

ORIGINATOR: CHIEF CONSTABLE

PAPER NO: AP20/35

SUBMITTED TO: ACCOUNTABILITY AND PERFORMANCE PANEL –
3 JULY 2020

SUBJECT: ANNUAL HEALTH AND SAFETY REPORT 2019/20

SUMMARY:

1. The Annual Health and Safety Report provides an update on Health and Safety compliance and performance for the Constabulary during 2019/20.

RECOMMENDATION:

1. The Accountability and Performance Panel is asked to note the content of this report and endorse the planned priorities for 2020/21.

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

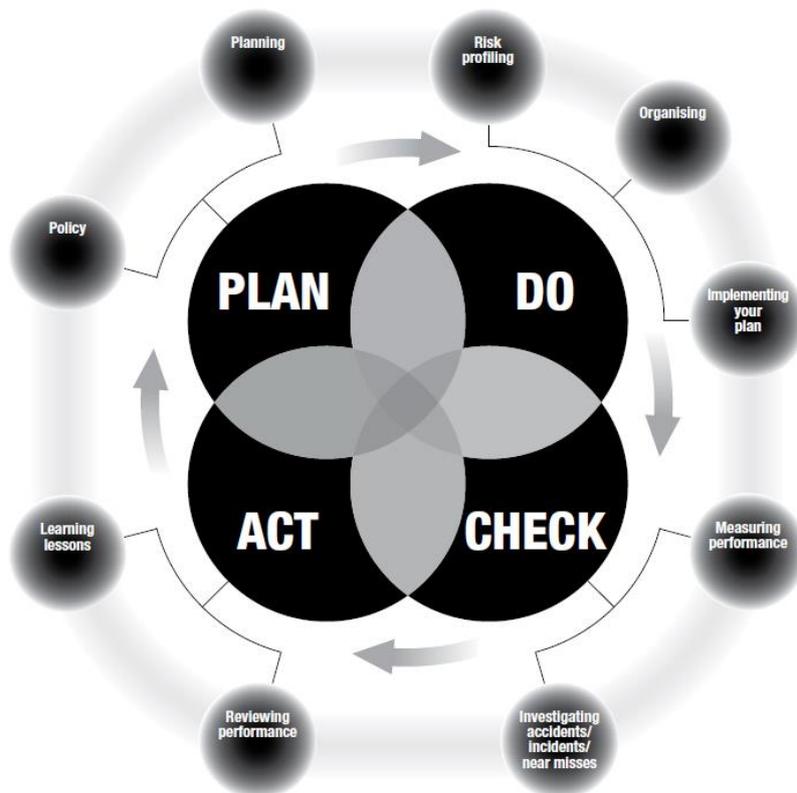
3.1 Police Officers and Police Staff expect adequate health and safety management systems that:

- 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 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.

- 3.5 A new statement was issued in 2019, and was jointly signed by the Police and Crime Commissioner and Chief Constable for Suffolk along with the Police and Crime Commissioner and Chief Constable for Norfolk. This is particularly important as whilst it demonstrates the commitment that Suffolk Constabulary has with regard to the health, safety and welfare by its employees it also captures and recognises that we have a number of joint employee workplaces where we work collaboratively with Norfolk Constabulary.

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 'Health, Safety and Wellbeing for Smarter Working', was a new arrangement adopted during 2019/20 which replaced the 'Home Working' arrangement. It recognised that the way we deliver our services and the way we work has changed a lot over the last decade and is very diverse and varied. While these developments bring with them a sense of freedom and flexibility, they also bring risks that need considering and managing. Examples include musculoskeletal issues, lone working and well-being issues. The requirement to establish safe working arrangements for employees who work in a flexible and agile way is no different from the requirement for staff whose role is based at a single location. Flexible and agile workers should not be exposed to significantly higher risk than those working in other settings.

3.6.3 Due to the impact of COVID-19, many roles had to be delivered with employees working from home. The new arrangement has helped to form the basis of specific guidance offering hints and tips to help work from home safely, for example finding practical solutions to safe workstation set up. As the constabulary recovers from the initial impacts of COVID-19, we will undoubtedly see new ways of working becoming increasingly common place. Ensuring the health, safety and wellbeing of individuals transitioning and adapting with the changes will remain a priority.

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 During 2019/20 and overlapping into early 2020/21, 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 Chiefs Council NPCC: A review of the arrangements to secure the safety of police officers and police staff engaged in frontline policing. Commissioned by the Chair of the NPCC in September 2019, this was a review, using an evidence based approach to complete an in-depth evaluation of the existing arrangements governing police officer and staff safety through England and Wales, The ultimate objective was to deliver a set of recommendations designed to reduce the risk to police officers and police staff being injured, assaulted, seriously assaulted and /or killed in the line of duty; and to increase police officer, staff and public confidence in the organisation's capacity to keep them safe. The Health and Safety Manager was directly engaged with the project group and able to contribute to the report and recommendations and was the health and safety professional involved.
- NPCC Programme Specification Core Health and Safety Training. Recognising that every employee has a part to play in health and safety an NPCC approved core training programme for all levels was developed. The programme, worked upon by the Health and Safety Manager is offered as a guide to all forces to ensure the appropriate levels of training to all relevant staff so that they may undertake their roles in a legally compliant & of course safe manner. This product aims to compliment the Police Health & Safety: A Guide for Chief Officers document which was circulated to all forces on 1 June 2018. The purpose is to support Chief Officers in their role as employers to deliver suitable health and safety training to Police Officers and Police Staff. It is made up of three modules which are all aligned to the relevant Health & Safety Executive (HSE) standards pertaining to training.

These modules collectively serve to develop an embedded positive safety culture within forces and enhance the core purpose of operational policing, primarily keeping the public safe, whilst ensuring the health, safety and welfare of our officers and staff. It will also support the Police Education on Qualifications Framework, and assist our staff understand this issue from the very beginning of their careers if fully incorporated within that training.

- National Police Coordination Centre (NPoCC) – Response to COVID-19. Following initial guidance issued to all forces by NPoCC it was apparent that no health and safety expertise was contributing to the considerations and specifications of the PPE, both for local sourcing and nationally supply. Representing APHSA, with the local knowledge of challenges being faced by Suffolk Constabulary, the Health and Safety Manager has been able to directly liaise and now forms part of a regular working group. This has also seen close working regional representatives from each part of the UK on the production of a PPE specification and more recently on the development for face coverings, feeding directly into the National Uniform Group and the Home Office.
- 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.

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 at 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:
- Change in type of spit guard used.
 - Joint vehicle equipment inventory for response cars.
 - Migration for fully compliant temporary road signs.
 - Fire safety compliance.
 - Corrosive substance attack – first aid response (ongoing).

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.

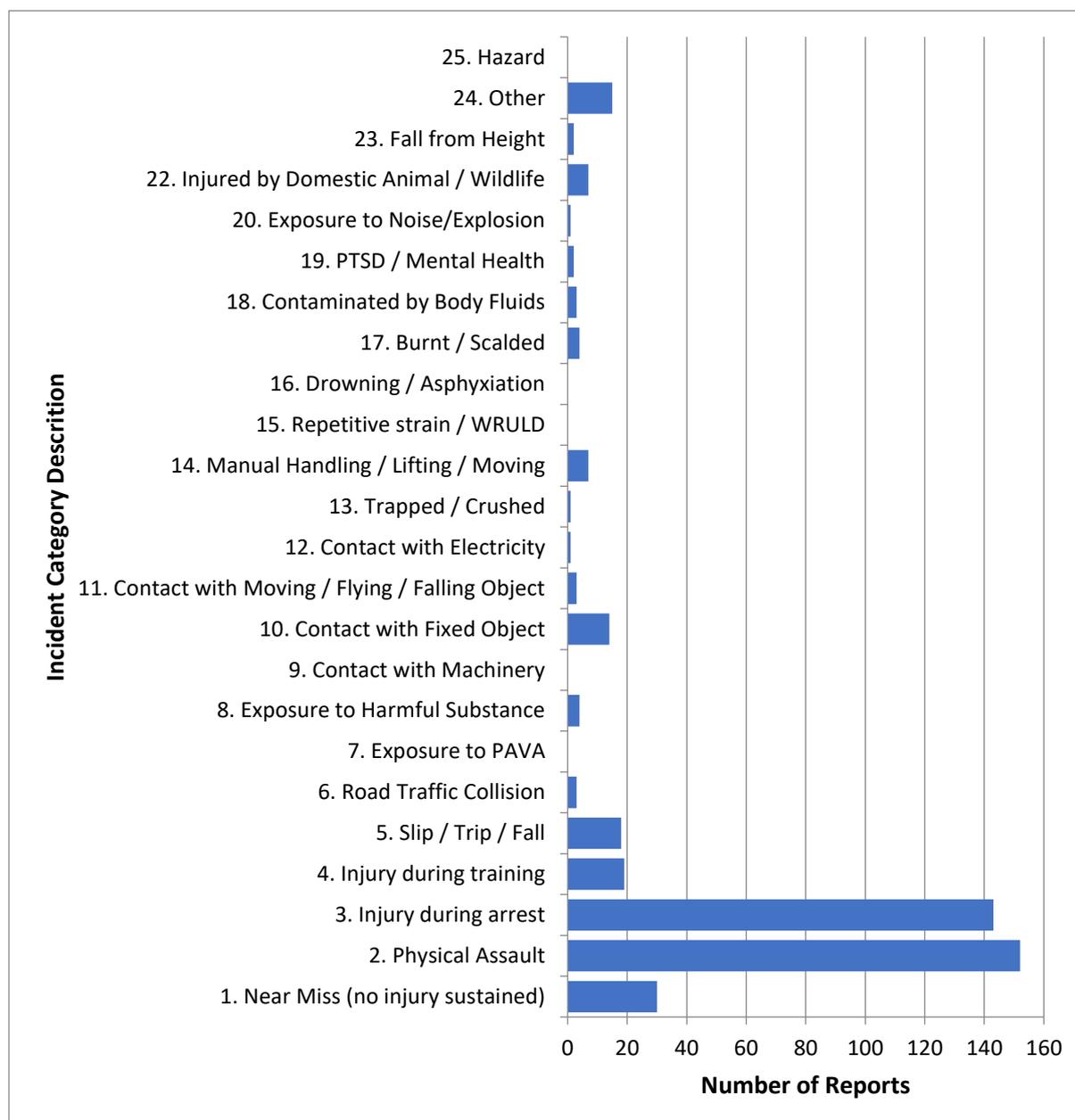
4.2 During 2019/20, Suffolk saw a 10% increase in the number of accident, incidents and near miss reports (includes assault or injury sustained during use of force¹). In part the increase is due to raised awareness of the need to report incidents. Rising from 390 to 429 as of the 31st March 2019 when compared to 2019/20.

Period	Suffolk
2019/20 ²	429
2018/19	390
2017/18	362
2016/17	283
2015/16	218
2014/15	232
2013/14	218

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.

4.3 As 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 2019/20:



4.4 Assaults and injury during arrest remain as the top two incidents categories for 2019/20. Injury during arrest rose by 45% in the last 12 months. Data on these incidents are reviewed as part of the Personal Safety Training Working Group to ensure that where necessary techniques or adaptations to the training can be made to reduce such injuries. The top eight recurring incidents from 2019/20 when compared to 2018/19 for Suffolk and Norfolk, as our collaborated force can be seen in **Appendix 1**.

5 RIDDOR

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 and;
- 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</p> <p>✓ Remains the same as previous 5 years</p>	 <p>6 Specified injuries to employees</p> <p>X Increase of 6 since 2017/18</p>	 <p>6 Over seven day injuries to employees</p> <p>X Increase of 1 since 2017/18</p>
 <p>1 Incidents of Occupational Health diseases</p> <p>X First incident in at least five years</p>	 <p>0 reportable Dangerous occurrences</p> <p>✓ Remains the same as 2015/16</p>	 <p>0 Reportable incidents of non-employees taken to hospital</p> <p>✓ Remains the same as 2017/18</p>

5.3 During 2019/20 Suffolk Constabulary saw a decrease from thirteen to seven accidents/incidents which required reporting to the HSE:

- **Over 7 Day**
 - Officer accidentally punched during Police Support Unit Training. Nose fractured.
 - Musculoskeletal injury received when supporting the weight of a person during recovery.
 - Corrosive Substance attack causing chemical burns to face and hands
 - Suspect resisting arrest flailing arms around arresting officer. Both fell to ground. Officer sustained knee and anterior cruciate ligament damage.
 - Officer has given chase and fractured elbow after falling while climbing over a fence after a suspect.
 - Officer damaged shoulder and neck during a manoeuvre to bring suspect who was resisting arrest under control.
- **Specified Injury**
 - Corrosive substance attack causing chemical burns to torso, face and hands.

5.4 Each one of these will have been investigated by the line manager/supervisor with specialist input from the Health and Safety Team as appropriate.

6 HSE ENFORCEMENT INTERVENTIONS

6.1 The HSE have criteria for selecting RIDDOR reports for investigation. The two corrosive substance attacks, detailed above were formerly required to be reported to the HSE. The HSE made initial enquires into the severity of the incidents but did not select the incidents for formal investigation.

6.2 The HSE did not contact Suffolk Constabulary in relation to any workplace health, safety or welfare concerns submitted to them regarding our employees. In all cases employees are

encouraged to make contact with the health and Safety Team who can investigate any workplace concerns.

7 HEALTH AND SAFETY INTERVENTIONS

7.1 The Joint Health and Safety Team saw the retirement of one its Health and Safety Advisors in July 2019, which did have an impact on some areas of our work and our ability to respond. The post was successfully filled in April 2020 with a Trainee Advisor who will, upon completion successful completion of 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) – 35 (100% of those due) of our premises were inspected during 2019/20 resulting in some action plan's for improvements to raise standards and compliance;
- Attendance and production of health and safety reports/dates 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;
- Risks Assessments – support reviews; production and audits of over 125 (Suffolk Constabulary specific or joint with Norfolk Constabulary) risk assessments.
- 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.
- Safety Alerts – providing key safety information on emerging hazards, risks and control measures. The safety alerts are shared across both Suffolk and Norfolk. During 2019/20 two safety alerts were issued:

- **Lasers**

During the search of a suspect's property, a pipe like object was found. Upon closer examination the object was accidentally switched on and found to be a laser. The laser has shone into a Norfolk officer's eye causing immediate discomfort and potentially permanent damage. The alert provide advice on handling and legalities of the type of laser found for both forces.



- **Dinitrophenol – (2,4 DNP)**

An explosive discovered in some diet pills. Not fit for human consumption and highly toxic. Information on PPE, handling and storage was provided.



- Investigation of Complaints – regarding workplace or working conditions that may affect an individual’s health and safety.

7.3 Due to temporary reduction in in team capacity, we had to reduce our training to employees. However, we were still subject to a review from the Institute of Occupational Safety and Health (IOSH) for the internal controls, processes, guidelines and polices in relation to the delivery of the IOSH Managing Safely course. It was pleasing to be rewarded with a quality assurance outcome of **‘OUTSTANDING’**.

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 requirement 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 purposes 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 Chief Constable and PCC.

8.2 In order to enable the Chief Constables and both Constabularies 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 testing monthly
- **Health and Safety Tours:** undertaking quarterly record 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 Overall during 2019/20 the ‘responsible person’ checks have improved, however toward the end of the period COVID-19 had an impact on the level of compliance. 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 COVID-19

- 9.1 The impact of coronavirus and the infection resulting in COVID-19 started to become a focus for the constabulary in February 2020. Ensuring the safety of our officers and staff was and remains a priority.
- 9.2 The constabulary response has followed Government, Public Health England, NHS and NPCC guidance with initial advice seeking to prevent the spread of infection through good personal and workspace hygiene. Personal Protective Equipment (PPE) was procured early on to ensure that when officers and staff had to deal with suspected or confirmed cases that they were able to do so safely. PPE became a challenge and nationally NPoCC became focussed on not only policing guidance but the sourcing of PPE for forces along with our regional procurement team.
- 9.3 As cases and sadly deaths from COVID-19 increased a Gold Command Group, supported by Silver and Bronze levels was established, seeing frequent information briefings to all officers and staff. Some work activities and services were changed or stopped to safeguard our employees. The launch of the government restrictions, which in effect saw a lockdown, saw a number of employees working from home, where possible. This was a key infection control measure and helped to maximise the safety of those employees who have had to remain in the workplace or on the frontline. Amongst the many changes and procedure, a safe working Operational Procedure for dealing with suspected or confirmed cases of COVID-19 were produced by the Health and Safety Team for the frontline and have been amended as national or local changes require.
- 9.4 Despite these difficult and uncertain times, the constabulary has continued to deliver and meet fulfil the Police and Crime Plan for Suffolk. Officers and staff are committed to doing this in a way that protects the safety and security of everyone, our police officers, police staff, volunteers, partners, service users and the whole community. We are following the Government's phased approach to implementing the recovery plan by:
- Continuing to work from home where we can
 - Providing services and activities in line with the legislation and Government guidance
 - Providing services where prolonged suspension would cause significant risks to health, safety, environment or economy
 - Only providing non-emergency services and activities where we are certain this can be done safely, a risk assessment has been completed, signed off by the Workplace Health, Safety and Wellbeing Department and the control measures implemented
 - 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)
- 9.5 Where providing essential services in person and when in our workplaces, the risk management process will include:
- Making changes to our building environments to encourage social distancing
 - Considering how we can receive visitors and detainees safely
 - Making changes to how we travel, both in our commute and whilst at work
 - Cohorting smaller groups of staff to limit contact with others
 - Ensuring our buildings are well ventilated
 - Making changes to the way we carry out activities to limit person to person contact, where possible

- Ensuring we have the facilities available to encourage excellent personal and respiratory hygiene (bins, tissues, hand sanitiser and wash hand basins)
- Ensuring we maintain excellent environmental cleaning across our buildings and sites
- Encouraging everyone that uses our sites to maintain social distancing and personal hygiene through information, signage and visual cues
- Where appropriate our staff wearing the PPE required to keep them and others safe

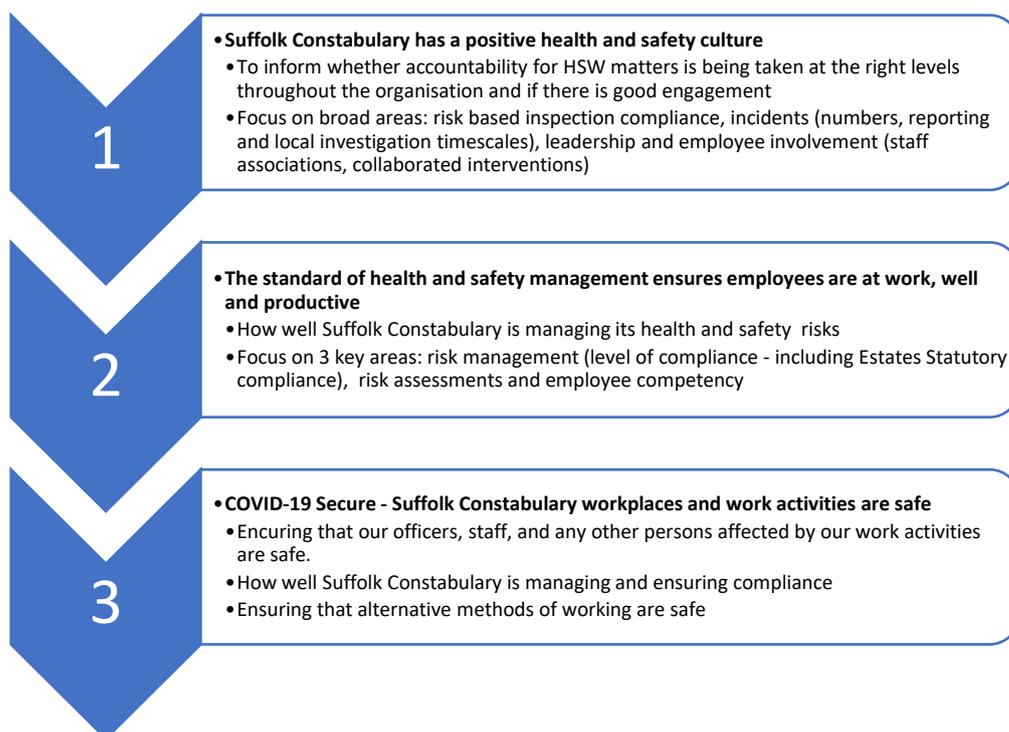
9.6 We will also:

- Follow Government guidelines on infection control
- Take recognised industry guidance into account
- Consult with our recognised staff associations and engage with our staff when planning to reopen services
- Work with our partner organisations to ensure our staff are safe wherever they work
- Consider the individual health needs and personal circumstances of our staff and service users in our risk assessment processes
- Provide our staff with the information, instruction and training they need to carry out their roles for everyone's good and safety

10 PRIORITIES FOR 2020/21

10.1 Two main priorities relating to health and safety, are culture and compliance. These are a high-level focus for the health and safety team, but they are a reflection of the performance of the whole constabulary.

10.2 COVID-19 had had a significant impact upon the constabulary. Nationally we are in the recovery phase and are focussed, as an organisation on managing the risk of COVID-19. This relies upon 4 key mechanisms of infection control: physical distancing and limiting contact, environmental hygiene, personal hygiene and where appropriate Personal, Protective Equipment (PPE) in order to maximise the safety of our officers and staff. Ensuring our workplaces and work activities are safe to reduce the impact of COVID-19 has become a third priority.



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

12.1 There are no identifiable risks arising from this update.

Supporting Documents

Appendix 1 – Health and Safety Annual Statistics – Top Incident Categories

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