn child in the workplace;
- Remove the risk or prevent exposure to the risk;
- Keep the risk assessment under review;
- Inform female employee of child bearing age about the potential risks.

Employees

The following is required of an **Employee**:-

- Provide a certificate from a registered medical practitioner or a registered midwife confirming the pregnancy;
- Take reasonable care for the health and safety of herself and her unborn child;
- Co-operate with the employer so far as is necessary to enable any imposed duty or requirement to be performed to be complied with.

3.0 Risk Assessment

The risk assessment should involve and give due consideration to the needs of the individual concerned. All hazards in the workplace including physical, biological, chemical agents, processes and working conditions should be identified. Further information can be found under **Risk Assessment**.

4.0 Workplace Hazards

Physical Agents

Manual Handling - The potential hazards involving this activity should be carefully assessed against the capability of the **individual** carrying out the task and will greatly depend on her situation as the pregnancy develops. (**Refer - Manual Handling**).

New and Expectant Mothers

Noise, Ventilation, Extremes of Cold and Heat - Appropriate care should be taken to avoid or minimise the risks.

Posture / Movement - Consider activities involving fatigue from physical work, standing for long periods, working in tightly fitting workspaces or workstations which are not adjustable.

- Particularly relevant as the pregnancy progresses, especially jobs that involve a lot of standing, walking, lifting and carrying weights;
- Backache may be more common and could be aggravated by awkward posture at work;
- As the pregnancy progresses the abdomen increases in size and may in the later stages mean that some adjustment must be made to the workstation to allow work to take place;
- Due to increasing size, the ability to work in a confined space is limited, as is agility and reach. Fitting of protective clothing may need to be reviewed;
- Prolonged standing or sitting may exacerbate a tendency to varicose veins in some cases and thus raise the need for restructuring of work activity.

Stress - Every effort should be taken to ensure that new or expectant mothers are not placed in situations within their work environment where they perceive undue stress. Advice and support on stress reduction can be obtained by contacting the Corporate Occupational Health or Health and Safety Team

Biological Agents

New or expectant mothers and their unborn may come into contact in the workplace and could be affected by Hepatitis B, TB, chicken pox; etc advice should be sought from Occupational Health or their own GP.

Chemical Agents

Special care should be exercised in assessing the potential risk in relation to hazardous substances. Advice on the avoidance of exposure to harmful substances can be obtained from the Corporate Health, Safety & Welfare Team.

General

Certain aspects should be borne in mind when assessing risk to health and safety including the following:-

- Backache - often a feature of pregnancy with implication for manual handling and proper seating;
- Relative immobility - could have an effect on a woman's ability to undertake an emergency evacuation procedure;
- Increased tiredness - this could raise issues about appropriate rest periods in connection with the use of display screen equipment.

5.0 Some Aspects of Pregnancy

Pregnancy should not be regarded as an illness or abnormal state but rather a part of normal everyday life. Hence the routine and current health and safety procedures / systems should adequately cover the majority of new and expectant mothers at work, although some hazards in the workplace may have the potential to affect their health and safety.

New and Expectant Mothers

It should be remembered that smoking in pregnancy is associated with low birth weight infants and also a higher incidence of spontaneous miscarriage, stillbirth and premature labour. Maternal alcohol drinking during pregnancy and particularly heavy alcohol drinking is also considered to be associated with an increased incidence of these problems.

Morning Sickness

- Usually associated with the first half of pregnancy (within the first twenty weeks) and in a few cases may be exacerbated by exposure to nauseating smells.

Tiredness

- Particularly in the later stages of pregnancy and relevant to those workers who engage in overtime, evening work or those whose work activity is physically demanding.

Work with Display Screen Equipment

Despite concerns regarding the use of DSE, there is no substantial scientific evidence to support them. The National Radiological Protection Board states that the level of ionising and non ionising radiation generated by DSE is well below those set out in international recommendation for limiting risk to human health and does not pose a significant risk to health. No special measures are therefore required and in light of scientific evidence pregnant women do not need to stop working with DSE. It is important that pregnant staff should be able to discuss any concerns with their Workplace Manager so that anxiety can be allayed.

6.0 Summary

The following should be taken into consideration when dealing with new and expectant mothers:-

- risk assessments should be conducted so as to take account of the developing and changing nature of a pregnancy (recommend reviewing every three months);
- risk should be identified in relation to each individual employee and control measures taken accordingly;
- consider whether working condition should be altered in order to avoid risks.

7.0 Sources of Advice and Assistance

Corporate Health, Safety & Wellbeing Team:-

Advice on Risk Assessments relating to new and expectant mothers.

Human Resources Section:-

Advice on maternity related issues and conditions of service.

Occupational Health and Wellbeing Services:-

Advice on maternity related health issues.

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16. NOISE

1.0 Introduction

This guidance document is intended to assist headteachers, teachers and managers, in areas where high noise levels are generated, to meet the requirements of current legislation and help protect people from the damaging effects of such exposure. Over and above the general duty of care owed to employees and others under the Health and Safety at Work Act, exposure to noise in all workplaces is specifically legislated for by **the Control of Noise at Work Regulations 2005** and **HSG 260 Sound Advice** released in **2008**.

The **Noise at Work Regulations 1989** seek to ensure that employers provide a safe and healthy work environment for employees. Though the regulations do not specially refer to schools, they represent a standard and the good practice implied in them should be applied equally to employees and pupils. The regulations are explicit on the matter of visitors who enter zones where exposure to noise is an issue. Noise levels must therefore be taken into consideration when contractors are working on site and when noisy machinery is being operated. This may include equipment used in design and technology areas and equipment used by site managers to effect repairs and maintenance. Exposure to high and sustained noise levels can cause irreversible damage to hearing.

There are two principal factors that can lead to this situation:-

- Noise levels in the workplace.
- The period of time over which people are exposed to noise at work.

There are also occasions where noise can be so loud as to cause instantaneous damage to hearing e.g. from cartridge operated tools. Resulting damage can entail diminished hearing ability as well as tinnitus. In addition, there is a possibility that noise induces stress, disturbance and interferes with communication to varying degrees.

The Control of Noise at Work Regulations 2005 require employers to take action to protect workers and now require health surveillance (hearing checks) for workers regularly exposed to above 85 decibels.

In **2008** HSE released additional guidance notes, **HSG 260 Sound Advice** that amongst other areas specifically refers to music education.

Who is this guidance for:-

- Directors of teaching establishments;
- Instrumental teachers;
- Classroom teachers;
- Conductors of student instrumental/vocal groups;
- Education officers and learning managers in schools and music colleges.

Teachers should use this advice to prevent damage to their own hearing. They are also encouraged to pass on this information to their students as part of their complete musical education.

2.0 Regulations

The 2005 Regulations require you to take specific action at certain action values. These relate to:-

- The level of exposure to noise of employees averaged over a working day or week measured in decibels - dB (A); and
- The maximum noise (peak sound pressure) to which employees are exposed in a working day measured in decibels - dB (C).

'Action values' based on personal daily noise exposure are as follows:-

- Lower exposure action values:-
 - daily or weekly exposure of 80 dB (A)
 - peak sound pressure of 135 dB (C)
- Upper exposure action values:-
 - daily or weekly exposure of 85 dB (A)
 - peak sound pressure of 137 dB (C)

There are also levels of noise which MUST NOT be exceeded:-

- Exposure limit values:
 - daily or weekly exposure of 87 dB (A)
 - peak sound pressure of 140 dB (C)

These exposure limit value take account of any reduction in exposure provided by hearing protection.

The regulations also place responsibilities on those who manufacture and supply noisy machinery. Proper dialogue within a health and safety culture is essential between employers and employees if the measures outlined above are to be effective.

3.0 Assessment

Once a decision has been taken under the first stage of the normal 'Five Step' approach to risk assessment that at potential hazards exists in relation to noise, it is necessary to have the noise assessed to see whether the noise exposure is likely to reach the noise levels set out. Such a noise assessment may need a sound level meter, but an initial indication can be drawn from the following table, taken from the Approved Code of Practice (ACoP) on Noise, L108.

Test	Probable noise level	Risk Assessment needed if the noise is like this for more than:
The noise is intrusive but normal conversation is possible	80 dB	6 hours
You have to shout to talk to someone 2 m away	85 dB	2 hours
You have to shout to talk to someone 1 m away	90 dB	45 minutes

A competent person must carry out the assessment. The Corporate Health and Safety Team will advise on the suitability of persons to carry out this assessment. Detailed records of the assessment must be retained.

4.0 Action

Action must then be taken in the light of the risk assessment to address the particular noise reduction issues along the following lines:-

- inform those who are affected and what they need to do to minimise risks;
- reduce the noise at source or as far as is reasonably practicable;
- provide ear protectors as part of the noise reduction plan (this action is not the total solution);

- where use of ear protection is compulsory under the regulations, mark the zone with an appropriate sign and ensure that visitors to the zone, even for a short time use the protection (**ensure an adequate stock of clean protectors for visitors is available for this purpose**).

Detailed advice on all the issues mentioned above is available from the Corporate Health & Safety Team.

In the light of the risk assessment, clear procedures must be drawn up to enforce site rules governing where and when protection must be worn and these rules should apply to all persons (including visitors) and brought to their attention.

Hearing protection should be issued to employees:-

- where extra protection is needed above what has been achieved using noise control;
- as a short term measure while other methods of controlling noise are being developed.

Equipment of whatever kind used to reduce noise exposure should be regularly checked and serviced / replace if faulty and all employees should be required to use equipment correctly (and in such a way as not to diminish the effectiveness of equipment, for example by removing silencers).

Provide appropriate storage for PPE.

They should also be required to report any problems through an agreed and clearly understood procedure.

New employees who are expected to regularly be exposed to noise levels above the second action level (greater than 85 dB (A)) should have their hearing tested before or shortly after taking up employment. Existing employees in the same category should have their hearing regularly tested.

5.0 Health Surveillance

The 2005 regulations include a specific requirement to conduct **health surveillance** where there is a risk to health.

Health surveillance (hearing checks) must be provided for all employees who are likely to be frequently exposed above the upper exposure action values, or are at risk for any reasons, e.g. they already suffer from hearing loss or are particularly sensitive to damage.

The purpose of the health surveillance is to:-

- Warn you when employees might be suffering from early signs of hearing damage;
- Give you an opportunity to do something to prevent the damage getting worse;
- Check that control measures are working.

Health surveillance for hearing damage usually means:-

- Regular hearing checks in controlled conditions;
- Telling employees about the results of their hearing checks;
- Keeping health records;
- Ensuring employees are examined by a doctor when hearing damage is identified.

6.0 Summary

Where excessive noise exposure cannot be reduced by other means, ear protection, must be provided to employees where the noise level exceeds 85 dB (A) daily or weekly average exposure and its use must be enforced when the noise level exceeds 90 dB (A).

7.0 Further Information

Corporate Health, Safety & Wellbeing Team

- General information and advice.

Haringey Council – Enforcement Services

- Enforcement Response, or
- Commercial Enforcement

Health and Safety Executive

- Specialist information about Noise.

Review what you are doing

Identify noise hazards
 Identify noise exposure practices

Worker information and training

- Consult workers and allow their participation
- Provide instruction and training about the risks, control measures, hearing protection and safe working practices

Noise

Protect your employees

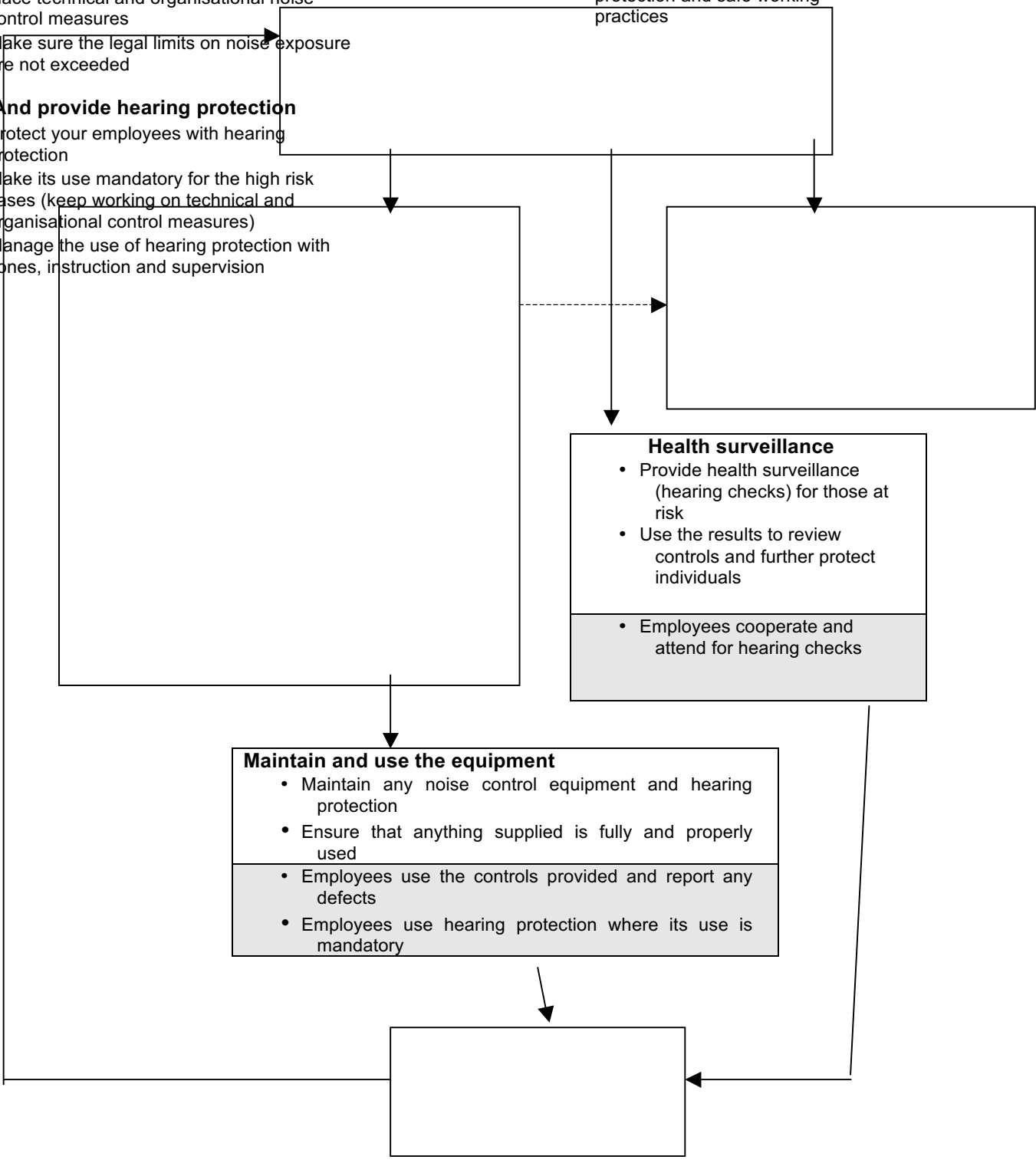
Eliminate or control noise risks

- Eliminate or reduce risks using the measures required to eliminate or reduce risks, and known control and management practices
- For the higher risk cases, plan and put in place technical and organisational noise control measures
- Make sure the legal limits on noise exposure are not exceeded

And provide hearing protection

- Protect your employees with hearing protection
- Make its use mandatory for the high risk cases (keep working on technical and organisational control measures)
- Manage the use of hearing protection with zones, instruction and supervision

APPENDIX A - MANAGING NOISE RISKS



Key

- Employer actions
- Employee actions

17. RISK ASSESSMENT

1. Introduction

Risk assessment is a cornerstone of the Council's health and safety management system. This simply mirrors the proactive nature of current health and safety legislation, which is designed to identify hazardous activities, processes and conditions in the workplace, before they become workplace risks. This particular Policy Arrangement concerns itself with the general requirements on risk assessment as required by the Management of Health and Safety at Work Regulations 1999. In the course of complying with this Policy Arrangement, Services are likely to identify hazards that may be covered by more specific legislation. Examples may include chemical hazards which are covered by the Control of Substances Hazardous to Health Regulations, or manual handling hazards that are covered by the Manual Handling Operations Regulations. In complying with the Council's Policy Arrangements on these more specific hazards, Services will meet their obligations under this Policy Arrangement.

The process is both logical and sequential. It should be seen as integral part of Council business and not as an additional task separate from other health and safety issues. Managers should, therefore use Council systems such as Performance Appraisal, one to ones, team meetings to drive the risk assessment process. The benefits of this strategy are many. The entire process of risk assessment becomes more widely understood and is considered at the planning stage of work activities. Too often risk assessments are carried out after a work activity or process has begun. As the principle becomes more widely understood, health and safety considerations can be incorporated into job design ensuring adequate control measures are present before a task or job function begins.

Risk assessments should always be carried out by those most actively involved in the process or task being assessed. However, whilst it may be reasonable to delegate these functions to selected functional staff, the responsibility remains with service management to ensure these tasks are owned, monitored and reviewed. Managers must also ensure that anyone they select to carry out the risk assessment process is adequately trained. In terms of effectiveness only, it is unreasonable to expect the Council's Health and Safety personnel to carry out risk assessments. In the report by the Robens Committee which led to the creation of the Health and Safety at Work etc. Act 1974 it was identified that "the primary responsibility for doing something about the present levels of occupational accidents and diseases lies with those who create the risks and those who work with the risks."

Council Health & Safety Policy

The object of health and safety risk assessment is the identification of the extent of risk and the implementation of measures for its control. The Corporate Health, Safety & Wellbeing Team has developed a standardised risk assessment format, which is being applied across the Council. The methodology for conducting risk assessments is communicated through the Risk Assessment Course offered by Organisation, Development and Learning which is available through Harinet or by contacting the team there. The Council recognises that a progressive reduction of risk will produce benefits in terms of the management of health and safety and the control of unnecessary losses.

2. Responsibilities for Risk Assessment

Guidance

All service managers must ensure risk assessments are carried out for all work functions under their responsibility. All health and safety responsibilities for managers are explained within the "Managing Health and Safety Course" provided on the Organisational Development and Learning Programme which is available through Harinet or by contacting the team there. This course is defined as "Essential for Role". Senior Directorate Management should ensure that it is undertaken by all their managers at the earliest opportunity. Employees also have a responsibility to identify risk to their Service Managers and demonstrate an awareness of risk and risk management.

Risk Assessment

In general risk assessments should be regarded as reasoned judgements about risks and their impact on people's health and safety. Properly conducted risk assessments should identify if the control measures in place are adequate. If the existing measures are deemed inadequate, then the results of risk assessments are justification for additional or different control measures.

In order for these reasoned judgements to be made it is necessary to draw on the skills and expertise of the workforce. Within an organisation as large and diverse as Haringey Council it would be unrealistic to expect risk assessments to be carried out by one single agency. As mentioned earlier, the most effective control of risk can be achieved by; those who "create the risks and those who work with the risks".

So while ultimate responsibility for ensuring risk assessments are carried out rest with the Chief Executive, the actual process of risk assessment should be carried out by those within the Service who have the necessary skills and expertise to ensure all risks are identified and adequately controlled.

As well as ensuring that those involved in risk assessment have the necessary skills and expertise, it is essential to ensure that they are available in adequate numbers. Depending on the needs of the Service, it may be desirable to form risk assessment teams, each focussing on a particular areas of service provision, with the process being overseen by Senior Management.

Once a structure and strategy have been identified and suitable staff selected, training of staff to ensure competence with the process and paperwork should be programmed.

Action required.

- Ensure suitable staff are identified for risk assessment training;
- Ensure adequate numbers of suitable staff are identified; and
- Arrange training of staff via Organisation and Development Learning Centre.

3. The Risk Assessment Process

The Health and Safety Executive (HSE) propose a 5 stage risk assessment process which outlines the essential components of a 'suitable and sufficient' risk assessment.

3.1. Step 1

The first stage identified by the HSE is to **identify the hazards**. A hazard means anything that can cause harm (e.g. chemicals, electricity, working from ladders, etc). Some hazards, such as these examples, are easier to identify than others. Information gathered over time has produced good evidence on which to base a risk assessment strategy for these more easily identifiable hazards. However, new and developing hazards may incubate risk if they are not properly identified by the risk assessment process. In recent years, the Council has responded to the identification of these new and developing hazards by producing specific guidance in the form of Policy Arrangements on issues such as Stress. Only by employing a robust risk assessment process can we continue to protect employees from exposure to agents or conditions which could be harmful to their health. The best approach to this involves looking at hazards within:-

- Groups e.g. machinery, transport, substances/materials, electrical etc;
- Processes e.g. looking at each process such as refuse collection, moving & handling or landscaping;
- Locations e.g. examining each location such as an office, depot, care home or school.

By combining these three approaches, most workplace hazards can be identified. Prior to undertaking new work activities, moving to new premises or introducing new machinery, risk assessments should be conducted. The general risk assessment may identify hazards which require a more specific assessment of risk e.g. chemicals, manual handling, noise and vibration etc.

3.2. Step 2

The second stage of the process is to **decide who might be harmed and how**. This in itself may seem a straightforward task. However those who are particularly at risk for a variety of reasons must be considered. For example, young workers (any person under the age of eighteen) are considered within health and safety legislation, to have a lower perception of risk, and are a group who have been identified as particularly vulnerable. Risk assessments must be conducted prior to them starting work with for example, additional or closer supervision being required for some jobs. Risk assessments must identify risks to new and expectant mothers. Upon notification that an employee is pregnant, the risk assessment should be reviewed to ensure all appropriate preventative and protective measures are taken.

Other groups for whom special consideration should be given within risk assessments include; trainees, visitors, contractors, cleaners and members of the public. This list is indicative and not exhaustive.

3.3. Step 3

The third stage is to **evaluate the risk**. In order to evaluate the risk accurately a fuller understanding of what risk is, is necessary. Risk is sometimes described as “the likelihood that the harm from a particular hazard is realised”. In addition “the extent of the risk covers the population which might be affected by a risk; i.e. the number of people who might be exposed and the consequences for them”. The level of risk therefore reflects both the likelihood that harm will occur and its severity. Please refer to the Council’s risk assessment matrix to see how this is calculated (see end of Risk Assessment section). Put mathematically:-

$$\text{RISK} = \text{LIKELIHOOD} \times \text{SEVERITY}$$

When evaluating the risk, the current preventative measures in place should be considered. If gloves are used to prevent injury from hot metal, or goggles are provided to avoid eye contact with chemicals, this should be recognised within the risk evaluation.

The Council has adopted a risk calculator (see the risk assessment method attached to the Haringey Council standard risk assessment pro-forma) which operates on a qualitative scale based on a combination of severity and likelihood. It is important to understand that the result of this combination does not in itself constitute a risk assessment but merely provides the means by which to prioritise action. When implementing preventative and protective measures, these should follow the principles of prevention outlined in the Management of Health and Safety at Work Regulations 1999, Approved Code of Practice and Guidance.

3.4. Step 4

The fourth stage in the risk assessment process is to **record your findings**. The Council has produced a standard pro forma for recording risk assessment information. Part 1 (page 9 of this document) comprises the actual record of risk assessment which records the identified hazard, the potential injury or damage which may result, the people at risk, the current preventative measures in place, the risk rating and finally any further action thought necessary to reduce the risk. Part 2 (page 10 of this document) comprises a recommendations sheet which summarises the proposed actions, who is responsible and target dates for identified activities.

When Services have recorded the significant findings of their risk assessment on the Council’s pro forma, they should ensure that they enter into meaningful consultation with local trade union or employee safety representatives of these findings. Once complete, the risk assessment requires to be ‘signed off’. This must be completed by the relevant manager/risk assessor, trade union or employee safety representative and operative(s).

With the ‘signing off’ procedure complete, the risk assessment paperwork can then be issued.

3.5. Step 5

The fifth and final stage in the risk assessment process is to **monitor and review**. Monitoring the effectiveness of control measures is not a passive task. Control measures which are not implemented effectively and consistently, will not significantly reduce the level of risk associated with the activity or process. Only by actively monitoring work activities and work environment, can the effectiveness of control measures be evaluated. As well as evaluating the effectiveness of control measures, active monitoring can help to identify redundant control measures. These represent a drain on resources while having no effect on risk reduction.

In addition to active monitoring, reactive strategies that monitor accidents, incidents and work related ill health should all be utilised to keep the risk assessment process dynamic. This is an essential component in spotting the new and developing hazards outlined earlier. Where an accident has occurred, the risk assessment for the process or activity should be reviewed as part of the investigation process.

Where the monitoring processes indicate that the existing controls are inadequate or redundant the risk assessment should be reviewed. The aim of the review should be to return the level of risk to an agreed safe level. As a minimum, a programmed review of risk assessments should take place on an annual basis. This formal review, as well as any review arising from monitoring evidence, should be recorded using the Council's Risk Assessment pro forma. This sheet as well as providing evidence of a review, also includes summary details of any subsequent action resulting from the review.

Should the review necessitate the production of a new risk assessment then this must be submitted for 'signing off'. However, should the review confirm the effectiveness of the existing risk assessment, then the review requires only the signature of the authorising Manager and the date of the next review.

Action required

- Identify workplace hazards associated with processes, groups and locations;
- Decide who might be harmed and how. Ensure 'at risk' groups such as trainees, young persons and new and expectant mothers, disabled employees etc are considered where necessary;
- Evaluate the risk using the risk calculator on Haringey Council's risk assessment pro forma;
- Record details of the assessment using Haringey Council's risk assessment pro forma;
- Ensure assessments are 'signed off' and dated before issue;
- Ensure assessments are reviewed annually or earlier as a result of monitoring evidence.

4. Monitor

Guidance

As part of the Council's Health and Safety Management System, the Corporate Health, Safety & Wellbeing Team will conduct periodic audits or inspections to monitor compliance of this Policy Arrangement in all Council Services. To assist in the management audit process, all Services should ensure that accurate records are maintained of risk assessments produced and/or reviewed.

Action required

- Ensure a programme of audits and inspections is established and implemented.
- Ensure an accurate record of risk assessments produced and/or reviewed is maintained for audit purposes.

5. Review

Guidance

The Corporate Health, Safety & Wellbeing Team will review this Policy Arrangement at regular intervals from the date of issue. Feedback from the audit and inspection process will be considered as part of the review. Where necessary amendments will be made to the document and submitted to the Corporate Health and Safety Committee and Trade Unions for consideration.

Action required

- Ensure feedback from audits is considered in the review process.

Should you require any information or guidance at any stage of the risk assessment process contact Haringey Council Corporate Health, Safety & Wellbeing Team.

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RISK ASSESSMENT FORM



Haringey Council

Service:	Location:	Assessment Completed by:
Description of Activity/Task Assessed:	Date of Assessment:	Review Date:

Activity	Hazard Description (i.e. potential causes of injury/damage)	Potential injury/damage	Persons at risk	Current preventative and protective measures	Risk Level (see method)	Further action required

RISK ASSESSMENT FORM



Haringey Council

Risk Assessment Method

In order to assess a risk associated to a hazard, two factors need to be considered:-

i - the possible severity of the outcome

Realistically, what is the worst likely outcome? This method defines four categories of severity:-

Fatality or permanent disability Major injury or long term absence 3 day injury or temporary disability Minor injury

ii - the likelihood of the outcome to occur

How likely is it that the severe outcome will occur? Five categories are defined:-

Likely	A repetitive occurrence should be expected
Probable	Foreseeable
Possible	Could occur sometime
Remote	Unlikely, though conceivable
Improbable	Almost negligible

Once those two factors are assessed, the matrix on the next page can be used to determine the level of risk. This information is then used to prioritise any control measures necessary to eliminate or reduce the risk to an acceptable level.

RISK ASSESSMENT FORM



Haringey Council

Risk Assessment Method (cont).

Matrix

	Likely	Probable	Possible	Remote	Improbable
Fatality or permanent disability	VERY HIGH	VERY HIGH	HIGH	MEDIUM	LOW
Major injury or long term absence	VERY HIGH	VERY HIGH	HIGH	MEDIUM	LOW
3 day injury or temporary disability	HIGH	HIGH	MEDIUM	MEDIUM	LOW
Minor injury	MEDIUM	MEDIUM	LOW	LOW	VERY LOW

Action Level

VERY HIGH	Unacceptable risk - immediate action required
HIGH	Risk reduction required - high priority
MEDIUM	Medium risk - action required so far as is reasonably practicable
LOW	Low priority - further risk reduction may not be feasible or cost effective
VERY LOW	Low risk - no further action required

Radiation – Management of Radioactive Substances

18. RADIATION - MANAGEMENT OF RADIOACTIVE SUBSTANCES.

Legislation relating to the control of radioactive substances include, IRR99 (Ionising Radiation Regulation 1999) and RSA93 (Radioactive Substances Act 1993).

IRR99 sets down regulations for the safety of people who work with ionising radiations, including radioactive substances, and are enforced by the Health and Safety Executive (HSE).

Haringey Council is a radiation employer because some of its maintained schools hold radioactive sources as part of their science education provision.

Haringey schools holding radioactive sources are required to follow the guidance provided by the CLEAPSS RPA scheme.

A summary of expectations include:-

- The Health and Safety Executive must be aware of each schools use of radioactive substances;
- Using L93 (2008 edition) as the principal source of written guidance on the management of ionising radiations and radioactive substances;
- Use the operating procedures set out in L93. This should be included in the department health and safety documentation;
- Storage of sources must be secure and access restricted. The fire service must be informed of the location of the sources;
- Carry out annual audit of sources and leak tests as set out in L93;
- Appoint an RPS. This person should be a member of the science teaching staff;
- Adhere to advice provided by CLEAPSS, the RPA (radiation protection adviser) and RPO (radiation protection officer);
- Inform the RPO about purchases of radioactive stock or changes to quantities held.

Useful contact details:-

Lloyd Forster, Radiation Protection Officer 0208 489 5060

CLEAPSS 01895 251 496

Relevant websites

www.hse.gov.uk

www.cleapss.org.uk

Radiation – Management of Radioactive Substances

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19. SAFETY SIGNS AND SIGNALS

1.0 Introduction

The **Health and Safety (Safety Signs and Signals) Regulations 1996** require employers to provide and maintain safety signs. Areas where there is significant risk to health and safety that has not been avoided or controlled by other means (e.g. safe systems of work) must be provided with a sign if this could help reduce the risk. **They are not intended to be a substitute for other methods of controlling risks.** All workplaces and activities where people are employed are covered. Also road traffic signs are used where it necessary to regulate road traffic in workplaces. Employers must also ensure that all employees receive appropriate information, instruction and training regarding safety signs. Although most signs are self-explanatory, some employees (particularly young or new workers) may be unfamiliar with the signs used.

2.0 Safety Signs

A safety and/or health sign is 'information or instruction about health and safety at work on a signboard, a colour, an illuminated sign or acoustic signal, a verbal communication or hand signal.' These terms are all detailed in guidance to the regulations. A signboard is a combination of shape, colour and symbol or pictogram made visible by adequate lighting and which may have supplementary text. Signboards, including fire safety signs, are designed as follows:-

COLOUR	MEANING OR PURPOSE	INSTRUCTION & INFORMATION	INTRINSIC FEATURES
RED	Prohibition/Danger Alarm	Dangerous behaviour; stop; shutdown; emergency cut-out devices; evacuate	Round shape; black pictogram on white background; red edging and diagonal line.
YELLOW OR AMBER	Warning	Be careful; take precautions; examine.	Triangular shape; black pictogram on yellow background with black edging.
BLUE	Mandatory	Specific behaviour or action e.g. wear protective equipment.	Round shape; white pictogram on blue background.
GREEN	Emergency escape; first aid. No danger.	Doors; exits; escape routes equipment and facilities. Return to normal.	Rectangular or square shape; white pictogram on green background.
RED (Fire Fighting Signs)	Fire Fighting Equipment	Identification and location.	Rectangular or square shape; white pictogram on red background.

Where the marking of dangerous locations is deemed necessary (e.g. highlighting the edge of a raised platform or area or restricted heights) yellow & black or red & white striped hazard tape may be used.

Traffic routes should take the form of continuous lines, preferably yellow or white. Guidance on other forms of safety signs (illuminated signs, acoustic signals, hand signals and verbal signals) is given in the guidance booklet L64 'Safety signs and signals' (**see Sources of Information section below**).

Safety Signs and Signals

Advice on fire safety signs can be obtained from your local fire authority. In general, where signs comply with the appropriate current standard (BS 5499) they will not require changes for the Regulations.

3.0 Risk Assessment

Workplace Managers need to undertake a risk assessment along the following lines:-

- identify potential hazards;
- assess the risk associated with the hazards; and
- take control measures to minimise or reduce the risks.

Note: Contractors working in schools or centres have responsibility as employers to ensure that their employees are informed about the risks and the meaning of signs that are displayed.

The following is a checklist, which you could use to identify areas, which need particular attention.

1.	Have you identified any significant risks to health and safety that have not been avoided or controlled by means other than safety signs?	YES / NO
2.	Will the use of a safety sign help reduce the risks identified in (1) above?	YES / NO
3.	Are road traffic signs necessary to regulate road traffic in your workplace?	YES / NO
4.	Is there pipework containing dangerous substances in your premises?	YES / NO
5.	Have you identified any dangerous locations or traffic routes that require signage?	YES / NO
6.	Have you confirmed the number, location, design and operation (if appropriate) of safety signs for your premises?	YES / NO
7.	Have you sought the advice of the fire authority in relation to fire safety signs?	YES / NO
8.	Have you established a system for informing, instructing and training staff regarding safety signs?	YES / NO
9.	Have you established a maintenance procedure for all safety signs?	YES / NO

As well as signs and signboards, the Regulations cover in one of the schedules other means of communicating health and safety information such as:-

- acoustic signals;
- verbal communication;
- hand signals.

Acoustic Signals (including fire alarms)

These signals need to be set at a level appreciatively above the ambient noise for example 10dB above the level at that frequency. It is essential that the signals are clearly recognised by all and those checks are carried out regularly to test the system and remedy any defects found.

Verbal Communication

Verbal signals can be used (as well as hand signals) to direct hazardous operation and can be spoken messages given by a human or artificial voice either directly or recorded.

Hand Signals

Hand signals can also be used to direct hazardous operation such as vehicle manoeuvres. Any employee who is likely to do so should be properly trained in their correct use as specified in the schedule.

4.0 Summary

To comply with the Health and Safety (Safety Signs and Signals) Regulations you must:-

- use a safety sign whenever there is a risk which cannot be controlled by other means
- ensure that all safety signs contain a pictogram or symbol (**text only safety signs DO NOT MEET the current requirements**)

5.0 Sources of Advice and Assistance

Corporate Health, Safety & Wellbeing Team

- Provision of advice and assistance on signage requirements.
- Signpost to the health and Safety (Safety Signs and Signals) Regulations 1996 HSE leaflet.

Schools Property Manager

- Provision of advice and assistance on fixed alarm systems/fire safety.

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19. STRESS

1. Policy Statement

The Council provides a wide range of diverse services to the multicultural population of Haringey. All of these services are made possible through the work of the Council's employees, often working directly with Haringey residents. Consequently, the Council accepts that the fitness for work of its employees is a primary requirement for the efficient and effective delivery of our key priorities.

Accordingly, the Council has systems of staff management which support a sound and sustainable approach to work (Induction, Performance Appraisal, One to Ones, Team Meetings). The Council acknowledges the crucial role of its Managers and Supervisors in maintaining this objective. The Council will provide Managers and Supervisors with training and guidance to assist them to do this. Management training regarding the management of stress and recognising the symptoms of stress should be mandatory. Employees also have a duty to take responsibility for their health and safety in the workplace. As part of this duty employees should inform their manager as soon as possible if they are suffering from work related stress which they consider is affecting their health. Alternatively, employees may wish to discuss issues with Occupational Health and/or their Trade Union Representative.

2. Introduction

It is recognised that stress can occur as a result of pressure at work or in an employee's private life or combination of both. This Policy Arrangement focuses on pressures that may arise from the organisational design and management of work and aims to prevent the risk of work related stress at source. It concentrates on primary and secondary interventions (risk assessment and training) rather than tertiary intervention (counselling).

The Council recognises that whilst a degree of pressure can be a positive force at work, excessive pressure can have a negative effect on health and on performance at work. The Council is committed to promoting good health at work and to provide support mechanisms for employees suffering from the effects of stress. Council Services and Schools will identify sources of work-related stress through risk assessment with the objective of reducing harm from stress as far as is reasonably practicable.

This guidance, which is based on the Health & Safety Executive's (HSE) Management Standards Approach to stress, provides advice on identifying stress and how that stress can be reduced in the workplace. The early detection of stress will prevent the possibility of stress related illness.

Well-designed, organised and managed work helps to maintain and promote individual health and well-being. Although, where there has been insufficient attention to job design, work organisation and management the benefits and assets associated with '*good work*' could be lost. One common result is *work related stress*. By the term 'work related stress' we mean the process that arises where work demands of various types and combinations exceed the person's capacity and capability to cope. Think of this as '*bad work*'. It is a significant cause of illness and disease and is known to be linked with high levels of sickness absence, staff turnover and other indicators of organisational underperformance - including human error.

For some the way to deal with work related stress is to diagnose, treat and rehabilitate people who experience it. For others, it is economically and morally preferable to assess and repair the failed work system or organisation. This action reduces the risk of future failure and the likelihood of future work-related ill-health. This approach focuses attention on the antecedents of work related stress in the design and management of work – but recognises that interventions at the individual level have a part to play. Recent statistics confirm that work related stress is widespread in the UK working population and is not confined to particular sectors or high risk jobs or industries. That is why a population-wide approach is necessary to tackle it.

3. Definition of Stress

Many definitions exist on stress but there is no single agreed definition. The Council adopts the Health and Safety Executives (HSE) definition of work related stress:-

“The adverse reaction people have to excessive pressures and other types of demand placed upon them.”

This definition makes a clear distinction between the beneficial effects of reasonable pressure (which can be stimulating and motivating) and work-related stress, which is the distressing reaction to pressures that an employee perceives they cannot cope with.

Work related stress is the second most commonly reported cause of work related ill health in Britain. It is of concern to employers and employees alike as it poses a risk to employee’s health and can also be very detrimental to service provision.

There has been a tendency for society to stigmatise those suffering from stress. The Council does not accept stress as a sign of weakness and encourages early interventions to prevent future ill health. Both the Council and its employees can benefit by tackling work-related stress. Managing work related pressure could prevent employees experiencing stress and suffering subsequent physical or psychological ill health. Employees who are well and at work are likely to be more productive and effective in providing Council services.

4. Stress – The Symptoms

Identifying the indications that someone may be suffering from stress is often very difficult; changes can occur over a long period of time and may need to involve advice from Haringey Council’s Corporate Health & Safety Team, Occupational Health and/or Human Resources.

The most common signs of stress include:-

- Reduced performance;
- Change in behaviour patterns;
- Inability to meet deadlines;
- Loss of motivation;
- Poor concentration;
- Tiredness or irritability;
- Excessive drinking or smoking;
- Physical decline and increased sickness absence;
- Excessive mood changes or out of character behaviour; and
- Poor working relationships.

5. Management Standards

The core of the Health & Safety Executive (HSE) approach for dealing with work related stress is the Management Standards approach.

The Management Standards represent a set of conditions that, if present, reflect a high level of health, well-being and organisational performance. This approach is designed to help those people who have key roles in promoting organisational and individual health and well-being and preventing illness and diseases resulting from stress.

The Management Standards approach gives managers the help they need to achieve these aims. It demonstrates good practice through risk assessment, allows measurement of the current situation using surveys and other techniques, and promotes active discussion with employees to help decide upon the practical improvements that can be made.

Stress – Assessment and Management

The Health and Safety Executive (HSE) have identified six main groups in the Management Standards that can cause stress. These are:-

1. **Demands:** This will include factors such as workload, patterns of work and also the workplace itself;
2. **Control:** How much influence employees have on their working methods;
3. **Support:** How all appropriate levels of the Council supports, resources and motivates its staff;
4. **Relationships:** Providing positive working methods and conditions to support staff well-being, avoid conflict and address any unacceptable behaviour;
5. **Roles:** Ensuring that all employees are aware of their roles within services and clearly understand their objectives; and
6. **Change:** Ensuring that all relevant organisational changes are effectively communicated and managed.

For a more in-depth description please see: [Health & Safety Executive \(HSE\) The Management Standards.](#)

6. Risk Assessment

All managers and Head teachers are responsible for carrying out risk assessments on all the activities that they are responsible for, these assessments **MUST** include an assessment of stress in the workplace. It is important to remember when assessing risk that everyone reacts to stress in different ways and some people are more susceptible to the effects of stress than others. It is better to identify if stress is a possible problem in the workplace and take action to reduce the risk than it is to wait for someone to be made ill and then try to reduce the impact. **Stress is not part of the job!**

The risk assessment process is explained in Haringey Council's Risk Assessment Policy & Guidance (included in this manual) which includes the Corporate Risk Assessment form which should be used, but briefly the stages are:-

1. Identify the hazard;
2. Decide who may be harmed and how;
3. Evaluate the risk;
4. Record the significant findings; and
5. Review the assessment at an appropriate interval.

To find out if your risk assessment approach is suitable and sufficient check it against the questions below. If you can answer 'yes' to all the questions then your approach is likely to be considered a suitable and sufficient risk assessment for work-related stress.

- Do you include all the steps in the risk assessment process?
- Do you focus on prevention and organisational level solutions?
- Do you include provision for dealing with other issues, e.g. individual issues?
- Do you ensure commitment from all parties (senior management, employees and their representatives)?
- Do you have arrangements to identify those aspects of the work, work organisation or environment that are known to be risk factors for work-related stress?

Stress – Assessment and Management

- Does your approach highlight the extent and nature of the gap, if any, between the current situation, and what is seen as good practice, e.g. 'the states to be achieved' in the Management Standards, for each of the identified stress risk areas?
- Do you involve the workforce by asking their views regarding good and bad features of workplace conditions? By seeking their suggestions, advice and comments on potential solutions to problems (e.g. improvements to working conditions, changes in the way work is organised etc)? By ensuring that people are empowered to contribute and feel that their views are listened to and acted on? By communicating outcomes (e.g. action plans)?
- Do you see to develop and adopt solutions that are 'reasonably practicable'?
- Do you provide documentation to show what you have done at each stage of the process and that you are implementing the recommended actions?

Risk assessments should be reviewed at least annually and if there is a significant change, either to work patterns or if someone has time off for a stress related illness.

As part of the Stress Management Assessment Programme the Corporate Health, Safety & Wellbeing Team can be called upon to carry out work-related stress risk assessments for staff in a particular service/school/group/section and provide a complete analysis which details any particular stressors within that group and also provide any follow up assistance required by the service or school. For further information on this process please contact Haringey Council Corporate Health, Safety & Wellbeing Team.

7. Identifying if Stress is a problem

There are a number of methods that can be used to help in identifying if stress is a problem. They will also help to identify the causes of stress (the stressors).

- **Informal talks to staff:** carried out in the normal course of the days work, during team meetings etc.
- **Performance appraisal:** Gives the opportunity to explore in a formal way any under performance or whether they are having difficulty coping.
- **Managing absence:** Gives the opportunity to discover if there is any reason behind excessive absence.
- **Sickness/absence data:** Can help to identify organisation wide problems, particularly if sickness is higher in one particular area.
- **Stress Management Programme:** This is a risk assessment for groups of staff carried out by the Corporate Health, Safety & Wellbeing Team. See 6. Risk Assessment above.

8. Absence and Rehabilitation

Where an employee is absent due to stress or any other condition, then the manager must comply with the Council's Policy on Control and Management of Absence. This will involve the manager discussing the problem with the employee at the return to work interview with a view to identifying the cause and taking appropriate action to support and assist the employee. Action may include arranging prompt referral of the employee to Occupational Health. Managers must consider the most appropriate arrangements for those employees who are returning from a long-term absence through discussions with the employee, Human Resources and advice from Occupational Health.

Stress – Assessment and Management

Appropriate support and assistance can be provided to make the return to work as easy as possible.

Options available are:-

- Phased return to work;
- Return to work on a part time or job share basis;
- Re-design of the job;
- Distribution of some tasks to other employees; and
- Where available an alternative job.

Prior to their return it is essential the employee is advised of any change in their role when they return to work. Any necessary training or other support should be arranged prior to their first day back and the employee advised accordingly. When an employee has been away from work for a long period they may feel isolated and out of touch with current events. Bringing the employee back into work for a short period prior to their official return date can help alleviate any concerns. Attendance at a staff meeting or an informal meeting with colleagues could be considered. Once the employee has returned to work the manager must monitor the employees' progress.

Part of the monitoring should be a meeting with the employee at the end of the first day back, the end of the first week and end of the first month. This enables the employee to raise any concerns they may have and allow the manager to take prompt action where necessary. Details of meetings should be suitably recorded e.g. a diary entry or note in a personnel file, to demonstrate the action taken to assist the employee back to work.

The Health & Safety Executive (HSE) have produced a good return to work document which relates to the six management standards for work related stress [Health & Safety Executive \(HSE\) Stress – Return to Work Questionnaire](#). This should be used in conjunction with the other Haringey Council absence procedures listed above.

9. Reducing Stress – Action for Managers/Supervisors

The 'Stress management competency indicator tool' document is designed to allow Managers to assess whether the behaviours identified as effective for preventing and reducing stress at work are part of your management repertoire or not. The aim is to help managers to reflect upon their own behaviour and management style See: [Health & Safety Executive \(HSE\) Stress – Managers Competency Indicator Tool](#).

10. Reducing Stress – Action for Employees

Employees have a duty to themselves and others with regard to health and safety. If stress is caused by or exacerbated by work and affects their ability to perform their job they should seek support by speaking to their line manager. Talking to Occupational Health, their Trade Union Representative and/or GP can also be a good source of support. If a fellow employee is suffering from stress they should be encouraged to seek assistance.

Managing work related stress relies on employees to participate in the process by contributing to the information gathering process and highlighting potential risk factors.

Employees can help manage their stress by being aware of the affects of stress and how positive interventions such as a healthy lifestyle can improve the situation. The following guidance document also gives advice on reducing stress for employees. See [Health & Safety Executive \(HSE\) – Reducing Stress at Work Guide for Employees](#).

11. Non Workplace Stress

Obviously not all stress is work related. Staff may have personal, health, domestic or other problems which may affect their wellbeing and work performance and make them more vulnerable to workplace stress.

Stress – Assessment and Management

External agencies such as General Practitioners, Relate, Victim Support, HAGA, WAMP, etc can also be suggested and Haringey Council Occupational Health Team can usually assist with this type of referral.

12. Further information and Review

Should you require any further information on any aspect of this policy please contact the Corporate Health, Safety & Wellbeing Team, Occupational Health, Human Resources or your Trade Union Representative.

The Corporate Health, Safety & Wellbeing Team will review this Policy Arrangement at regular intervals from the date of issue. Where necessary amendments will be made to the document and submitted to the Corporate Health and Safety Committee and Trade Unions for consideration.

20. SMOKING

Policy Statement and Summary

Haringey Council is committed to improving health and reducing inequalities for all in the borough – as part of its Healthier Haringey initiative. A key element of this initiative is to reduce smoking because it recognises the right of Employees and Service Users to a smoke-free environment. Consequently ‘no smoking’ will be the normal practice in all Council controlled buildings and grounds.

Summary

All Council premises are designated as smoke free. Smoking whilst on duty will only be allowed during designated breaks away from Council premises.

Indoor areas

All enclosed areas will be smoke free. This includes offices and other work areas, lifts, corridors, stairways, rest rooms, eating areas, kitchens, meeting rooms, toilets, reception areas, temporary structures (e.g. portacabins, greenhouses and kiosks) and any other enclosed spaces.

All visitors to council premises will be expected to abide by the no smoking rule.

Outdoor areas

- Council staff when taking a smoking break, will not smoke where they can be potentially identified as Council employees and seen by members of the public or in any place that could cause a threat to safety.
- Council staff will not smoke near entrances and exits to buildings nor in car parks.
- Smoking is not permitted at all in playgrounds and other outdoor areas mainly used by children and young people under the age of 16, or in sports grounds and other locations in part used for promoting and maintaining fitness and health.

Vehicles

All Council vehicles including vehicles on loan, hire or leased to the Council and used for the purpose of work, will be smoke-free.

Smoking Breaks

- All council staff who smoke may take up to a maximum of four breaks to smoke during each seven hour twelve minute working day pro-rata (an extra break being allowed for every additional two hours). Smoking breaks can only be taken with the prior agreement of the manager and are subject to exigencies of the service. It is important to note asking to take a smoking break is a request not an entitlement. Appropriate account should be taken of smoking breaks on time sheets and flexitime sheets (a minimum of 15 minutes each normal working day).
- Smoking breaks must be taken away from Council buildings, including entrances and exits. Smokers must ensure that they are not identifiable as council employees.

General Principles

This No Smoking policy seeks to guarantee non-smokers the right to work, live and visit in Council premises in air free of tobacco smoke, whilst also taking into account the needs of those who smoke.

Smoking

All Council premises are designated as smoke free. Smoking whilst on duty will only be allowed during designated breaks away from Council premises.

All managers and staff have a responsibility to implement and abide by the No Smoking Policy.

Employer

The Health and Safety at Work Act 1974 places a duty on employers to “provide and maintain a safe working environment which is, so far as it reasonably practical, safe, without risk to health and adequate as regards to facilities and arrangements for welfare at work”.

Employees

Under the Health and Safety at Work Act 1974, employees have duties to take reasonable care for the health and safety of themselves and others and to co-operate with the employer as far as is necessary to enable the employer to comply with the requirements of the Health and Safety at Work Act.

Implementation

Staff

This Policy will apply to all council staff (employees, Council contractors and workers, agency workers), without exception, regardless of where they work.

Visitors

This Policy will apply to all visitors to premises which are Council work places and which are **enclosed spaces**. They will not apply to **visitors** to outdoor premises unless prescribed in Government legislation.

Indoor areas

All enclosed areas will be smoke free. This includes offices and other work areas, lifts, corridors, stairways, rest rooms, eating areas, kitchens, meeting rooms, toilets, reception areas, temporary structures (e.g. portacabins, greenhouses and kiosks) and any other enclosed spaces.

Shared buildings with other organisations

Where the Council shares premises with other organisations it will approach these other organisations to adopt a similar policy as the Council toward smoking prevention, unless a total smoking ban is already enforced within these organisations.

Service users' homes and workplaces

Council employees may not endanger the health and well-being of service users and may not smoke in their homes or workplaces, even when others present are smoking. Employees concerned about the risks to themselves of service users smoking may politely request that the service user refrain from smoking when they are present.

Residential services

The Council recognises that residential care facilities are the homes of the service users and some employees. The Council remains responsible for safeguarding the health and safety of residents by protecting them from fire hazards and from passive smoking.

Smoking

The Council will ensure that each residential establishment conducts an annual review to put in place arrangements that safeguard the interests of non-smokers. Smoke detectors should be fitted as appropriate.

Outdoor areas

It is recognised that:-

- Smoking can be an irritant for some people (e.g. people with asthma) when in close personal contact with someone smoking, even outside;
- Smoking can be a serious threat to safety when near highly flammable or explosive substances, regardless of whether the person smoking is indoors or outside;
- The risks associated with exposure to certain pollutants, such as asbestos, are known to be considerably increased amongst people who smoke;
- It is important to create an equitable environment for staff, regardless of the job they do;
- It is important that the Council's image as an employer with a 'No Smoking' Policy be upheld, especially in areas used by children and young people under 16.

The following restrictions will therefore apply:-

- All employees, whilst on duty, will not smoke unless taking a recognised smoking break;
- Employees, when taking a smoking break, will not smoke where they can be potentially identified as Council employees and seen by members of the public or in any place that could cause a threat to safety;
- Employees will not smoke near entrances and exits to buildings nor in car parks;
- Smoking is not permitted at all in playgrounds and other outdoor areas mainly used by children and young people under the age of 16, or in sports grounds and other locations in part used for promoting and maintaining fitness and health.

Vehicles

It is recognised that:-

- Traffic pollutants, such as lead and carbon monoxide, are particularly dangerous when combined with tobacco smoke;
- Open windows provide insufficient ventilation;
- Smoking whilst driving can be dangerous;
- It is important to maintain an equitable environment for staff, regardless of the job they do;
- It is important that the Council's image as an employer with a 'No Smoking Policy be upheld

All Council vehicles, therefore, including vehicles on loan, hire or leased to the Council and used for the purpose of work, will be smoke-free.

Smoking Breaks

- All employees who smoke may take up to a maximum of four breaks to smoke during each seven hour working day pro-rata (an extra break being allowed for every additional two hours). that Smoking breaks can only be taken with the prior agreement of the manager and are subject to exigencies of the service. It is important to note asking to take a smoking break is a request not an entitlement. The smoking breaks are **not additional** to other usual breaks. It is therefore important that smokers make up their lost time. Appropriate account should be taken of smoking breaks on time sheets and flexitime sheets (a minimum of 15 minutes each normal working day).
- Smoking breaks must be taken away from Council buildings, including entrances and exits. Smokers must ensure that they are not identifiable as Council employees.

Enforcement of the Policy

Staff

Breaches of this policy will be subject to the normal disciplinary procedures.

Public

Responsibility for ensuring compliance by members of the public lies initially with security officers, porters, reception staff and other Council employees dealing directly with them. It is the duty of the site or premises manager to deal with members of the public who persist in breaching the Council's policy.

Contractors and their employees

All contractors and their employees, whilst on Council business should be subject to the same restrictions on smoking at work as Haringey employees. This policy applies when contractors and their employees are delivering goods or undertaking work in Council occupied workplaces, or when working on behalf of the Council in service users' homes or workplaces. All contractors should be provided with a copy of the policy and expected to comply. Compliance with this policy should be included in contracts as part of the health and safety requirements.

Complaints

Complaints will be dealt with through the Council's normal Complaints Procedures and/or its normal Disciplinary Procedures, whichever is appropriate.

Roles

Legal

- Ensure that the framework for contracts entered into by or on behalf of the Council take account of the Policy.
- Provide guidance to Members, managers and staff as appropriate.

Procurement

- Ensure that compliance with this policy is included in contracts as part of the health and safety requirements;
- Ensure that all contractors are provided with a copy of the policy and that they are aware they are expected to comply.

Human Resources

- Ensure that recruitment policy takes account of the No Smoking Policy;
- Ensure that disciplinary and grievance procedures take account of the Policy;
- Offer guidance and support to managers and staff as appropriate;
- Offer support from time to time, through the Council or its partners, to give up smoking and promote a healthier lifestyle;
- Ensure staff are aware of any support available to them;
- Ensure that all staff are aware of the requirements of the Policy;
- Include the policy requirements in induction training;
- Monitor and review the policy and consult on any proposed changes to it.

Facilities Management

- Erect clear signs in relevant languages at entrances to all Council buildings which indicate that the building, including its entrances and exits, is a smoke free area.
- Where the Council shares the occupation of a building with other organisations or companies, the site manager should seek to reach an agreement with the other occupants to declare the whole building, together with its entrances and exits, smoke-free. If unsuccessful, the site manager should seek to reach agreement on declaring communal areas (entrance, stairs, lifts, etc.) smoke-free. In any case, the policy will apply to all areas in sole occupation by the Council and to all Council staff.

Trades Unions

- Take part in any formal reviews of the policy.

Managers

- Ensure that they are fully briefed about the requirements of the policy;
- Monitor and implement the working of the policy in their area of responsibility;
- Investigate complaints promptly;
- Take remedial or disciplinary action where appropriate;
- Ensure that all employees are aware of help and support offered by the Council at various times to give up smoking and promote a healthier lifestyle;
- Refer staff in need of support to Occupational Health where appropriate.

Staff

- Implement and abide by the No Smoking Policy.

Useful sources of information

www.ash.org.uk – Action on Smoking and Health: information on all aspects of smoking including Local Authority issues.

www.tuc.org.uk – Trades Union Congress: information on workplace smoking issues.

www.nhsdirect.nhs.uk: information and advice on the effects of smoking and giving up and on other health issues.

www.quitsmoking.uk.com: help and advice to give up.

www.dh.gov.uk

Specific documents:-

Local Authority Smoking Policies in England and Wales, ASH

Smoking in the Workplace, ASH, November 2002

Smoke Screen, TUC sponsored study, April 2003

Second Hand Smoke Kills, Chief Medical Officer's Annual Report, 2002

Achieving Smoke Freedom Tool Kit: a guide for local decision makers, CIEH/ASH

Effect of Smoke-free Workplaces on Smoking Behaviour: Fichtenberg CM, Glantz SA, systematic review. BMJ 2002;325:188.

Legislation:-

The Health and Safety at Work Act 1974

The Workplace (Health, Safety and Welfare) Regulations 1992

Employment Tribunals and the Employment Rights Act 1996

The Human Rights Act 1998

The Management of Health and Safety at Work Regulations 1999

The Equality Act 2010

The Care Standards Act 2000 (and associated Standards and Regulations)

The Health and Social Care Act 2003

'Smoking Kills' (White Paper), Department of Health 1998

'Choosing Health' (White Paper) Department of Health 2004

21. KEEPING HEALTHY AND SAFE IN EXTREME TEMPERATURES

1. Introduction

During times of extremely hot or cold weather schools and other centres for children and young people need to review their arrangements to ensure the health and safety of pupils and staff, and to ensure, as far as possible, business continuity.

Too much exposure to heat can result in heat exhaustion and dehydration. This may result in feeling faint, dizziness, nausea, headache, tiredness and loss of appetite. It can also result in loss of concentration relating to tiredness leading to poor learning and an increased risk of accidents.

Consideration should also be given to personal and environmental factors, such as duration of exposure, clothing, body activity, ambient temperatures, radiant heat, humidity and air velocity.

2. Relevant Legislation

- **The Health and Safety at Work etc Act 1974** states that employers must ensure, as far as reasonably practical, the health, safety and welfare at work for their employees.
- **The Management of Health and Safety at Work Regulations 1999** state that temperatures must be 'reasonable', thermometers must be provided and every workspace is ventilated by a supply of fresh or purified air.
- **The Education (School Premises) Regulation 1999** specifies the exact recommended temperature and heating guidelines for school's premises.
- **The Approved Code of Practice** states that where the temperature in a workspace would otherwise be unreasonably high all 'reasonable steps' should be taken to achieve a reasonably comfortable temperature.

Although this legislation is primarily for the health and safety of employees (i.e. school staff) it may equally apply to the conditions for school pupils and young people and as such may be regarded as a guideline.

3. Maximum and Minimum Temperature

Maximum temperature

There is no legal maximum workplace temperature. The Health and Safety Executive guide to thermal comfort in the workplace says most people are comfortable between 13°C (56°F) and 30°C (86°F). The World Health Organisation recommends a maximum of 24°C.

Minimum temperature

The Workplace (Health, Safety and Welfare) Regulations 1992 state that the temperature in all workplaces should provide reasonable comfort, without the need for special clothing. The Education (School Premises) Regulations 1999 state that the heating within the building must be able to support the following temperatures:-

- Areas with lower than normal levels of physical activity (e.g. sick rooms) 21°C.
- Areas of normal activity (e.g. class rooms, libraries etc.) 18°C.
- Areas with higher than normal activity (e.g. sports halls etc) 15°C.

Temperature should be measured at 0.5 metres above floor level when the external temperature is -1°C.

4. Risk Assessment

Workplace Managers must complete a written risk assessment on the effects of both very hot and cold temperatures/weather and humidity. Thermal comfort is affected by temperature, humidity and the extent of air movement.

Schools should ensure that the temperature is comfortable, preferably with a dry atmosphere, and there is a reasonable degree of air movement which ensures fresh air throughout a building.

The risk assessment should include the following factors:-

- internal and external temperatures, air movement, humidity and ventilation;
- building design and layout including type of glazing and insulation;
- the activities taking place (including kitchens);
- staff and pupils with particular needs, e.g. expectant mothers, Special Needs, very young children;
- extent of exposure to hot / cold conditions;
- availability of hot/cold drinks, heaters/air conditioners.

5. Reducing the Impact of Hot and Cold Weather

Controlling Hot Weather

The entry of sun into rooms may be controlled by:-

- turning lights off;
- installing blinds;
- reflective film on windows;
- double glazing;
- awnings and gazebos;
- insulating hot pipes;
- reducing heat producing activities e.g. bunsen burners, ovens.

Controlling Cold Weather

- Reducing draughts;
- obtaining additional heating e.g. hiring portable heaters;
- ensuring hot drinks are available and hot food is on the menu.

Air Movement

Air movement can be increased and the environment controlled by:-

- ensuring windows can be opened;
- use of fans (free standing or wall/ceiling mounted);
- relocating classes to cooler areas of the school, or an external shady area;
- modify activities e.g. review PE lessons.

Staff and pupils' health can be maintained by:-

- providing additional hot/cold drinks;
- relaxing dress codes;
- awareness of the needs of pregnant and menopausal female staff, and others with Special Needs;
- use of sun hats and sun tan creams (parental consent required);
- ensure staff are aware of the symptoms of extreme heat, and treatment (School Nursing Service can advise).

6. Planning

A number of control measures will have budgetary implications, therefore both short and long term measures should be built into annual budgets. Head Teachers will be aware that all possible measures will be taken to ensure the continuity of education during the school working week.

7. Further Information

Corporate Health, Safety and Wellbeing Team.

The Health and Safety Executive website: www.hse.gov.uk.

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22. TRAINING

1.0 Introduction

Health and safety training for staff is a requirement under Management of Health and Safety at Work Regulation 1999. The training must be in 3 parts.

1. Induction
2. Refresher
3. Specific others

The **Health and Safety at Work Act 1974** requires the provision of such information, instruction, supervision and training as is necessary to protect the health and safety at work of employees. The extent of training will vary according to the particular situation in the workplace and the severity of potential hazards likely to be encountered.

The **Management of Health and Safety at Work Regulation 1999** specifies that employees must be provided with appropriate training when:-

- First joining an organisation
- Risks are increased because of:-
 - a change in responsibilities as employees
 - a change in equipment / technology
 - a change in the system of work

2.0 Competence

Employers are also required under the **Management of Health and Safety at Work Regulations** to appoint one or more 'competent persons' to assist in the health and safety arrangements. In practical terms each school (or centre) will have designated a member of staff to carry out these functions. Such persons must be given sufficient time and facilities to fulfil their duties and appropriate training must be given to them during work time.

The extent of training for any employees will depend on the nature of the post and the situation on the workplace. Training could therefore range between basic information and training in safe working practices up to a high level of expertise in dealing with hazardous environments requiring specific applied knowledge and skills.

In order to gauge competence, existing employees should be assessed at appropriate intervals for effectiveness for a satisfactory level of competence against performance criteria. By the same token, the fact that new employees may have undertaken training elsewhere should not exempt them from being assessed for competence in safe practices in the workplace. It may be necessary to supplement existing knowledge with health and safety training relevant to the school or centres' needs. It also follows that those who hold management position and have greater responsibilities must be trained to commensurate levels of competence in health and safety issues. In particular, those management positions should possess adequate knowledge and skills to recognise potentially hazardous situations and after having made an assessment of such situations are able to take appropriate preventive steps.

Certain activities are covered by specific health and safety regulations that require provision of appropriate and adequate training in:-

- Health and Safety (Display Screen Equipment) Regulations 2002.
- Electricity at Work Regulations 1989.
- Control of Substance Hazardous to Health Regulations 1999 & subsequent amendments.

Training

The Safety Representatives and Safety Committees Regulations 1977 requires employers to allow appointed safety representatives to take time off with pay to attend training to enable them to carry out their functions properly.

The Health and Safety Executive has produced useful guidance - Five Steps to Information, Instruction and Training which is reproduced here at the Appendix.

3. Summary

Though special care should be taken about new employees who join the staff of a school or centre it should be remembered that existing employees might require updating in competencies. Management should therefore conduct regular audits of competence where health and safety issues are involved and after analysis decide on the training needs of employees and make appropriate provision. Whatever training is decided on, it should be regarded as only a part of a process which should be continuous, in terms of assessment and evaluation of effectiveness.

All employees must receive information and training in health and safety issues affecting their work. As a general rule, a training programme should include the following elements:-

- Duties of employees under law (especially the stipulation that employees must take reasonable steps to secure their own as well as others health and safety);
- Information on arrangements and procedures relevant to an employees;
- Safe working practices;
- Hazard identification;
- Reporting procedures for health and safety issues.

4.0 Sources of Advice and Assistance

Corporate Health, Safety and Wellbeing Team

- Advice and information on health and safety training
- Provision of health and safety training

Human Resources Service

- General information and advice on recruitment and training

Children's Services Professional Development Centre

- Provision of training

APPENDIX - HSE GUIDANCE ON INFORMATION AND TRAINING

The Health and Safety Executive issue this guidance. The following guidance is not compulsory, but following it will be enough to comply with safety law. Health and safety Inspectors may refer to this guidance as illustrating good practice.

Health and safety law requires you to provide information, instruction and training. This leaflet sets out, in five easy steps, what you need to do.

Information means providing factual material to people about risks and health and safety measures.

STEP 1 Decide WHO needs information:-

- your own employees;
- the employers of any staff visiting or sharing your premises;
- any self-employed people working for you;
- temporary staff;
- any employment business supplying you with temporary staff or contract labour;
- anyone helping you carry out your health and safety duties;
- people visiting the premises.

STEP 2 Decide WHAT information is needed to cover:-

- health and safety risks;
- precautions for preventing these risks or protecting against them;
- emergency and evacuation procedures;
- responsibilities of employees and others to comply with site rules and safe practices;
- how to use work equipment and personal protective equipment.

STEP 3 Decide WHEN information is needed.

Basically, the answer is - in enough time for it to be acted on. So think about what your employees need:-

- when someone first starts work;
- when the job they do changes and they face new or increased risks;
- and think about when other people, e.g. visiting maintenance staff, need information.

STEP 4 Decide HOW you are going to provide the information.

Think about the amount of information, who needs it and when. You can provide it:-

- by telling people what they need to know;
- on paper - whether your own information or that provided by suppliers, e.g. on labels;
- by letting people use information held on computer.

However you do it, the information you provide must be easy to understand. Make sure that the people receiving your information know why and what is expected of them. Also, if need be, you could get someone - perhaps an employee or a member of the local community - to translate information for people who may not otherwise understand it.

STEP 5 CHECK that the information has been effective:-

- Has everyone understood it? If not, you may need to provide instruction or training.
- Is it being used or acted on as intended?

Instruction and Training

Instruction means telling people what they should and should not do. Training means helping them learn how to do it.

STEP 1 Decide WHO needs to be trained:-

- Do you need some training in health and safety?
- Have you thought about the needs of managers and supervisors? See checklist 1.
- Have you considered the needs of all your workers including young people, new recruits and part-time employees? Do they need training in order to work safely?

STEP 2 Decide WHAT training is needed and what the objectives are - giving people the wrong training or too much is a waste of time and money.

- Does the law require you to carry out specific training? See checklist 2 for what the law requires.
- Have you taken account of your firm's experience of accidents and near misses and employees' illness?
- Do you need to provide refresher training or update existing skills?
- What are the standards of competence (that is the knowledge and experience needed to work safely) required for each job?
- Are qualifications such as NVQs/SVQs (National/Scottish Vocational Qualifications) relevant? Your local Training and Enterprise Council (TEC) or, in Scotland, local enterprise company (LEC) can provide information and practical advice.

STEP 3 Decide HOW to carry out training (see checklist 3).

- Are your in-house trainers competent in health and safety?
- Will you need to use external training providers?

STEP 4 Decide WHEN you need to provide training:

- Have you put your training needs in order of priority?
- Have you set target dates for the training programme to be completed?
- Have you provided adequate resources for training?
- Can you get help? You may be able to get a government-assisted loan to help meet some of the costs of training if you have no more than 50 employees. Contact your local TEC/lec.

STEP 5 CHECK that the training has worked:

- Are the standards of competence you set out in Step 2 being met?
- What feedback are you getting from managers / supervisors and from the people who have been trained?
- Has there been any improvement in your company's health and safety performance?
- What changes could you make to improve your training programme?

Checklist 1

What managers and supervisors need to know?

Managers and supervisors need to:-

- accept that they have a responsibility to manage health and safety.
- recognise that health and safety is part of good management.
- take action to ensure good standards of health and safety.

To do this they need to:-

- understand the hazards in the work
- be able to organise or carry out a risk assessment
- be aware of the ways that risks can be minimised
- make decisions on how to control risks
- put across the health and safety message to staff
- check precautions are put into and remain in place
- investigate when things go wrong and
- decide how to make improvements.

Checklist 2

The Management of Health and Safety at Work Regulations 1999 say you have to provide health and safety training for people:

- when they start work
- when their work or responsibilities change and there are new or greater risks as a result
- periodically if needed - for instance if the skills do not get used regularly.
- that takes account of any new or changed risks.

You must provide training during working hours and not at the expense of people working for you. People have training needs throughout their careers, but at these times their training needs will be greater than others.

WHEN THEY START WORKING FOR YOU

All new starters need some form of induction training. They will all need to know the company's safety policy and the arrangements you have made to deal with health and safety matters. Young and inexperienced recruits may need a lot more than that.

WHEN THEY ARE EXPOSED TO NEW OR INCREASED RISKS

Whenever something changes in the workplace, you should consider whether the risks have changed, and whether anyone needs extra training as a result. If the change makes the job safer, or doesn't change the risk, you don't have to provide extra health and safety training - though you might wish to provide training for other reasons.

Make sure that you provide training when people need to bring their skills up to date, especially when the training relates to something they don't often do, such as dealing with emergencies. Make sure that training materials are kept up to date.

Make special arrangements, if necessary, for part-timers, or shift workers. Make sure that you take account of any that apply, for example first-aid training.

Checklist 3

Approaches to training

Learning from an experienced person on the job is a time-honoured form of training, but its value depends on how good the person (staff) is at passing on correct, up-to-date instruction. If you use this method, it might be useful to consider giving staff some training in how to train.

You don't always have to send people off to a training centre or college. Sometimes it may be more economical to ask the trainers to come to your premises and train a group of people.

Training

Distance learning can take several forms - books, audio tapes or videos, computer-based learning, or a mixture of all of them. It relies on the person doing the training being very committed, and being prepared to work mostly alone. Someone doing this type of training may need a lot of support and encouragement, but if you can provide this, distance learning is a very economical way of providing training. HSE has published *You can do it - The what, why and how of improving health and safety at work*, a self-help guide for small business managers and employees' safety representatives.

The training material comes on a computer disc, and the user reads information and answers questions. This method allows the trainees to interact with the training material. This form of training is designed to be user-friendly.

Any business examines potential suppliers carefully before buying goods and services. Choosing a training provider is no different:-

- go back to your risk assessment, and write down your requirements; who can provide what you need;
- they may be able to give you the names of training providers in your area. They can also advise on training grants which may be available to assist smaller firms;
- recommendation is often the best way of finding who does a good job at the right price

Business contacts and trade associations may be able to help. Before you agree to purchase training, ask the provider for references, and follow them up. Also, ask in some detail exactly what the trainers are providing, and the basis of their fees, so as to be sure it is what your business needs and can afford. The training industry has its hard sells, just like any other.

Some information about vocational training

National and Scottish Vocational Qualifications (NVQs and SVQs) NVQs (in England, Wales and Northern Ireland) and SVQs (in Scotland) are qualifications which rely on the candidates being able to prove that they are competent to do a job and have the background knowledge (called underpinning knowledge) to support that competence. VQs (both NVQs and SVQs) are designed as work-based qualifications, with evidence of competence collected at the workplace.

Anyone can do a VQ - they don't need any previous qualifications, and they can take as long as they need to achieve the competence. VQs are made up of units, and some people find that they don't need a whole VQ, but would rather do just the units which are relevant to their work. Separate units each earn a credit, but to get a VQ you have to do all the units. VQs are available from level 1, for competence in very straightforward work, to level 5, which is designed for senior managers.

Although VQs are qualifications, not training courses, many training schemes are offered which lead to VQs. In theory, if a person is competent already, no extra training would be needed to get a VQ, but most people who go in for VQs will need some training so that they can get the necessary underpinning knowledge. It is worth knowing that underpinning knowledge can be learned from any source - candidates don't have to attend a particular course, or buy a particular package.

However, many people get enrolled for courses, which will lead to VQs, as they and their employers find it most convenient to study for VQs in this way. VQs are developed by industry and relate to specific jobs. Health and safety is an important part of practically all VQs, and there are VQs for Health and Safety Practitioners.

If you want to know more about NVQs or SVQs, contact:-

- Qualifications and Curriculum Authority (QCA), 83 Piccadilly, London W1J 8QA (Tel: 020 7509 5555, fax: 020 7509 6666, e-mail: info@qca.org.uk) Or
- Scottish Qualifications Authority (SQA) (The Scottish Vocational Educational Council), Hanover House, 24 Douglas Street, Glasgow G2 7NQ (Tel: 0845 279 1000, fax: 0141 242 2244).

23. VIOLENT INCIDENTS AT WORK

Introduction

Haringey Council does not accept that it is part of any employees duty to be subjected to verbal abuse, threats or physical assault and if or when such abuse is experienced, will provide such support and guidance as is necessary for the employee to ensure that the effect of such abuse is minimised.

The Health and Safety Executive's definition of work related violence is:-

“any incident in which a person is abused, threatened or assaulted in circumstances relating to their work”.

This includes abuse or harassment based on race, gender, sexuality, disability and religion. It can also take the form of bullying.

Employees dealing directly with members of the public, service users, clients, pupils etc. may face aggressive or violent behaviour. They may suffer non-physical abuse, threats or even physical assaults. Violent incidents include those leading to death, major injuries or minor injuries. Even where there is no physical injury, employees can still suffer fear, anxiety and emotional stress as threats may indicate a risk of actual injury. Malicious damage to an employee's property can also cause distress and fear of future physical attack. People will have different perceptions about behaviour they find threatening or offensive, or which causes distress rather than simple annoyance. Where an employee is the victim of verbal abuse, threats or physical assault by a fellow employee, disciplinary action will be taken against the offender(s). The victim will receive such personal support counselling and guidance as is necessary to minimise the effects of such abuse.

Policy

The Council in providing services to the community expects that members of the public will treat its employees with courtesy and respect, and equally expects employees to show courtesy and respect to members of the public.

It should be made clear to all clients, customers and service users of Council facilities and services that violent or aggressive behaviour will not be tolerated and that any assaults on Council employees will lead to a Police investigation and possible criminal proceedings. It is important that this information can be easily understood by anyone whose first language is not English or who has any form of disability. Employees are encouraged to report incidents of violent behaviour to which they have been subjected, to their manager/supervisor who will discuss/investigate the incident and, where possible, take action to prevent a recurrence. The action taken or the action proposed should be recorded. Violent incidents are reportable under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations). Therefore, where an employee is absent for more than three days, receives a fatal or major injury as a result of a violent incident, the Council's Incident Reporting Procedure should be followed. It is the policy of Haringey Council that the following points will be made clear to all employees through appropriate training:-

- All staff will be made aware of the importance and necessity of reporting every violent incident;
- All staff will be made aware of the procedures and arrangements for reporting violent incidents related to their work;
- All staff should be clear that reporting an incident is no slight on themselves, their Service or any service user;
- All staff should be made aware that good reporting assists in identifying training needs, the need to change work practices and the effects of changes in work practices.

Policy Objectives

- To increase staff awareness of violence issues;
- To ensure the accurate reporting of all violent incidents;
- To provide practical advice to staff on prevention and management of aggressive or violent behaviour;
- To ensure that staff exposed to violence and aggression receive appropriate support and training;
- To reduce the number of injuries by staff involved in violent and aggressive incidents.

Definitions

Aggression – Any form of behaviour that harms someone else either physically or psychologically against their wishes. This definition includes bullying and harassment. It also includes damage to property such as breaking windows or throwing of furniture.

Violence – An act where there is physical or actual harm.

Attack definitions are listed to make clear the types of acts or behaviours that should be reported in every instance:-

Verbal Abuse This should include any verbal abuse or unacceptable behaviour either face to face or by telephone or e-mail.

Verbal Threats This should include any threat to the member of staffs person, property, livelihood or family.

Spitting This should include any instance where the staff members spat at directly whether or not he or she is hit.

Physical Unarmed This includes any aggressive stance in which the member of staff feels threatened or undermined.

Physical Armed This includes any item used as a weapon or missile.

Other Any other type of verbal or physical abuse not covered above.

People will have different perceptions about behaviour they find threatening or offensive, or which causes distress rather than simple annoyance.

Debriefing

Following every violent incident an appropriate debriefing interview should be conducted by the manager / supervisor as appropriate to:-

- To demonstrate support for the staff member;
- To facilitate learning from the experience;
- To assist the development of good practice;
- To advise of assistance of Trade Union; and
- To ensure that staff members are aware of the independent professional counselling services available from Haringey Council Occupational Health Service.

All members of staff have rights to report any incident in which they have been involved to the Police. They are entitled to expect the positive support and backing of the Council should they wish to exercise this right. All managers and supervisors must therefore clearly understand their responsibility to assist in reporting the matter and, if requested, to do so on behalf of the staff member affected.

Risk Assessment

The potential for and the extent of violence to Council employees must be considered as part of the risk assessment process for all Council work processes and functions.

Depending on the work activity and jobs carried out by a Service, the nature and extent of violence will vary. Work settings may also create potential for violence to occur, so it may be necessary to carry out soundings and perhaps a survey among staff to find out where potential problems may lie. If a survey is to be undertaken the team will need to obtain information from people at all levels within the Service, and should discuss with employees representatives, such as safety and trade union representatives, what data should be collected and how best this can be done.

Information gathering of this kind should help focus attention on areas where potential for violence is greatest, so that resources are directed to where they are most needed. As part of the information gathering exercise, it may be worthwhile liaising with colleagues in other Services who have dealings with the same clients. Sharing information in this way can assist in identifying potentially violent/aggressive clients.

Where violence is recognised as a potential hazard to an individual or group of Council employees then the risk should be evaluated by checking the existing arrangements and deciding if the control measures already in place are adequate or should more be done?

Factors that can be influenced include:-

- a) the level and type of training and information provided;
- b) the environment in which the work takes place;
- c) the design of the job, work practices and patterns.

These factors should be considered alongside any information gathered from the affected groups of employees and should be reviewed in the light of any reported incidents. This will ensure that any required changes or amendments will be incorporated into work practices immediately and be communicated to all relevant personnel within the Service.

To be effective, measures for dealing with violence at work need to be based on proper analysis of the problems being encountered within the Service and full consideration of the alternative strategies available. There are no "ready made" solutions and it is likely to take time, careful planning, and a combination of remedies to achieve the objectives.

Control measures to be considered are:-

Physical aspects

- easily identifiable and accessible reception areas which allow staff to receive visitors and thus help reduce unauthorised visitors wandering around a building;
- providing a counter between staff and public;
- providing wider counters and raised floors on staff side;
- prominently displayed information posters or notices stating Council policy;
- installing controlled entry systems;
- limiting the number of entrances to premises;
- locks on doors;
- use of identity cards by staff;
- installing video cameras and/or panic alarm systems;
- layout of interview rooms that afford employees a quick means of escape in the event a violent incident;
- provision of security staff;
- provision of alarms in reception areas and interview rooms.

Work Practices and Patterns

Particular activities or jobs within a Service can create the potential for violence. Some staff may need to visit people in their homes. This may involve travelling to known trouble areas or evening visits. The person may be anxious or aggressive and could act violently or in a threatening manner. Sometimes specific activities can be altered so that they are carried out in ways that can lessen those risks. Where activities or jobs cannot be altered or adapted, specific control measures may be appropriate to help reduce risks.

Examples of these are:-

- staff to work in teams with trainees under supervision;
- to deploy security personnel;
- staff to leave an itinerary of visits with a responsible person;
- staff to report periodically to base or to a responsible person;
- staff to work in groups to complete specific tasks;
- staff to work in pairs in known areas where violent incidents occur;
- supervisor or manager in conjunction with the staff member to conduct interviews with known/suspected violent customers/clients;
- checking client/customer records before a visit/interview to see whether the person or even someone in the household is known to be potentially violent;
- incorporate Council violence policy into contact documents, service agreements etc;
- recording as appropriate the presence of animals in the house and ensuring that they are secured prior to visit;
- written procedures for the use and maintenance of panic buttons at receptions and interview rooms;
- written procedures for cash handling;
- carrying a personal alarm;
- carrying a mobile phone.

As already indicated, single solutions used in isolation e.g. panic buttons may not provide total protection against violence. A preventative strategy whereby several methods, such as those discussed previously, are incorporated together to develop a more effective long term solution should be introduced.

Reporting Incidents

A formal system for reporting and recording incidents is needed to:-

- a) devise appropriate preventative strategies and control measures; and
- b) monitor whether these strategies are effective.

Good reporting and recording systems are essential for identifying places and work activities where violence can be a problem.

Death, Major Injury and incidents causing more than 3 consecutive day absence

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, incidents resulting in Death, or Major Injury or absence from work for more than 3 consecutive days as a result of physical violence at work must be reported on the Council Incident Report Form.

Other Violent Incidents

All other violent incidents which do not result in death, major injury or more than 3 consecutive days absence must also be reported e.g. non-physical abuse, threats, physical assault etc. This type of violent incident should also be reported on the Council Incident Report Form.

Violent incidents should be discussed in detail with the employee(s) concerned and where possible action taken to prevent a recurrence. The action taken or proposed must be recorded. It is essential that all conclusions and actions taken by management following an incident are formally reported back to the employee involved. When the Council Incident Report Form is completed as a result of a violent incident then a copy of the report form must be sent to the Corporate Health and Safety Team.

For a variety of reasons some employees may be reluctant to report incidents of aggressive behaviour, which make them feel threatened or worried. They may for instance feel that accepting abuse is part of the job. Services will need a record of all incidents to build up a complete picture of the problem. Employees must be encouraged by Services to report all incidents promptly and fully.

Where appropriate Services may develop their own recording formats for violent incidents to detail all relevant information particular to their activities. This is of particular relevance where the activities may include instances of violence between client / client, pupil / pupil, client / other etc. Where this is the case then a Council incident form must also be filled in where there is an act of physical violence to a Council employee.

Training

Training should be provided for all levels of staff who may face violence in their work. As a "blanket" training package is unlikely to be successful, the content of training courses should be geared towards groups of staff, the risks they face and their particular needs. Each Service should identify their specific needs with regard to training through their own risk assessment process. No one training package will provide all the required knowledge and skills for each staff member and it is likely that some Council staff will require to be provided with range of training courses to deal with different situations foreseeable in their work activities e.g. advice on when physical restraint is appropriate, acceptable methods of restraint and legal considerations and sensitivity to service users who may have disabilities or whose first language is not English.

All Council employees should receive basic training either through their own training sections or an external provider to ensure that the following information is formally presented to each employee:-

- familiarisation with the Council policy and Service procedure;
- causes of violent and aggressive behaviour;
- warning and danger signs;
- communication/inter-personal skills;
- techniques for preventing and avoiding violence, calming aggressive people;
- assertiveness training;
- Service risk assessments and available control measures;
- Importance of formally reporting every incident.

Further specific training for Council staff related to their work activities should be carried out in accordance to the requirements of the Service risk assessments. Details of the appropriate courses and their providers should be recorded in the risk assessment document.

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24. WATER TREATMENT

1.0 What is the Nature of the Problem?

Water treatment is essential to reduce the possibility of water borne diseases particularly Legionella. This is a type of pneumonia which is caused by a bacteria. It can be fatal, and particular groups of people are at a higher risk, i.e. those aged 45+, those who drink or smoke, people with chronic respiratory kidney disease, or poor immunity. Children are regarded as being at low risk. It is treated by antibiotics. It is caused by small droplets of water contaminated by Legionella bacteria, which are then inhaled. Legionella is found in water sources, both natural and man made, such as condensing systems, hot/cold water systems and humidifiers. A temperature of 20-45 degrees Centigrade combined with sludge, scale and algae will promote bacterial growth. It is killed by high temperatures.

2.0 Who is Responsible?

As in the case of the management of asbestos, the landlord or manager of the building has a statutory duty and is responsible for protecting people on the premises (staff, pupils, visitors) by assessing risk, preparing and implementing an action plan, managing the staff with direct responsibility ("Competent Person") and ensuring that maintenance and inspection records are kept. Arrangements should also be made to ensure adequate information, training and PPE are available, and that a water treatment company with an (HSE) approved programme is appointed.

3.0 What Actions are Needed?

Legionella is a **reportable disease** in accordance with the RIDDOR Regulations 1995, and should be reported in accordance with the Corporate Guidelines. A suitable system should ensure this is carried out. An approved water treatment company should be appointed for the purpose of scheduled cleaning/maintenance and treatment of water systems. A number of practical site checks and tasks are required as detailed below, and it is anticipated that head teachers / centre managers will delegate these responsibilities to site managers or other suitable staff as "Competent Persons". In the absence of site managers, arrangements for maintenance procedures are the responsibility of the head teacher / centre manager.

4.0 Management Checklist for Legionella

- Ensure that all water systems are inspected /maintained/treated at specified 3 month intervals by an approved water treatment company.
- To ensure that PPE is available for this work.
- To act as a witness to such work.
- To ensure the control of temperatures to be between 20-45 degrees C.
- To ensure there is no possibility of debris collecting, and thus introduce bacterial growth in all water supplies and outlets on site. (Weekly).
- To ensure that scalding is prevented by erecting warning signs and maintaining thermostatic mixer tap valves. (Daily).

5.0 Further Information

"Legionnaires Disease: A guide for schools"

The Health and Safety Executive Web site: www.hse.gov.uk/legionnaires

The Occupational Health, Safety and Wellbeing Service.

For further routine checks please refer to the Property Guide booklet, pages 36/7. (This guidance is issued by the Capital Programme Team).

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25. ADVICE RE WORK AT HEIGHT TO HEAD TEACHERS AND CENTRE MANAGERS

1.0 Summary of New Legislation (The Work at Height Regulations 2005)

All employees and other staff under the employer's control (e.g. agency staff, supply teachers) are covered by the legislation. Work at Height should be "properly planned", "carried out in a safe way as far as reasonably practicable", and staff should be "competent" to do so.

Equipment should be "appropriate" to the nature of the work being carried out, in good working order, and regularly inspected.

2.0 Who is Affected and What Needs To Be Done?

The head teacher or centre manager is regarded as being the person responsible for staff engaged in any work at height.

Most work at height in schools and under fives/youth centres will be undertaken by site managers, but anyone (e.g. teachers, nursery officers, youth workers, kitchen staff) who uses a ladder or kick stool to access materials or equipment for storage or retrieval is included. It is important that appropriate safe equipment is available, and staff members are not permitted to work in an unsafe manner, e.g. by standing on chairs or tables.

A risk assessment should be completed for all tasks involving work at height, reviewed regularly (minimum annually) or following an accident, and kept in the Health and Safety file.

A separate risk assessment should be completed for expectant/new mothers and it is recommended they should not work at any height unless it is unavoidable.

3.0 Scaffolding

This will normally only be used in schools/centres where building work is in progress. Head teachers/centre managers as "responsible persons" for the site (workplace) should ensure that a Method Statement / Safe System of Work has been completed by the building contractor before work commences; this may be confirmed by consultation with the appropriate project manager in the Property and Contracts Section. It is important to ensure that all scaffolding is fenced off from access by children/young people at all times. This may be delegated to a member of staff to check on a daily basis.

4.0 Roof Work

Any fall from a roof will almost certainly involve a serious injury and it must be regarded as a "high risk" activity. Falls can occur from the edges of roofs, through gaps or holes, sky lights and due to fragile roof materials.

A decision must therefore be made whether any roof work is really necessary. A risk assessment should always be completed and relevant staff advised of the risks identified accordingly. It is essential that appropriate equipment is available for any roof work, e.g. roofing ladder, safety harness.

5.0 Ladders

Half of all fatalities involve a fall from height, so it is important that any ladder work is carried out for a minimum period of time when this is strictly necessary. This will help to prevent un-necessary falls from ladders and dropped equipment or materials which could injure staff or children/young people.

A risk assessment must always be completed and employees concerned advised of any risks identified.

Working at Height Safely

The surface on which a ladder is placed must be stable and firm, and of sufficient strength to support the ladder and its loading (employee and equipment/materials).

It should be positioned on a level ground to ensure its stability in use, and secured, or held by a 2nd employee to prevent slipping. It is recommended that a tool belt is supplied to assist in preventing accidents caused by tools and other materials being dropped.

All ladders should be checked to ensure they are in good condition, i.e. without splits/ cracks in the wood or missing rungs, before use. It's now recommended that wooden ladders be replaced by aluminium ones.

6.0 Kick Stools

Where these are used it is important to ensure they are in good condition, sufficiently stable and used on an even surface.

Where items are to be retrieved/stored are out of reach by use of a kick stool then a step ladder should be used instead.

7.0 Further Information

Health and Safety Executive web site: www.hse.gov.uk

The Corporate Health, Safety & Wellbeing Team.