



ORIGINATOR: CHIEF CONSTABLE

PAPER NO: AP21/36

SUBMITTED TO: ACCOUNTABILITY AND PERFORMANCE PANEL – 2 JULY 2021

SUBJECT: ANNUAL HEALTH AND SAFETY REPORT 2020/21

SUMMARY:

1. The Annual Health and Safety Report provides an update on Health and Safety compliance and performance for the Constabulary during 2020/21

RECOMMENDATION:

1. The Accountability and Performance Panel is asked to note the content of this report and endorse the planned priorities for 2021/22

1 HEALTH AND SAFETY IN POLICING

1.1 Policing is a dangerous job. In recognition of the challenges faced by both officers and staff, police forces have a duty to achieve excellent standards of health and safety management and to promote occupational health, safety and welfare. The application and on occasion compliance with health and safety law can be challenging for the Constabulary in relation to many of our operational activities because:

- we have to send police officers and staff into dangerous situations, in circumstances whereby anyone else would be seeking to get away from the danger;
- there is often an unrealistic public expectation that Police Officers and staff will put themselves at risk to protect the public;
- we have to take into account the wider purpose of the Constabulary, including public safety and the legal framework within which we operate, and not act solely to protect our own police officers and staff;
- in fighting crime, the Constabulary is, in effect, reducing the overall risk to the public – however, in doing so, police activities may create other risks;
- many incidents we face occur without warning and individual police officers may, from time to time, be confronted with situations outside their experience and training;
- Police officers may need to take actions which put the public and themselves at risk. This is appropriate when the benefits from taking these risks outweigh the sum of all other risks;
- some of the incidents we deal with develop and change at speed;
- we have to prepare individual police officers and staff to be able to make tough and complex decisions in foreseeable situations that may be dangerous, fast moving, emotionally charged and pressurised, even if there is incomplete or inaccurate information about the incident;
- we have to respond to dangerous situations which are not of our own making - this is different to most other sectors where it is the employer's own business that creates the risks; and
- we may not be able to control or mitigate all aspects of our working environment.

2 OUR HEALTH AND SAFETY DUTIES

2.1 The Health and Safety at Work etc. Act 1974 (HSWA) applies to all activities of the Constabulary. HSWA requires employers to ensure the health, safety and welfare at work of our employees, and to ensure that our activities do not adversely affect the health and safety of other people. These duties are not absolute and each is qualified by the test of what is reasonably practicable. HSWA therefore, does not require all risks to be eliminated, and the Health and Safety Executive (HSE) who regulate and enforce against the Constabulary recognise this. Even when all reasonably practicable precautions have been taken to deal with foreseeable risks, injuries and deaths could still occur; and it may be necessary to take some risks to secure the wider benefit of public safety.

2.2 HSWA also places duties on employees to take reasonable care of themselves and others and to co-operate with their employer. In essence, this means that police officers and staff should act sensibly and responsibly within the command and control of their employer; they should not act recklessly. However, the Constabulary and the HSE recognise that in protecting the public, individuals may, very occasionally and in extreme cases, decide to put themselves at risk in acts of true heroism. In these rare circumstances, the HSE takes the view that HSWA has not been breached by the Constabulary and that it would not be in the public interest to take action against the individual. Equally, the HSE and the Constabulary, recognise that in such extreme cases everyone has the right to make personal choices and that individuals may choose not to put themselves at unreasonable risk.

2.3 Police officers are not employees; they are office holders under the direction and control of the relevant Chief Constable. However, HSWA, provides for officers to be treated as employees of the Chief Constable. For the avoidance of any doubt, references to '*employees*' throughout this report and any safety arrangements, includes police officers as well as members of staff.

3 HEALTH AND SAFETY MANAGEMENT SYSTEM

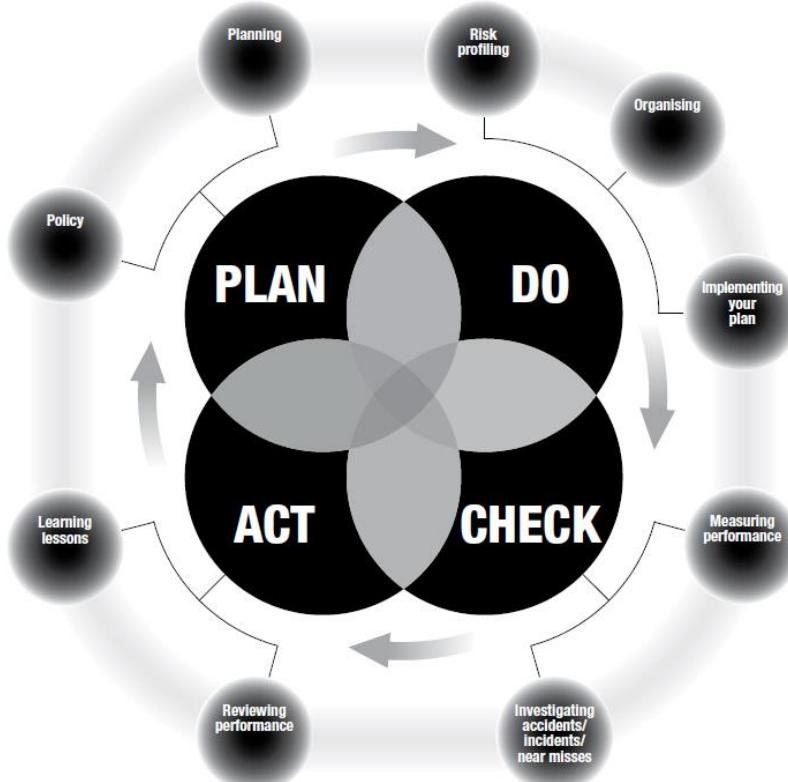
3.1 Police Officers and Police Staff expect adequate health and safety management systems that:

- take account of the bigger picture including the wider legal and regulatory context in which they operate, so that the Constabulary can:
 - fight crime and protect the public through delivery of an effective service; and
 - enable Police Officers and staff to take appropriate care for their own, their colleagues' and the public's health and safety;
- include robust, proportionate and carefully considered and non-bureaucratic risk assessments which:
 - identify significant risks;
 - set out safe systems of work which specify appropriate control measures, equipment and competencies; and
 - are effectively implemented.

3.2 The Health and Safety Team, part of the Workplace Health, Safety and Wellbeing Department, provide the strategic framework for Suffolk Constabulary to deliver its statutory responsibilities. We provide professional advice and support to services, teams and individuals across the constabulary to ensure the effective and proportionate management of risks affecting the health, safety and organisational compliance. The services provided to do this include:



3.3 The management framework is based upon the 'Plan, Do, Check, Act' cycle which provides a balance between the systems and behavioural aspects of management. It also treats health and safety management as an integral part of good management generally, rather than a standalone system. This means that health and safety considerations should form part of our everyday roles in all areas.



3.4 A Statement of Health and Safety Policy is required by HSWA. The actual statement, which is jointly signed by the Police and Crime Commissioner and Chief Constable and Norfolk Constabulary as our collaboration partner, is within an overall policy which outlines the commitment to ensuring good health and safety and the positive benefits it brings in providing excellent service and protection for the communities we serve. Our commitments to achieving exemplary standards of health and safety for all our employees and persons affected by our activities, in so far as is reasonably practicable in view of the dynamic nature of operational policing is also stated.

3.6 Health and Safety Arrangements

3.6.1 HSWA places a number of wide-ranging duties upon the Constabulary. This includes ensuring that we have arrangements in place detailing how we manage hazards and risks to our officers, staff, contractors and persons affected by our activities. Suffolk Constabulary does this in a number of ways including risk assessments, subject specific force policies which include sections on the hazards and management of these. One of the key methods is through the use of 'Health and Safety Arrangements'. These are periodically reviewed or updated when required to ensure continual compliance.

3.6.2 The impact of COVID-19 was significant for the entire constabulary and our partners. Our workplaces have reduced occupancy, layout changes to maximise social distancing, enhanced cleaning and improved ventilation in order to reduce risk of infection was as low as reasonably possible.

3.6.3 All work activities are required to have a written risk assessment. These risk assessments have to be reviewed and authorised by the health and safety team as the competent advisors on health and safety, required by the Management of Health and Safety at Work Regulation 1999 and force policy. Managing the risk of COVID-19 through 4 key mechanisms of infection control: physical distancing and limiting contact, environmental hygiene, personal hygiene and where appropriate Personal, Protective Equipment (PPE) remain a key combination of measures to keep all safe at work.

3.7 Regional and National Roles

3.7.1 As previously reported, the Health and Safety Manager for the Constabulary, provides 7 Force Firearms Training health and safety advice and remains the National Chair of the Association of Police Health and Safety Advisers (APHSA). This role continues to allow an active place on the National Police Chiefs Council (NPCC) Health, Safety and Welfare Strategic Group

3.7.2 The Regional and National roles have substantially assisted in developing more cohesive approaches to health and safety compliance across all areas of policing and regional forces, all of which directly benefits the Constabulary.

3.7.3 A number of national matters have been actively worked on by the Health and Safety Manager for the benefit of not only Suffolk Constabulary but all forces. These included:

- National Police Coordination Centre (NPoCC) – Op Talla PPE Team.
 - Provision of health and safety expertise and an integral member of the PPE Team in addition to fulfilling his main role for the constabulary.
 - Production of the national PPE specification based upon the learning and knowledge applied locally for Suffolk which has been well received by forces enabling them to identify product specification and assist local suppliers with force requirements. This has also assisted the Op Talla procurement leads with certification and tender requirements.
 - Helped to develop the COVID PPE guidance through to its current 11th iteration which has been a work in progress throughout the pandemic that has helped to protect officers and staff.
 - Collation of health and safety information from forces on behalf of Op Talla that has helped shape communications to forces whether this be the top five outbreak causes to total number of dangerous occurrences, cases of diseases or sadly COVID related deaths reported to the Health and Safety Executive (HSE).
 - Supported a national HSE research project 'COVID Out' which enables Public Health England and specialist inspectors from the HSE to thoroughly investigate outbreaks in forces.
 - Presented as part of a College of Policing's Knowledge sharing event on COVID secure premises which was well received by all in attendance.
 - Produced a simple COVID 'start and finish' cleaning checklist to provide reassurance in shared workplaces. This is available on the [NPCC website](#).

- NPCC Guidance to Forces on COVID-19 RIDDOR reports.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) requires the Constabulary to report to the HSE certain workplace related injuries, disease and dangerous occurrences without delay. Officers and staff are highly likely to come into contact with individuals with suspected or confirmed cases of COVID-19. In some instances, and under certain circumstances a release or escape of the virus (dangerous occurrence), case of disease, or a fatality where the infection has arisen through a work-related activity may be reportable to the HSE. The Health and Safety Manager in consultation with NPCC, Staff associations, HSE and force health and safety professionals

wrote specific NPCC guidance and further revised this. A copy can be found on the NPCC website [here](#).

3.8 Joint Health and Safety Committee

3.8.1 The Joint Force Health and Safety Committee continues to represent the overarching governance committee, where departments in both Norfolk and Suffolk are accountable for their Health and Safety performance. The statutory Committee continues to meet quarterly via video conference, with representation from key staff associations (e.g. Police Federation, UNISON) and departmental leads from areas such as County Policing Command, Protective Services, ICT, Transport and Joint Justice Services. Key Performance Indicators are reported on at the meeting and monitored by the Committee which are centred around ensuring:

- The maintenance of statutory reporting in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (as amended) 2013;
- Operational risk assessments are being reviewed annually to ensure the ongoing safety of those Police Officers and staff in the front line through the application of effective workplace controls;
- Health & Safety Inspections and monitoring activities are being undertaken to maintain a safe and healthy working environment;
- Satisfactory completion rates for mandated training requirements including Fire & Bomb Safety Awareness;
- Fire Risk Assessments as required by the Regulatory Reform (Fire Safety) Order 2005 are undertaken periodically and that the associated actions are being monitored and addressed as required.
- Statutory Estates Compliance such as maintenance and servicing of gas appliances, control of legionella in hot and cold-water systems.

3.8.2 Due to the joint working partnership with Norfolk Constabulary, and the fact that a number of our systems, departments, arrangements and risk assessments are joint, a number of the performance measures are reported as a combined figure on a quarterly basis.

3.8.3 The Committee receives a quarterly update articulating the key occurrences, emerging hazards and lessons learnt that may influence our health and safety performance and thus compliance. The Joint Chief Officers Team also receives a quarterly update.

3.8.4 Key topics covered in meetings during the last 12 months and either resolved or escalated to the Joint Chief Officer Team for a decision included:

- Corrosive Substance Kits for vehicles and vehicle equipment
- COVID Working Safely
- Fire safety compliance
- Face Fit Testing
- NPCC Officer and Staff Safety
- Provision of ICT equipment to homeworkers
- Portable Applicant Testing
- Facial hair and respiratory protection

4 ACCIDENTS, INCIDENTS AND NEAR MISSES

4.1 The Joint Health and Safety Team:

- Provide arrangements and are the responsible and competent persons for the reporting of all accidents, incidents and near misses in the workplace;
- Ensure that all reportable injuries, diseases and dangerous occurrences are reported to the Health and Safety Executive in accordance with statutory requirements;
- Ensure that accidents and incidents are investigated and where appropriate remedial actions are taken to prevent re-occurrence;
- Ensure through accident and incident reporting that statistics and management information exist to enable trend analysis and assist in improving preventative measures through lessons learnt or changes to training such as through personal safety training.

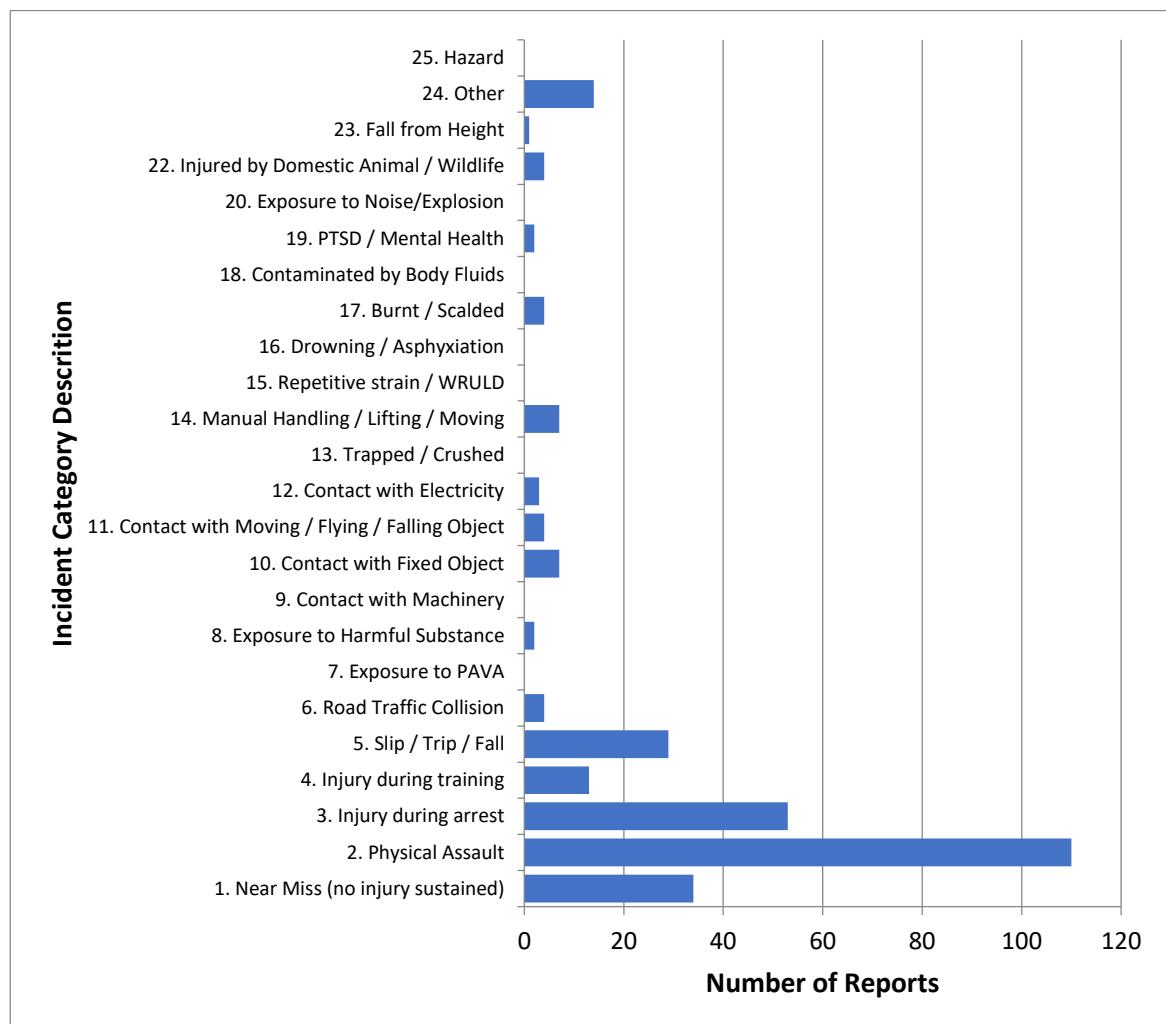
4.2 During 2019/20, Suffolk saw a 38% reduction in the number of accidents, incident and near miss reports (includes assault or injury sustained during use of force¹). The national restrictions prevented travel and a number of businesses from being able to operate including those linked to the night time economy will have undoubtedly contributed to this reduction.

| Period | Total Number |
|----------------------|--------------|
| 2020/21 ² | 291 |
| 2019/20 | 429 |
| 2018/19 | 390 |
| 2017/18 | 362 |
| 2016/17 | 283 |
| 2015/16 | 218 |
| 2014/15 | 232 |
| 2013/14 | 218 |

4.3 As accident, incident and near miss (AIM) reports are received or as Use of Force assault and injury data is extracted, we will record them and categorise the data into accident/incidents types. The graph below indicates the categories and also provides an overview of the range recorded in 2020/21:

¹ Assaults and injury during arrest recorded on the 'Use of Force' forms are merged with the Accident, Incident and Near Miss (AIM) forms since the 1st April 2017.

² Figures based on total reports submitted during 2019/20. Figures may increase should late reports subsequently be received.



4.4 Assaults and injury during arrest remain as the top two incidents categories for 2020/21. Injury during arrest saw a significant reduction of 91% when compared to 2019/20 and a 35% reduction in physical assaults being reported. The top eight recurring incidents from 2020/21 when compared to 2019/20 for Suffolk and Norfolk, as our collaborated force can be seen in [Appendix 1](#).

4.5 The total number of assaults recorded by the constabulary on its Athena intelligence and case management system is still high:

| Offence Description | Total |
|---|-------------|
| Assault or assault by beating of a constable | 892 |
| Assault Police - Assault occasioning actual bodily harm (ABH) (S.47) | 186 |
| Assault Police - Minor wound without intent (s20) | 43 |
| Assault Police - Wounding with intent to resist/prevent arrest (S.18) | 4 |
| Assault Police -Wounding with intent to do grievous bodily harm (Indictable) (S.18) | 7 |
| Assault without injury on a constable (Police Act offence) | 134 |
| Attempted - Assault or assault by beating of a constable | 3 |
| Attempted - Assault Police - Cause GBH with intent to resist/prevent arrest. (S.18) | 3 |
| Attempted - Assault Police -Wounding with intent to do grievous bodily harm (Indictable) (S.18) | 6 |
| Grand Total | 1278 |

5.1 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) requires the Constabulary to report to the HSE certain workplace related injuries, disease and dangerous occurrences without delay. This includes:

- accidents resulting in the death of any person;
- accidents resulting in specified injuries to workers;
- over-seven-day incapacitation of a worker;
- non-fatal accidents requiring hospital treatment to non-workers;
- dangerous occurrences.

5.2 If Accident, Incident and Near Miss reports fail to be submitted by the officers, staff and/or their line manager the Constabulary faces a risk of criminal enforcement action by the HSE. Summary of key reports submitted by Suffolk Constabulary (all employees e.g. Police Officers and Police Staff):

| | | |
|--|---|---|
|  <p>0 Fatal injuries to employees ✓ Remains the same as previous 5 years</p> |  <p>2 Specified injuries to employees ✓ Decrease of 4 since 2019/20</p> |  <p>9 Over seven day injuries to employees ✗ Increase of 3 since 2019/20</p> |
|  <p>0 Incidents of Occupational Health ✓ Decrease of 1 from 2019/20</p> |  <p>1 Dangerous occurrences ✗ Increase of 1 since 2019/20</p> |  <p>1 Reportable incidents of non-employees taken to hospital for treatment ✗ Increase of 1 since 2019/20</p> |

5.3 During 2020/21 Suffolk Constabulary saw an increase from seven accidents/incidents which required reporting to the HSE to thirteen, despite an overall reduction in the total number of accidents, incident and near miss forms submitted. Details of these incidents:

- **Dangerous Occurrence**
 - Officer has been punched to the head and became unconscious whilst trying to arrest a person
- **Over 7 Day**
 - Officer was taking part in personal safety training and holding a strike pad whilst performing a drill with batons. The baton tip has reached beyond the pad catching officer on the wrist, subsequently diagnosed as a fracture – also classed as a specified injury.
 - Officer has chased person to rear garden when the resident has opened the gate to allow the person inside. Resident's dog has then come out and bitten Officer on right upper thigh 3-4 times.
 - Officer was trying to help other officers control detainee who has pushed Officer causing him to slip over and land onto his foot. Fractured right ankle, causing significant bruising and swelling.
 - Whilst attempting to restrain suspect person has punched officer in the left eye fracturing both eye sockets and causing a cut under the left eye. Two broken eye sockets to her left eye and bruising/soreness
 - Whilst attempting to restrain suspect person has punched the officer in the right-hand side of the face causing a badly cut lip and a tooth injury. Stitches and dental damage.

- Officer had to kick the back door open due to concern for safety and has torn the gastrocnemius muscle in the calf of the right leg.
- Officer was walking across an uneven piece of grass and went over on their ankle. Sprained Ankle and severe bruising
- Officer was doing the cross country run element of an assessment day and has jumped a small ditch and felt pain in their right knee on landing. Fluid on knee and swelling. Suspected ligament damage.
- Member of police staff sustained musculoskeletal injury when lifting the speed camera onto a tripod.

- **Specified Injury**
 - Officer has punched aggressive person to the chin in self-defence and as a result of this punch has broken their hand.
 - An officer has placed foot on circular base of stool and slipped over resulting in injury to right hand and sizeable lump to knuckle. Hand placed in plaster cast.
- **Reportable Incidents of Non-Employees Taken to Hospital**
 - Young person from care home had been assaulting staff; when being restrained by officers sustained a broken arm.

5.4 There are reporting requirements relating to cases of disease, or deaths from COVID-19 under RIDDOR. These apply only to occupational exposure, that is, as a result of a person's work. The constabulary will only make a report under RIDDOR when one of the following circumstances applies:

- an accident or incident at work has, or could have, led to the release or escape of coronavirus (SARS-CoV-2). This must be reported as a dangerous occurrence
- a person at work (a worker) has been diagnosed as having COVID-19 attributed to an occupational exposure to coronavirus. This must be reported as a case of disease
- a worker dies as a result of occupational exposure to coronavirus. This must be reported as a work-related death due to exposure to a biological agent

5.5 None of the Accident, Incident or Near Miss (AIM) reports received warranted onward reporting the HSE under RIDDOR; this is in line with approximately 50% of other forces.

5.6 Where one of our work activities affects a member of the public or non-employee which results in them requiring treatment at hospital or losing their life, this is often reportable to the HSE. A presentation has been provided to the Joint Professional Standards Department (PSD) relating to this requirement and changes have been made to the Death and Serious injury form to ensure that the Health and Safety Team are also made aware. Guidance and a link to the presentation was also provided in the 'Learning Times' which is a periodic newsletter produced by PSD.

6 HSE ENFORCEMENT INTERVENTIONS

6.1 The HSE have criteria for selecting RIDDOR reports for investigation and also respond to concerns from members of the public, contractors or personnel directly employed by the constabulary.

6.2 Suffolk Constabulary has received four HSE interventions since April 2020, two relating to PPE not meeting relevant standards and one relating to compliance at Great Yarmouth PIC for legal representatives. The PIC has Suffolk officers and staff working alongside Norfolk Constabulary personnel. All of these matters were resolved with evidence of our steps to ensure health and safety compliance resulting in no enforcement action being taken against the Constabulary.

6.3 The HSE introduced COVID focussed spot checks, calls and inspections in 2020 following increases in the number of coronavirus cases and the national lockdown restrictions. All workplaces that continue to operate must ensure their workplace is COVID-secure. The fourth HSE intervention arose when Suffolk Constabulary were contacted by a contractor working on behalf of the HSE who carried out a remote compliance survey in relation to Rhodes House. They subsequently made a further contact to clarify some facts and obtain further details close of the intervention and no further action demonstrating our positive and proactive compliance.

6.4 In February 2021, the HSE received a number of concerns relating to COVID 19 risk control measures from employees of Police Forces around the UK and wrote to all Chief Constables. The concerns centred around how COVID risk controls in police premises are managed, rather than the unpredictability of operational policing. Many of these concerns have been dealt with remotely but on at least three occasions when HSE Inspectors have visited, contraventions have been found that were serious enough for enforcement action to be taken.

6.5 National allegations included poor social distancing and inadequate cleaning regimes, and HSE visits have highlighted failings with the local management of office environments to ensure reasonable distancing is achieved. There have also been claims that employees have been instructed not to self-isolate if a colleague tests positive for COVID-19.

6.6 Under HSWA, the Constabulary has a duty to ensure the Health and Safety of its employees, and this includes office-based colleagues as well as those working operationally.

6.7 Chief Constables were reminded that they must ensure:

- The COVID 19 safety measures and risk controls you have put into place within your Police force, by means of risk assessments and safety instructions, are being fully implemented
- Local managers/supervisors ensure that your safety measures are being followed and that all employees are fully aware of the roles and responsibilities and the importance of adhering to risk assessments and safety instructions.
- Robust auditing and monitoring of the systems that you have put in place is carried out. This should include checking the practicalities of the measures in place to ensure adherence is not too onerous or unlikely.
- A review of the Covid-19 risk assessments and controls in place is undertaken at regular intervals and when an incident occurs, or a concern is raised.

6.8 The Constabulary has always taken a strong proactive stance to manage the risk from COVID. A Joint Force Risk assessment was developed in June 2020 introducing control measures to ensure COVID safety. All Heads of Department were required to complete a specific risk assessment to demonstrate compliance following the publication of the Governments mandatory working safely guidance for workplaces and businesses. Departmental Heads were also asked to nominated individuals in our workplaces to act as COVID Marshalls. The COVID Marshalls were then required to complete a fortnightly checklist developed by Health & Safety, which focussed on key topics each occasion. The responses were reviewed by Silver and the Constabularies COVID Working Safely Group to ensure that all areas operated safely.

7 HEALTH AND SAFETY INTERVENTIONS

7.1 A vacant post in the Joint Health and Safety Team was successfully filled in April 2020 with a Trainee Advisor who will, upon successful completion obtain a National Diploma in Occupational Safety and Health.

7.2 The team play a key part in carrying out a number of proactive interventions in order to ensure that the Constabulary effectively monitors and audits health and safety performance and compliance. These fulfil the requirements of health and safety legislation and includes:

- Risk Based Premises Inspections (Suffolk) – Due to restrictions on travelling and the need to reduce risk of infection the site inspection programme was paused for 2020/21. Local quarterly station tours carried out by either the responsible person or a colleague based in the station or premises were required to continue.
- Attendance and production of health and safety reports/data to Departmental Senior Leadership/Management Meetings, aiding their continued engagement;
- Managing the quarterly Joint Health and Safety Committee ensuring that the Police Federation, UNISON and representatives from all departments work together to ensure compliance with health and safety obligations;
- Risk Assessments – support reviews; production and audits of over 239 (Suffolk Constabulary specific or joint with Norfolk Constabulary) risk assessments.
- Development, creation and review of over 70 COVID specific risk assessments incorporating control measures to reduce risk of infection during our work activities.
- Review and management of over 99 Department COVID risk assessments covering Suffolk based or Joint Departments.
- Analysis of 2,328 COVID Marshall reports from 230 COVID Marshalls. 112 COVID Marshalls are based in Suffolk premises.
- Review and production of Health and Safety Arrangements to ensure the Constabulary has a framework to maintain legal compliance.
- Provision of specialist advice and guidance e.g. infection control measures, face fit testing, noise at work, disinfection, ventilation, corrosive attacks, display screen assessment.
- Review of over 339 person-based risk assessments for Suffolk Constabulary employees at a higher risk to COVID-19
- Safety Alerts – providing key safety information on emerging hazards, risks and control measures. The safety alerts are shared across both Suffolk and Norfolk. During 2020/21 two safety alerts were issued:
 - **Booby Trapped Anti 5G Posters**
Following Intelligence from HM Coastguard, officers and staff were warned of a campaign involving booby-trapped 'Anti 5G' posters that had commenced in parts of the UK; the posters are reportedly being fixed to masts, lamp posts, and other public area structures. The concern is that some of these posters have been 'booby

trapped' with sharps (needles, razor blades etc) intended to injure whomever attempts to remove them. Reported incidents are fortunately low and confined (so far) to Southern England. Where there is concern over the physical properties of the poster no attempt is to be made to remove them.

- **Risk from CS gas sprayed in lorries to deter illegal immigration**

The Health & Safety Executive (HSE) have alerted the NPCC national leads to advise of reports that some lorries entering the UK are contaminated with CS gas. This is either through French police using it to 'flush out' or deter illegal migrants, or drivers spraying the back of their lorries with CS gas to discourage illegal migrants coming on board. If lorries are then stopped and opened up, those searching may be adversely affected by the residue. The gas settles and forms crystals, often there is a faint smell of CS as a compartment is opened. When staff enter the trailer and walk on the crystals and/or disturb the cargo this reactivates the gas.

- Investigation of Complaints – regarding workplace or working conditions that may affect an individual's health and safety. This ranges from lack of COVID compliance, ventilation, temperatures to working conditions.
- Organising a framework and training for key officers and staff to undertake face fit testing to ensure that personnel requiring a tight-fitting respirator to protect them from inhalable hazards have the correct model and type.

8 RESPONSIBLE PERSONS

8.1 The Police and Crime Commissioner has strategic oversight of health and safety management and this includes ensuring that resources are allocated to discharge the Constabularies health and safety responsibilities at all levels. The Joint Health and Safety Manager fulfils the competent person role required in legislation along with the support of the Health and Safety Advisors. Estates and Facilities fulfil some of the statutory duties in respect of routine maintenance of plant and equipment and ensuring fit for purpose properties; every other employee has a duty to support and ensure health and safety compliance in their own work areas whether they be a Head of Service/Senior Officer or line manager. The Force Safety Policy outlines the wider roles and responsibilities for all officers and staff. A key support role for each premise is that of a 'Responsible Person', which helps meet some of the day to day 'on the ground' duties and supports both Health and Safety Team and Estates Department, but ultimately the post of Chief Constable and PCC have overall responsibility

8.2 In order to enable the Chief Constables and both Constabularies to meet some legal duties in the management of health and safety and fire safety the responsible person role includes:

- **Site Log File:** ensuring that records are completed and available for inspection
- **Fire Alarms:** weekly testing
- **Fire Evacuation Drills:** annually
- **Evacuation Marshalls/ First Aiders:** ensuring sufficient in premises
- **Panic Alarms:** where fitted are tested monthly
- **Health and Safety Tours:** undertaking quarterly premises walkthroughs (separate to Health and Safety Team risk-based site inspections).
- **Contractors and Visitors:** ensuring that they are notified of any specific risks or hazards (typically this will be planned work authorised by Estates Department who should lead on this information)

8.3 No legislative relaxation for these checks has arisen, particularly as our premises remained occupied, albeit with lesser numbers of personnel. Ensuring compliance across the constabulary is a priority.

9.0 Fire Safety

9.1 Compliance with fire safety requirements and all other health and safety legislation saw little if any relaxation. Bury St Edmunds Police Station was audited by the Suffolk Fire and Rescue Service in November 2020 and was found to be non-compliant. The Constabulary was at risk of a Notice of Contravention. A further audit was planned for early January however this was postponed due to infection rates. Following a virtual meeting and production of evidence, Suffolk Fire and Rescue Service were satisfied and changed their overall rating to 'Broadly Compliant'.

9.2 Fire safety compliance remains a high priority for the constabulary and new training for Evacuation Marshals is being developed.

10 PRIORITIES FOR 2021/21



11 FINANCIAL IMPLICATIONS

11.1 There are no direct financial implications associated with this update. However, the consequences following breaches identified during an investigation by the HSE resulting in a criminal prosecution under the Health and Safety at Work etc. Act 1974 and associated regulations can see unlimited fines and/or imprisonment in some cases.

12 OTHER IMPLICATIONS AND RISKS

11.1 There are no identifiable risks arising from this update.

GLOSSARY AND DEFINITIONS

Reportable incidents

Employers are required to report certain serious workplace accidents, occupational diseases and dangerous occurrences to the Health and Safety Executive. These are defined in law and it is an offence not to report them within the specified time period. These include:

Fatalities

Accidents that result in the death of an employee or non-employee that arise from a work-related accident

Specified injuries to employees

Examples of specified injuries that are reportable include: injuries requiring hospital admission for more than 24 hours, fractures, amputations, serious burns, loss of sight, significant head injuries

Over 7-day injuries to employees

Work related accidents that result in an employee being unable to undertake their normal duties for more than 7 consecutive days (including weekends)

Occupational Diseases to employees

Examples of occupational diseases that are reportable where diagnosed by a medical practitioner are: carpal tunnel syndrome, occupational dermatitis, severe cramp of the hand or forearm, occupational cancer, tendonitis of the hand or forearm

Dangerous Occurrences

These are serious incidents that may not have caused any injury but had the potential to do so. Examples include: the accidental release of a substance that could cause harm to health such as asbestos, fire caused by electrical short circuit that results in the stoppage of the plant involved for more than 24 hours, equipment coming into contact with overhead power lines

Injuries to non-workers

Where a non-employee e.g. a member of the public, a pupil or a service user has an accident on our premises and are taken to hospital from the scene for treatment

Health and Safety Annual Statistics - Top Incident Categories

Combined - Norfolk & Suffolk 2020/21— Updated



Assaults
-36%

Norfolk 175 (2020/21) 289 (2019/20)

Suffolk 110 (2020/21) 156 (2019/20)

Use of Force data indicating assault now collated with Accident, Incident and Near Miss Reports.

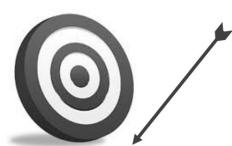


Injury During Arrest
-73%

Norfolk 119 (2020/21) 227 (2019/20)

Suffolk 53 (2020/21) 143 (2019/20)

Use of Force data indicating assault now collated with Accident, Incident and Near Miss Reports.



Near Miss
-3%

Norfolk 61 (2020/21) 68 (2019/20)

Suffolk 34 (2020/21) 30 (2019/20)



Slip, Trip & Fall
+8%

Norfolk 37 (2020/21) 42 (2019/20)

Suffolk 29 (2020/21) 19 (2019/20)



Injury During Training
-14%

Norfolk 24 (2020/21) 24 (2019/20)

Suffolk 13 (2020/21) 19 (2019/20)



Other
-9%

Norfolk 18 (2020/21) 21 (2019/20)

Suffolk 14 (2020/21) 14 (2019/20)



Manual Handling/Lifting/Moving
+7 %

Norfolk 20 (2020/21) 18 (2019/20)

Suffolk 7 (2020/21) 7 (2019/20)



Contact with fixed object
-17%

Norfolk 12 (2020/21) 9 (2019/20)

Suffolk 7 (2020/21) 14 (2019/20)

Incident Categories

| | | | | | |
|------------------------------------|--|---|-------------------------------|---|---------------------------------|
| 1. Near Miss (no injury sustained) | 2. Physical Assault | 3. Injury during arrest | 4. Injury during training | 5. Slip / Trip / Fall | 6. Road Traffic Collision |
| 7. Exposure to PAVA | 8. Exposure to Harmful Substance | 9. Contact with Machinery | 10. Contact with Fixed Object | 11. Contact with Moving / Flying / Falling Object | 12. Contact with Electricity |
| 13. Trapped / Crushed | 14. Manual Handling / Lifting / Moving | 15. Repetitive strain / WRULD | 16. Drowning / Asphyxiation | 17. Burnt / Scalded | 18. Contaminated by Body Fluids |
| 19. PTSD / Mental Health | 20. Exposure to Noise/Explosion | 22. Injured by Domestic Animal / Wildlife | 23. Fall from Height | 24. Other | |

