

**MEETING**

**CORPORATE HEALTH AND SAFETY JOINT NEGOTIATION CONSULTATION COMMITTEE**

**DATE AND TIME**

**WEDNESDAY 2ND MAY, 2012**

**AT 7.00 PM**

**VENUE**

**HENDON TOWN HALL, THE BURROUGHS, NW4 4BG**

**TO: MEMBERS OF THE COMMITTEE (Quorum 3 from each side)**

Chairman: Councillor Wendy Prentice  
Vice-Chairman: Mr Paul Coles

**Council Side - Councillors:**

John Hart                      Ross Houston                      Colin Rogers                      Andrew Strongolou  
Stephen Sowerby

**Substitute Councillors:**

Tom Davey                      Charlie O-Macauley                      Joan Scannell                      Jim Tierney

**Trade Union Side;**

Ms Christine Hayes } (Staff Side Representatives)  
Mr Hugh Jordan }  
Ms Val Kemp }  
Ms Tracey Lowe }

Mr Keith Nason } (Teachers' Representatives)  
Vacancy }  
Vacancy }

Mr Dan O'Connell } (Staff Side Representatives)  
Mr Chris Ward }

**Substitutes:**

Mr Colin Petrie                      Vacancy                      Vacancy

**You are requested to attend the above meeting for which an Agenda is attached**

**Aysen Giritli: Head of Governance**

Governance Service contact: Jeremy Williams 020 8359 2761

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## AGENDA ITEM 1

### DECISIONS OF THE CORPORATE HEALTH AND SAFETY JOINT NEGOTIATION AND CONSULTATION COMMITTEE

## AGENDA ITEM 1

6 September 2011

\*Councillor Wendy Prentice (Chairman)

\*Mr Paul Coles (Vice-Chairman)

Employers' Side	Employees' Side	
<b>Councillors:</b>		
* John Hart	* Ms Christine Hayes	}Staff Side
* Ross Houston	Mr Hugh Jordan	}Representatives
* Andrew Strongolou	* Ms Val Kemp	}
* Stephen Sowerby	* Ms Tracey Lowe	}
* Jim Tierney (substituting for Andrew McNeil)	Mr Chris Ward	}
	<i>Vacancy</i>	}
	* Mr Keith Nason	}Teachers'
	<i>Vacancy</i>	}Representatives
	<i>Vacancy</i>	}

\*denotes Member present

\$denotes Member absent on Council business

#### (1) MINUTES and MATTERS ARISING FROM THE MEETING HELD ON 7 March 2011 (Agenda Item 1):

Officers undertook to contact the appropriate Children's Service manager regarding Epipen training and resolved in the minute (4) of the 7 March 2011 meeting.

**RESOLVED – That the minutes of the last meeting held on  
7 March 2011 be agreed as a correct record.**

#### (2) APOLOGIES FOR ABSENCE (Agenda Item 2):

Apologies for absence were received from Councillor Andrew McNeil, for whom Councillor Jim Tierney substituted.

Apologies for absence were also received from Mr Hugh Jordan.

#### (3) DECLARATION OF MEMBERS' PERSONAL AND PREJUDICIAL INTERESTS (Agenda Item 3):

There were no such declarations.

**(4) UPDATE REPORT (Report of the Deputy Chief Executive) (Agenda Item 4.1)**

The Chairman and Members of the Committee paid tribute to the sad passing of Alan Homes, who had served Barnet with distinction for many years.

**RESOLVED – That the Committee noted the progress since the last meeting.**

**(5) CORPORATE HEALTH, SAFETY AND WELFARE POLICY – SECTION B (Report of the Deputy Chief Executive– Agenda Item 4.2)**

The Committee agreed the revisions to Section B of the Corporate Health, Safety and Welfare Policy, subject to the Secretary to the Employer's side making the following changes:

- To amend the Health and Safety Responsibilities – Council Director's Group (Appendix 1) to make reference to procedures and arrangements being devised and implemented "in consultation with the Trade Unions".
- To involve Trade Union representatives with the health and safety responsibilities of the Safety Leadership Officer (Appendix 2).
- To rename Appendix 5 "Head Teachers" and to remove specific reference to Community Schools.
- To amend the policy to explicitly state where appropriate that "Copies of reports shall be available to Trade Unions on request".

The Secretary to the Employers' Side also agreed to assess the need to include volunteers in the council's policy and if so the most appropriate place to include those requirements.

**RESOLVED: –**

- 1. That the revisions to Section B of the Corporate policy be approved, subject to the above amendments.**
- 2. That the Secretary to the Employers' Side publicise the revised arrangement in accordance with paragraph 9.5.**
- 3. That the Secretary to the Employers' Side review to assess the need to include the volunteers in the councils policy and if so the most appropriate place to include those requirements.**

**(6) CORPORATE HEALTH, SAFETY AND WELFARE POLICY – WORKING IN PARTNERSHIP (Report of the Deputy Chief Executive - Agenda Item 4.3)**

The Committee agreed the revised arrangements for working in partnership, subject to the Secretary to the Employers' side to drafting

an additional paragraph setting out the duties of the Safety co-ordinator.

The Committee agreed that this paragraph would be distributed for agreement by e-mail.

**RESOLVED -**

- 1. That the revised arrangements for Working in Partnership be approved, subject to the drafting and approval of the above amendment.**
- 2. That the Secretary to the Employers' Side publicise the revised arrangement in accordance with paragraph 9.5.**

**(7) CHILDREN'S SERVICE ANNUAL HEALTH, SAFETY AND WELFARE REPORT FOR THE YEAR ENDING 31 AUGUST 2011 (Report of the Deputy Chief Executive - Agenda Item 4.4)**

The Committee received a report setting out the Health, Safety and Welfare arrangements within the Children's Service for the year ending 31 August 2011.

The Committee agreed to reclassify the 'Emergency First Aid at Work' course 'Emergency First Aid at Work – Refresher Course'.

**RESOLVED – That the report be noted.**

**(8) REPORTS OF THE SECRETARY TO THE EMPLOYEES' SIDE**

There were no such reports.

**(9) ANY OTHER BUSINESS TO WHICH BOTH SIDES AGREE THE INTRODUCTION (Agenda Item 6)**

The Committee thanked the recently retired Dan O'Connell for his service both to the Committee and to Barnet.

The meeting ended at 7:48pm





**AGENDA ITEM: 4.1**

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Meeting	Corporate Health and Safety Joint Negotiation and Consultation Committee
Date	15 March 2012
<b>Subject</b>	<b>Update Report</b>
Report of	Deputy Chief Executive
Summary	This report updates the Committee on the progress made following the decisions agreed at the meeting held on 6 September 2011

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Officer Contributors	Mike Koumi – Head of Safety, Health and Wellbeing
Status (public or exempt)	Not applicable
Wards affected	Not applicable
Enclosures	None
For decision by	Corporate Health and Safety Joint Negotiation and Consultation Committee
Function of	Not applicable
Reason for urgency / exemption from call-in (if appropriate)	Not applicable

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Contact for further information:– Secretary to the Employers' Side – Mike Koumi, Head of Safety, Health and Wellbeing, Tel: 020 8359 7960

## **1 RECOMMENDATIONS**

- 1.1 That the Committee notes the progress since the last meeting.**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 Corporate Health & Safety JNCC – 6 September 2011**

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1** All Initiatives contained within this report contribute to the Corporate Services Directorate Business Plan whose objectives are to drive the delivery of the Council's Strategic aims. This report seeks not only to ensure the provision of robust health and safety management systems and compliance with statutory duties but drive business improvement which will in turn contribute to the corporate priority of 'better services with less money'
- 3.2** The Corporate Priority, 'Sharing opportunities, sharing responsibilities', includes the strategic objective to 'improve health and wellbeing'. This report aims to help meet these goals by setting standards to demonstrate how the Council intends to comply with its duties under The Health and Safety at Work etc. Act 1974, whose aim is to ensure not only the protection of all who may be affected by the Councils activities but also the participation of all stakeholders in that aim.

## **4. RISK MANAGEMENT ISSUES**

- 4.1** This report details how the Council proposes to comply with its general duty of care to employees as required by the Health and Safety at Work etc. Act 1974. Failure to comply with statutory obligations could lead to prosecution. Any work practices that result in ill health could result in civil action against the Council, financial loss and negative public relations. Good management and leadership are vital in ensuring effective service delivery and high levels of health and safety in the council

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1** The Council's Health, Safety and Welfare Policy aims to ensure the protection of employees and anyone else who may come into contact with our activities and services. This includes people at special risk for example people with disabilities, pregnant women and vulnerable service users. The policy will help to enhance Barnet's reputation as a good place to work and live, and aims to protect employees and service users taking regard of age, disability, ethnicity, faith/belief, gender, and sexual orientation.
- 5.2** The Policy supports the Council in meeting its statutory equality duties and compliance with the range of employment (equality) regulations.

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

- 6.1** None

## **7. LEGAL ISSUES**

- 7.1 The Council has various legal duties under the Health and Safety at Work etc Act 1974 and regulations etc made under it. Failure to comply with those duties may lead to prosecutions, claims for breach of statutory duty or claims for civil liabilities. All would involve financial and reputational loss to the council.

## **8. CONSTITUTIONAL POWERS**

- 8.1 Constitution – Council Procedure Rules – Section 3 – Panels & Consultative Bodies – Appendix 2 – Constitution of the Corporate Health and Safety Joint Negotiation and Consultation Committee.
- 8.2 The Council has established consultative bodies for the purpose of consultation with the trade unions and has determined their Constitutions and Terms of Reference.

## **9. BACKGROUND INFORMATION**

- 9.1 This report updates the Committee on the progress made following the decisions agreed at the meeting held on 6 September 2011. The meeting scheduled for the 1 December 2011 was declared in-quorate on the Employees Side.
- 9.2 Revision to Section B of the Corporate Health, Safety and Welfare Policy
- The Secretary to the Council side made the changes agreed by committee and advertised the revised document on the Councils intranet and through Directorate Safety leadership Officers.
- 9.3 Revised Arrangement
- The Secretary to the Council side made the changes agreed by committee and advertised the revised Working in Partnership arrangement on the Councils intranet and through Directorate Safety leadership Officers.
- 9.4 The Secretary to the Employers' Side has considered the most appropriate place to include volunteers in the council's policy and proposes that a paragraph in the general policy statement stating an overall position on volunteers will be the best option. This will be included in the next revision of the statement.

## **10. LIST OF BACKGROUND PAPERS**

- 10.1 None.

Legal: PBP  
CFO: JH/MC

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**AGENDA ITEM: 4.2**

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Meeting	Corporate Health and Safety Joint Negotiation and Consultation Committee
Date	15 March 2012
<b>Subject</b>	<b>Corporate Health, Safety and Welfare Policy – Asbestos</b>
Report of Summary	Deputy Chief Executive This report summarises the revised arrangement for Asbestos

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Officer Contributors	Mike Koumi, Head of Safety, Health and Wellbeing
Status (public or exempt)	Not applicable
Wards affected	Not applicable
Enclosures	Appendix A – Asbestos Arrangement
For decision by	Corporate Health and Safety Joint Negotiation and Consultation Committee
Function of	Not applicable
Reason for urgency / exemption from call-in (if appropriate)	Not applicable

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Contact for further information: Secretary to the Employers' Side, Mike Koumi, Head of Safety, Health and Wellbeing – Tel: 020 8359 7960

## **1. RECOMMENDATIONS**

- 1.1 That the revised arrangement for Asbestos be approved**
- 1.2 That the Secretary to the Employers' Side be instructed to publicise the revised arrangement in accordance with paragraph 9.6**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 Corporate Joint Negotiation and Consultation (Health, Safety and Welfare) Committee held on 30 October 2007, item 4.7

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 All initiatives contained within this report contribute to the Deputy Chief Executive Services Business Plan. This report seeks not only to ensure the provision of robust health and safety management systems and compliance with statutory duties but drive business improvement which will in turn contribute to the corporate priority of 'better services with less money'
- 3.2 The Corporate Priority, 'Sharing opportunities and sharing responsibilities', includes the strategic objective to 'improve health outcomes for all'. This report aims to help meet these goals by setting standards to demonstrate how the Council intends to comply with its statutory duties under the Health and Safety at Work etc. Act 1974

## **4. RISK MANAGEMENT ISSUES**

- 4.1 This Arrangement details how the Council proposes to comply with its general duty of care to employees and others as required by the Health and Safety at Work etc. Act 1974 and the Control of Asbestos Regulations 2006, by preventing exposure to Asbestos fibres. Failure to comply with statutory obligations could lead to prosecution. Any work practices that result in ill health could result in civil action against the Council, financial loss and negative public relations. Good management and leadership are vital in ensuring effective service delivery and high levels of health and safety in the Council, and this revised arrangement has been designed to help the Council to manage health and safety more effectively.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 The Council's Health, Safety and Welfare Policy aims to ensure the protection of employees and anyone else who may come into contact with our activities and services. This includes people at special risk for example people with disabilities, pregnant women and vulnerable service users. The Policy will help to enhance Barnet's reputation as a good place to work and live, and aims to protect employees and service users taking regard of age, disability, ethnicity, faith/belief, gender, and sexual orientation.
- 5.2 The Policy supports the Council in meeting its statutory equality duties and compliance with the range of employment (equality) regulations.

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

- 6.1 All financial implications in respect of revised arrangements will be met from existing resources. Services will need to incorporate within existing budgets any additional risk assessments, training or equipment costs which may be required to comply with this Arrangement.
- 6.2 There are no direct staffing, IT or property implications arising from this report, however there may be changes made as a result of services ensuring compliance with this arrangement.

## **7. LEGAL ISSUES**

- 7.1 None other than those contained in the body of this report.

## **8. CONSTITUTIONAL POWERS**

- 8.1 Constitution – Council Procedure Rules – Section 3 – Panels & Consultative Bodies – Appendix 2 – Constitution of the Corporate Health & Safety Joint Negotiation and Consultation Committee.
- 8.2 The Council has established consultative bodies for the purpose of consultation with the trade unions and has determined their Constitutions and Terms of Reference.

## **9 BACKGROUND INFORMATION**

- 9.1 The Health and Safety at Work etc. Act 1974 requires the Council to produce and keep up to date a policy document on health, safety and welfare.
- 9.2 The Corporate Health Safety and Welfare Policy consists of three parts:
- A general statement.
  - The organisation, which sets out responsibilities
  - Arrangements, which are the procedures to bring the policy into effect.
- 9.3 Asbestos is a strong, durable and non-combustible fibre which made it ideal for use in building products and equipment due to its fire resisting and thermal insulation properties
- 9.4 There are three main types of Asbestos, Blue (Crocidolite), Brown (Amosite) and White (Crysotile) the first, two of which are considered to be of greater potential, risk than the third. Asbestos though will only pose a risk to health if fibres are released into the air. The risk is greater the more Asbestos fibres are inhaled.
- 9.5 This revision has been undertaken in order to clarify responsibilities and introduce more comprehensive guidance on the management of Asbestos Containing Materials (ACM's) and the prevention of exposure to Asbestos

fibres. The principles of the arrangement are outlined below: -

- Materials to be presumed to contain Asbestos unless there is strong evidence to suggest otherwise.
- Asbestos surveys to be carried out
- Use only “Competent” people for surveys and for sampling, testing and analysis.
- Provision and use of Asbestos registers which will show the results of surveys and the appropriate labelling of identified Asbestos Containing Materials (ACM’s)
- Establish a system of risk assessments as a result of surveys, which will specify prevention and control measures.
- Establish an asbestos management plan to manage asbestos containing materials
- Use of licensed asbestos contractors.
- Provision of appropriate information, instruction and training of staff and, so far as is reasonably practicable, others.
- Continue to operate effective procedures for dealing with cases where Asbestos fibres are released, which include emergency procedures.
- Provision of information on emergency procedure to the emergency services.

9.6 This Arrangement will be incorporated into the Corporate Health and Safety Policy. Services must establish procedures to comply with this arrangement. The new arrangement will be communicated to services by their Safety Leadership Officers and by publication on the Council’s intranet.

## **10 LIST OF BACKGROUND PAPERS**

10.1 The Health and Safety at Work etc. Act 1974.

10.2 The Control of Asbestos Regulations 2006

10.3 The Management of Health and Safety at Work Regulations 1999

Anyone wishing to inspect the background papers listed above should telephone Mike Koumi on 020 8359 7960

Legal: PBP  
CFO: JH/MC



# **Corporate Health and Safety Policy**

## **Part C - Section 8**

### **Asbestos**

**December 2011**

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- 2.2 Management Approach

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- 3.3 Supervising Officer &/or Consultant
- 3.4 Commissioning Officer
- 3.5 CDM Coordinator
- 3.6 Managers & Supervisors
- 3.7 Property Service Officers
- 3.8 Premises Managers
- 3.9 Safety, Health and Wellbeing (SHaW) Team

### **Part A**

### **MANAGING ASBESTOS TOOLKIT**

## 1. PURPOSE

This document sets out the arrangements for the management of asbestos and asbestos containing materials (ACM's) in Council premises. It applies to all ACM's and asbestos related activities in premises:

- directly controlled by the Council; includes community schools
- that the Council has a duty to carry out maintenance

The aim of this arrangement is to prevent and/or reduce the risk to employees and non-employees from exposure to asbestos fibres. This is achieved by establishing practical guidelines for managing asbestos and to comply with the Control of Asbestos Regulations.

## 2. ASBESTOS

### 2.1 Its Hazards

Asbestos was most extensively used as a building material in the UK from the 1950s through to the mid-1980s. Any building built before 2000 (houses, factories, offices, schools, hospitals, etc) can contain asbestos. Asbestos is a strong, light, fibrous material. It is highly resistant to chemical and water attack and is very effective for fire proofing and thermal insulation.

There are three main types of asbestos;

- Blue (Crocidolite),
- Brown (Amosite) and
- White (Crysotile).

Despite the fact that asbestos is categorised in this way the type of asbestos cannot be identified by its colour alone.

Even though blue and brown asbestos are considered to be the more hazardous they can all cause serious ill health. Asbestos Containing Materials (ACM's) in good condition are safe unless asbestos fibres become airborne, which happens when materials are damaged or sometimes when disturbed.

If ACM is damaged or disturbed it can release extremely small fibres which can cause damage to the lungs and respiratory track if inhaled; [asbestos related diseases](#) can often be fatal. Breathing air containing asbestos fibres can lead to:

- asbestosis (a scarring of the lung tissue caused by asbestos)
- mesothelioma and other asbestos related lung cancers, and
- diffuse pleural thickening (a non-malignant disease affecting the lung lining).

Asbestos related diseases won't affect immediately but later on in life, so prevention of exposure is vital to prevent the development of asbestos-related diseases in the future.

Asbestos fibres are already present in the environment in Great Britain so people are already exposed to very low levels of fibres. However, a key factor in the risk of developing an asbestos-related disease is the total number of fibres breathed in. Working on or near damaged ACM's or breathing in high levels of asbestos fibres, which may be many hundreds of times that of environmental levels, can increase the chances of getting an asbestos-related disease.

Asbestos is considered safe if it is in good condition and not physically damaged. If asbestos materials are damaged, they can be made safe by sealing, enclosing or, in certain circumstances, removal. Removal is a hazardous, disruptive and an expensive operation that must be carried out by authorised asbestos contractors and is normally only considered as a last resort. The best approach is to carefully manage asbestos to protect health and safety and comply with the law.

## **2.2 MANAGEMENT APPROACH**

The Council will manage the risk from asbestos by:

- appointing a competent person (Asbestos Co-ordinator) to lead in ensuring the management of ACM's throughout the Council;
- presume that certain materials contain asbestos, unless there is strong evidence that they do not;
- setting up a Corporate Compliance Register (CCR)
- ensuring that all Council managed or owned premises have an up to date Asbestos Survey/Register, a status report on pending and completed actions and monitoring reports;
- assessing the risk from the material;
- preparing action plans that set out how we will manage risk in the areas affected;
- ongoing review and monitoring of the action plans and condition of the ACM's to inform and update the asbestos register;
- ensuring that employees or contractors who may come into contact with ACM's are appropriately trained;
- provision of up-to-date information on the location and condition of material for those who need to know;
- use only CHAS (Contractors Health & Safety Assessment Scheme) approved, UKAS accredited and independent analytical services for asbestos identification, sampling, monitoring and testing (including clearance and reassurance);
- use only CHAS approved, licensed asbestos contractors for removal and repair work.
- ensuring all asbestos waste resulting from removal activities is transported and disposed of in accordance with specific waste control

legislation.

### **3. RESPONSIBILITIES**

#### **3.1 The Asbestos Co-Coordinator**

The Council's Asbestos Co-Coordinator is the Building Services Manager who is responsible for co-ordinating and monitoring the management of asbestos containing materials on all premises either directly managed or controlled by the Council. They should be qualified to British Institute of Occupational Hygiene P402 or S301 or equivalent with practical experience of dealing with asbestos.

For all premises either directly managed or controlled by the Council, they shall:

- generate and maintain a Central Compliance Register (CCR) to ensure that the Council complies with its statutory obligations;
- the CCR will maintain a list of all premises indicating those that contain ACM's, what type of asbestos survey has been undertaken, copy of the asbestos survey/register;
- ensure that premises have access to a minimum Type 2 Asbestos Survey and a status report of actions pending and completed via the CCR;
- ensure that premises have monitored and updated records of the condition of ACM's at least annually and use this to update the CCR;
- following any building and refurbishment works and at least every 5 years, update the Asbestos Survey/Register for premises and update the CCR;
- provide a regular update of asbestos information with the relevant assessments carried out by the premises manager, etc;
- organise asbestos awareness training for all Premises Managers, Supervising Officers, Consultants and Building Service Officers;
- assist in the design and identification of suitable methods for the removal of asbestos once a decision has been taken to do so;
- follow Corporate Procurement Rules to ensure the selection of competent and authorised contractors to manage asbestos works;
- follow Corporate Procurement Rules to ensure the selection of competent and accredited contractors for asbestos sampling, analysis and removal;
- monitor contract performance through contractor reporting (Performance Indicators/Data), inspections and auditing;
- arrange asbestos surveys, repair and removal work, and, ensure that adequate systems for the suitable supervision of such work is in place;
- update the CCR with asbestos compliance information from tenants of leased premises;
- submit regular Management Reports to the Director for Commercial Services and Head of Safety, Health and Wellbeing on compliance status;

- ensure the Building Services Team provides support, guidance and advice to Premises Manager's when required;
- respond to emergency situations involving the disturbance of ACM's and facilitate plans to manage the situation and minimise the risk of exposure;
- report to the Head of SHaW any emergency situations including accidental/uncontrolled release of asbestos fibres;
- report to SHaW team any incidences of ACM's being either removed or disturbed.

### **3.2 Chief Officers**

Chief Officers have a duty to ensure that there are appropriate asbestos management arrangements within their service to ensure compliance with the Asbestos at Work Regulations and this policy. Chief Officers must ensure that arrangements exist for:

- all buildings, for which they have responsibility, to be surveyed and the survey kept up to date;
- the management of premises and facilities therein;
- remedial action detailed in each survey to be carried out;
- copies of local asbestos registers to be produced, issued to premises managers and kept up to date, including updating the CCR;
- ACM's left in place being labelled, where appropriate;
- local systems established for the monitoring of ACM's left in place and for emergency actions in case of accidental damage of ACM's;
- local systems set up to ensure staff receive adequate information, instruction and training;
- reporting to Building Service Team and SHaW team any incidences of ACM's being either removed or disturbed.

### **3.3 Supervising Officers and/or Consultants**

Supervising Officers are likely to be members of the Building Service Team and Consultants, Architects, Engineers, Surveyors and other technical officers. All should have received suitable asbestos awareness training.

They will be responsible for:

- arranging asbestos survey's, repair and removal work and ensuring that adequate systems for the supervision of such work is in place;
- the use of authorised and competent contractors for work involving ACM's;
- monitoring contractor performance and the control measures;
- notifying the SHaW Team and Premises Manager of start dates for asbestos removal projects ;
- notifying the Building Service Team and SHaW team of any incidences of ACM being either removed or disturbed;
- notifying Premises Managers that it is safe to reoccupy the area when a satisfactory clearance notice has been received;
- submitting reports to Asbestos Co-ordinator on contractor performance.

### 3.4 Commissioning Officers

Any Architect, Engineer, Headteacher, Manager, Premises Manager and Surveyor who commissions a contractor, or other person, to undertake building operations or construction works on Council premises must establish whether or not asbestos is present. This can be achieved by reviewing the premises asbestos survey or, if not present, undertaking an asbestos survey.

Commissioning Officers are legally required to pass any known information on hazards, such as asbestos, to the contractor and, where applicable, the CDM (Construction Design and Management) Co-ordinator for the project.

### 3.5 CDM Co-ordinators (for CDM projects)

CDM Co-ordinators may act as the **Supervising Officer or Consultant** and may be required to establish the presence/absence of asbestos. The CDM Co-ordinator must liaise with the Asbestos Co-ordinator when bulk sampling of suspect material is required.

Under the Regulations the CDM Co-ordinator must make sure that details of all hazardous substances which could be encountered in specified building operations or construction works are incorporated into the "Pre Tender Safety Plan". When demolition or dismantling of the building or section of the building is part of the project a Type 3 asbestos survey must be carried out. This survey checks hidden areas such as cavities. See Corporate Health, Safety and Welfare Policy Section 6 [Managing Contractors](#) and Section 32 [Health & Safety in Construction](#).

They will be responsible for:

- Liaising with the Principal Contractor, **Commissioning Officer** and **Premises Manager** with respect to the building project and management of ACM
- reporting to **Commissioning Officer and Premises Manager** any incidences of ACM being either removed or disturbed

### 3.6 Managers and supervisors

Building managers and supervisors who, to any degree, arrange or control building maintenance are responsible for ensuring that they and their staff undergo appropriate training. They must ensure suitable and sufficient risk assessments are undertaken for any proposed work that presents significant risk and that suitable control measures are adopted. Managers and supervisors are also responsible for monitoring to ensure that agreed safety measures are being adhered to.

### 3.7 Property Services Team

Property Service Officers are, in general, responsible for Council properties or land that is leased or let. As a representative of the Council they have a legal responsibility to ensure, so far as reasonably practicable, that the detail of all significant risks are shared with the Tenant and vice-versa.

Consequently, they are responsible for informing the Tenant, Leaseholder:

- if the area/premises contains ACM's and any other significant risk;
- if they are Duty holder of the area/premises their duty to manage their statutory obligations to manage asbestos;
- that any works undertaken on the asbestos must be notified to the Council in writing in advance of the works;
- that the Council may request information and periodically inspect to ensure the property is maintained in accordance to legislation;
- that the Tenant must inform the Council of any risks they have or may introduce into the area/premises.

In addition they must:

- have systems in place to record any risks introduced into the area/premises by the Tenant;
- as is reasonably practicable, ensure the Council's lease terms and conditions and any leasehold arrangements are adopted by the Tenant;
- implement a system for periodic monitoring the tenant to ensure compliance with the lease agreement.

### **3.8 Premises Managers**

In general, Premises Managers maintain the premises and must:

- ensure an asbestos survey/register is accessible on site;
- maintain their asbestos register by ensuring information contained in asbestos surveys, work reports, inspection reports, etc are update on the CCR;
- inform all persons undertaking any type of building work - including DIY type activities - of the location of the ACM's, the location of the asbestos register and the arrangements for dealing with any suspected ACM's found;
- where appropriate, label the asbestos materials by placing a sticker on the material identified. If the area/panel is large, like a ceiling, wall, floor or roof, use stickers discretely placed in all corners;
- brief staff of the presence and implications of ACM's;
- produce a plan of the premises indicating the location of ACM's;
- carry out visual checks, at least annually, of the condition of ACM's, and report any deterioration immediately to the Property Service Team;
- carry out more regular visual checks where damage is more likely;
- implement an emergency system for reporting and dealing with any accidental damage or exposure to asbestos or dealing with any suspected ACM's found including immediate notification to the Asbestos Co-ordinator, Building Service Team (BST) and Head of SHaW;
- report such incidents as a dangerous occurrence on the accident/incident form;
- consult with TU Safety Representatives of the workplace on



asbestos matters;

- contact the Asbestos Co-Coordinator if the presence of previously unidentified asbestos is suspected or if asbestos may be disturbed by proposed work;
- not authorise any maintenance, building or DIY work unless they are certain asbestos will not be disturbed.

### **3.9 The Safety, Health & Wellbeing (SHaW) Team**

The SHaW team provide policy and health and safety advice regarding asbestos. They also work closely with the Estates Service to ensure compliance with this policy and statutory obligations. The H&S Consultant's role is mainly advisory to support and provide technical advice to managers and the Estates Service to carry out their roles effectively. In the event of an actual or potential breach in safety requirements, which pose imminent risk, they are empowered to take immediate action, on behalf of the Chief Executive, to stop works and instigate remedial actions to secure the area and control exposure.

## **4. FURTHER INFORMATION**

In emergencies, or for more information about the Council's arrangements for dealing with asbestos, contact:

- SHaW Team 020 8359 7960 OR Asbestos Co-ordinator on 020 8359 7801.
- For emergencies, outside normal working hours, call the Council's Emergency number 020 8359 2000.
- For general information on asbestos: [www.hse.gov.uk/asbestos](http://www.hse.gov.uk/asbestos)  
<http://www.hse.gov.uk/asbestos/information.htm>
- For information on the Control of Asbestos Regulations 2006 visit, <http://www.hse.gov.uk/pubns/priced/l143.pdf>
- For the management of asbestos in non-domestic settings <http://www.hse.gov.uk/pubns/priced/l127.pdf>
- For information about asbestos contractors, visit the Asbestos Removal Contractors Association at [www.arca.org.uk](http://www.arca.org.uk)

# MANAGING ASBESTOS TOOLKIT

## CONTENT

<b>PART A</b>	<b>CONTRACTS</b>
<b>PART B</b>	<b>ASBESTOS WARNING LABELS</b>
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## PART A - CONTRACTS

### A.1 General Duties

For work carried out on Council premises, the Council has a duty to ensure that its employees have a safe place of work. In order to fulfil this requirement the Commissioning Officer must take steps to ensure that the contractor;

- (a) is competent to carry out the work safely;
- (b) has included the necessary safety measures to protect occupants of the premises in planning and costing the work.

The Management of Health and Safety at Work Regulations requires two or more employers on the same premises to co-operate, co-ordinate and communicate their activities to ensure that Contractors brought onto the premises are provided with information on risks to health and safety and measures taken by the host to control the risks.

To comply with these duties and to enable the Contractor to plan and cost the work effectively for safety, the Commissioning/Supervising Officer or CDM Co-ordinator (if the job is subject to the CDM Regulations) **must**:

- ensure so far as is reasonably practicable that the Contractor is provided with sufficient information to work safely;
- ensure that the Contractor clearly specifies the precautions, which will be taken to control risks;
- agree the required precautions with the Contractor;
- monitor the work of the Contractor to ensure that safeguards are properly managed and remain effective.

The Council also has a duty to ensure that employees of Contractors are not endangered by the way Council staff carry out their own work. This duty will require the Commissioning/Supervising Officer or CDM Co-ordinator to provide information to the Contractor on such matters as;

- emergency procedures in the premises;
- hazardous processes in the areas of works, such as fumes or dusts emitted in the work area;
- movement of people, plant or transport which could affect the Contractor's operatives.

The Commissioning Officer or CDM Co-ordinator may need to consider stopping processes or removing materials from the work area before the contractor starts.

The legal duty imposed on the Council includes the cleaning, repair and maintenance of plant, machinery and buildings, whether such work is carried out by Council employees or independent contractors. This duty can extend to protecting members of the public or employees of other organisations, including Contractors' staff, who may be affected by the Contractors' activities on behalf of the Council.

A similar duty relates to the safety of premises, although in some cases "control" of the premises may be the responsibility of others, (if premises are

leased or shared). Matters which need to be drawn to the contractor's attention to meet this duty include;

- the location of any services;
- any hazardous materials in the premises such as asbestos insulation;
- contaminated ground;
- fragile roof material, etc.

In addition, Commissioning Officers, CDM Co-ordinators and Premises Controllers may need to co-ordinate the activities of several Contractors on the premises to ensure they do not affect each other's health and safety.

## **A.2 Approved contractors**

Only licensed asbestos contractors will be employed to undertake major asbestos work. In addition, the licensed asbestos contractors must have their safety policy pass a CHAS assessment within the previous three years. Asbestos contractors are also required to submit the following documentation for assessment:

### **(a) Asbestos Removal Companies**

- A declaration outlining the contractor's experience with regard to asbestos activities plus two references from previous jobs.
- A valid Asbestos Removal Licence in the Company name issued by the HSE, in accordance with the Asbestos Licensing Regulations.
- A Method Statement for the works.

### **(b) Analysis Laboratories**

- Accreditation by the UK Accreditation Service (UKAS).
- Membership for the Regular Interlaboratory Counting Exchange Scheme (RICE).
- A Method Statement for the works.

Contractors will be subject to assessment or validity of the submitted documentation. The SHaW Team will carry out the CHAS assessment of asbestos contractors when necessary. Assessment of performance prior to, during and after the works will be carried out by the Asbestos Co-ordinator or nominated deputy. Periodic Inspection and/or monitoring of the contractors performance may be carried out by the SHaW Team as required.

## **A.3 Sub-contracting - requirements placed on main contractor or consultants**

Where asbestos work is to be undertaken by sub-contractors who are managed by a Principal Contractor or where consultants are employed to manage contractors, the commissioning officer responsible for the project must ensure - through contract documentation with the Principal Contractor or consultant - that they are provided with a copy of this document and that they apply the standards contained within. In addition, where the asbestos work is major, the Supervising Officer reminds the Principal Contractor or consultant that only council approved contractors are permitted to undertake major work.

#### **A.4 Separate contract conditions**

In all situations, where there will be air sample monitoring during asbestos work and clearance tests on completion, the laboratory carrying out this work must not be connected in any way with the contractor carrying out the asbestos work. In this respect:

- (a) The laboratory analyst **must** be employed directly by the council or council representative and not by a contractor;
- (b) The removal contractor and laboratory **must** not be part of the same company nor to have any type of business connection.

#### **A.5 Non-asbestos Work - Contract Conditions**

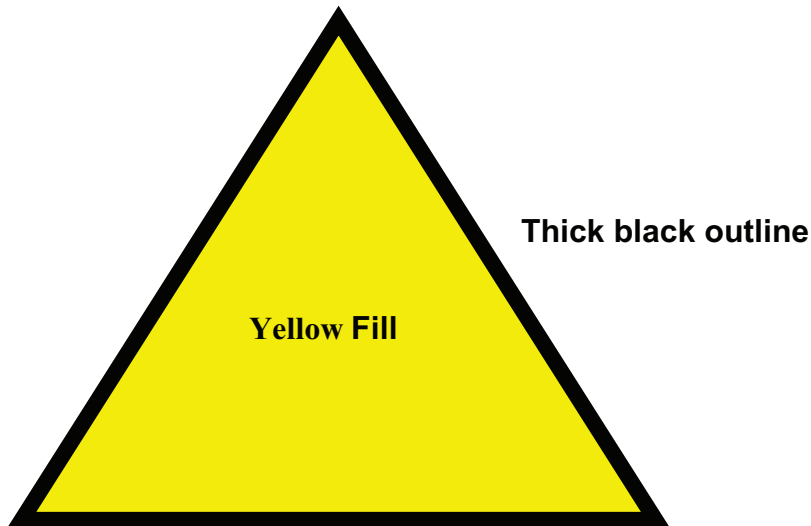
The following are examples of conditions that should be included in the documentation of the building and maintenance contracts, which do not directly involve asbestos.

*'The Council will take such steps as are possible to identify the location of and where it is likely to be affected by the intended work, removal of, asbestos building products prior to the commencement of the contract. Given the wide use of this material in the past, it is not however possible to categorically exclude from any building works in Council premises the possibility of inadvertent discovery or disturbance of asbestos. The contractor must therefore ensure that if any material thought to contain asbestos is discovered, it is not disturbed. '*

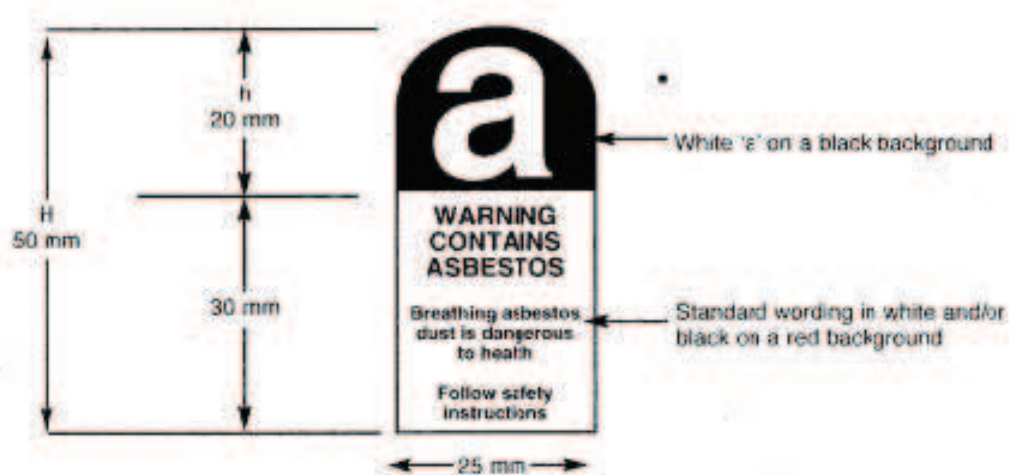
*'Should disturbance take place, work is to stop immediately and the vicinity cleared of persons. If possible the affected area should be secured. The Council's Asbestos Co-ordinator is to be informed immediately of any discovery or disturbance. Subsequent identification, analysis, removal and clearance (if necessary) will be carried out in accordance with legislation and the Council's Health Safety and Welfare Policy. In the event of this clause being disregarded and the subsequent investigation reveals that the contractor has disturbed asbestos, the contractor may be charged with the cost of any cleaning operation that may be required and any cost incurred by the Council by virtue of the premises not being available for normal use.'*

## PART B - ASBESTOS WARNING LABELS

**Label A:** Suitable for use in all locations for display in sensitive areas where unnecessary anxieties could arise.



**Label B** May not be suitable in all areas.



Premises Managers must ensure, so far as reasonably practicable, that either Label A or Label B is displayed on all known asbestos or as near as practicable to the asbestos. If Label A is selected staff and contractors must be told to contact the Premises Manager if they are likely to work near or with the panel or equipment which displays this Warning Label.

## PART C - ASBESTOS CONDITION INSPECTION FORM

**Site/Property:** \_\_\_\_\_  
**Survey Date:** \_\_\_\_\_  
**Location/Room Position** \_\_\_\_\_  
**Description/Application:** \_\_\_\_\_  
**Photograph taken: Y/N** \_\_\_\_\_

HAZARD		Score	Actual
1	<b>Location</b>		
	External	1	
	Internal	2	
	Internal forced ventilation over sealed asbestos	3	
	Internal forced ventilation over unsealed asbestos	5	
2	<b>Condition</b>		
	Good (unblemished not cut, drilled or machined)	1	
	Fair (indented or cracked but not broken away)	3	
	Poor (small part of edge or corner missing)	4	
	Bad (significant water damage or plant or material)	6	
3	<b>Vulnerability</b>		
	Difficult to touch or vandalise or hit with a ball, etc	1	
	Some effort needed to reach chair, ladder etc needed	2	
	Within normal reach to touch above 1m	3	
	Within normal reach to touch below 1m	4	
4	<b>Friability</b>		
	Asbestos cement in good condition	1	
	Other Asbestos in good condition	1	
	Other Asbestos in poor condition	6	
	Sprayed asbestos and pipe lagging	6	
5	<b>Cover/Sealant</b>		
	Behind rigid cover or structure	1	
	Sealed with undamaged sealant or flexible cover	2	
	Untreated or with damaged Sealant or cover	4	
6	<b>Fibre Content by Volume</b>		
	Less than 11% white asbestos	1	
	More than 10% white asbestos	2	
	Less than 11% brown, blue or mixed asbestos	4	
	More than 10% brown, blue or mixed asbestos	6	
7	<b>Total</b>	31	

### Suggested Action

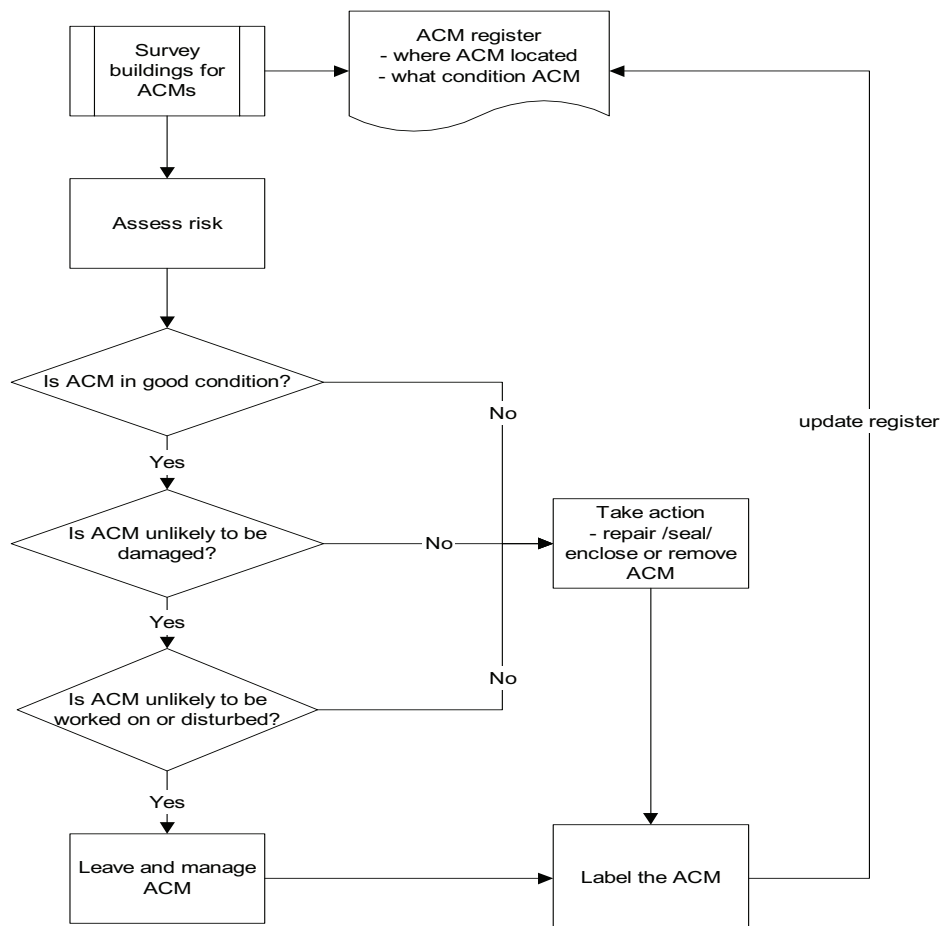
Risk Category	Action
<u>High &gt;18 Points</u>	Erect warning signs and restricted access. Arrange for immediate sealing, encapsulation or removal
<u>Medium 13-18 Points</u>	Arrange for sealing, encapsulation or removal
<u>Low &lt;13 Points</u>	No action needed but monitor to check condition and assessment

## PART D - MANAGEMENT OF ASBESTOS

The HSE guide “Managing Asbestos in Workplace Buildings” recommends that “if asbestos is in good condition, is not likely to be damaged, is not likely to be worked on; it is safest to leave it in place and introduce a Management System.” The Asbestos Coordinator or nominated representative in consultation with the Premises Manager, appropriate SLO and Head of SHaW for a given premises will make the decision regarding the retention or removal of asbestos.

This decision will be based on the risk assessment and advice from the relevant parties who have required knowledge of asbestos, building usage and resources available. The decision should be recorded and form part of the Asbestos Survey. It must specify whether or not any further action is required. If Asbestos is in poor condition, actions for consideration include repair, seal, enclose or remove. The merits and adequacy of each option should be discussed with the parties’ identified in the previous paragraph.

### Risk management approach to controlling exposure to asbestos





## D.1 Asbestos Identification and survey

Unless there is strong evidence to suggest otherwise, all materials should be presumed to contain asbestos. Such evidence will include:

- Previous surveys and sampling
- Building plans and records
- Materials that obviously cannot contain asbestos such as glass, solid wood materials, floorboards, stone, etc.

Where there is no evidence to rule out the presence of ACM's surveys and sampling shall be carried out to examine all "reasonably accessible" areas of the premises.

### Who should carry out the survey?

Asbestos Surveys and Register will be carried out by a suitably qualified and competent person listed on the "Safe Contractors List". This specifically means using only **Approved Asbestos Contractors!** The contractor will identify the location of sources and the risks associated with the ACM's on Council premises. These surveys will be carried out in accordance with HSE guidance.

### What type of survey should be carried out?

A minimum Type 2 (sampling survey) will be used in cases of existing buildings in use. Where demolition is to occur then a Type 3 (pre-demolition/major refurbishment survey) must be carried out and the information provided to all who may be affected in the workplace.

Further explanation of the different surveys is contained within HSE guidance

## D.2 Risk assessment

The Asbestos Co-Ordinator must ensure that risk assessments are completed for each identified ACM based on the results of the surveys and any laboratory analysis of samples. The assessments will consider the condition and location of the material and recommend either removal or the introduction of control measures

A copy of the Risk Assessment must be passed immediately to the Chief Officer, Premises Manager and the Asbestos Co-Coordinator so that recommended action may be considered, carried out and entries made in the CCR.

## D.3 Premises Manager actions on receipt of asbestos survey

On receipt of their Asbestos Survey/Register, Premises Managers are instructed to visually check the location and condition of ACM's for accuracy against the entry in the Asbestos Survey.

For ACM's with a low risk of disturbance the condition should be inspected at least annually using the form in Part C. Inspections should be carried out more frequently for ACM's with a higher risk of disturbance. For example, for ACM's located in the loft/ceiling void where the likelihood of disturbance is low then an annual inspection should suffice. However, if ACM's are located in a

school hall as a column or wall panelling then the likelihood of disturbance is much higher and therefore needs to be inspected more frequently.

Following inspection, the condition of the ACM should be reported to enable an audit trail for others to follow in years ahead. A typical monitoring form can be found in Part C. Any deterioration in its condition, discrepancies or concerns must be immediately notified to the Asbestos Co-ordinator.

Premises Managers must immediately notify the Asbestos Co-ordinator if they suspect or discover that the Asbestos Survey/Register is inaccurate.

The Asbestos Co-ordinator should review the Asbestos Management System and carry out periodic audits to ensure compliance.

#### **D.4 Post-survey action**

The survey report will contain advice on the action required in order to manage the ACM's. The Asbestos Register will reflect the report findings and any subsequent action taken.

##### **Asbestos in good condition**

In general where the asbestos is (a) **in good condition, and**  
(b) **not likely to be worked on, and**  
(c) **not likely to be damaged**

then it is safer to leave it in place and follow the asbestos management system. This will involve:

- entering the details on the central register;
- labelling the affected area with hazard warning signs;
- re-checking the condition at appropriate intervals depending on the level of risk.

##### **Asbestos in poor condition**

Where asbestos is in poor condition then a specialist approved asbestos contractor should be contacted who will advise whether it should be repaired, sealed, enclosed or removed. This will involve:

- a risk assessment identifying that the work can be done safely, mark the area with a hazard warning sign and enter details on the register;
- preparation of a method statement to minimise risk to the operatives, staff and visitors and ensure that they understand the instructions given;
- advising Health and Safety representatives of action taken;
- re-checking the condition of ACM's at appropriate intervals (as part of the rolling programme of surveys).

##### **Repair and removal**

Some damaged ACM's can be made safe by repairing it and either sealing or enclosing it to prevent further damage. If ACM's are likely to release dust and cannot be easily repaired and protected, or is likely to be disturbed during routine maintenance work, it should be removed.

#### **D.5 Repair and removal of asbestos materials**

When ACM's have been positively identified as hazardous, a specialist licensed asbestos removal contractor will be employed to remove or

encapsulate it. The contractor will be licensed under the Asbestos (Licensing) Regulations. In addition:

- The Head of SHaW, Asbestos Coordinator, Directorate Safety Leadership Officers and TU Health and Safety Reps will be informed of Asbestos removal or encapsulation works. The Asbestos Coordinator will discuss work methods with the Premises Manager, Supervising Officer/consultant and/or contractors prior to commencement.
- Any building work likely to result in the release of asbestos fibres into the atmosphere will be inspected by a licensed asbestos removal contractor or UKAS-registered analyst prior to commencement.
- On completion of all work in relation to asbestos removal or disturbance, an air clearance test certificate is required from a UKAS-registered analyst before reoccupation of the area.
- On completion of asbestos removal works the asbestos survey register will be updated locally by the Premises Manager and centrally by the Building Service Team.

*Note* - Some minor asbestos work may be carried out by unlicensed contractors although they must be fully competent and adequately equipped and their Method Statement must include a suitable and sufficient risk assessment for the job.

## **D.6 Asbestos Register**

Asbestos Registers form part of the Asbestos Survey and CCR that is accessible from the premises. It is the responsibility of the Premises Manager and Building Service Team to share information with each other and maintain the Registers. The Register shall be consulted prior to any planned work in accordance with this procedure by applying the control measures (D.7) below).

The Register will be updated by the Premises manager, Building Service Team and contractors locally.

## **D.7 Asbestos Database**

The Corporate Compliance Register (CCR) forms part of the programme of asbestos management. The databases should comprise a complete list of premises that the Council owns, manages or uses as a record of compliance with statutory functions.

This must consist of three sets of data. These are:

- Council Housing Stock managed by Barnet Homes.
- Corporate Buildings (All locations other than Housing Stock) set up and maintained by Estates Service including schools, children's centres, libraries etc
- Properties owned by the Council and rented or leased to other parties

Arrangements for controlled access to CCR will be arranged by the Building Services manager for:

- Supervising Officers
- Officers who commission work
- Safety Leadership Officers or other nominated officers within Directorates.
- Head of Safety, Health and Wellbeing
- Health and Safety Consultants
- Premises Managers
- Partner Organisations
- Contractors

#### **D.7 Control measures**

No building or maintenance work will be carried out on council managed premises without reference to the asbestos registers and CCL.

If the building concerned has not been surveyed, then an inspection must be carried out by a competent person prior to the work being started to identify if there is a risk of disturbing ACM's.

If there is any doubt as to the composition of materials uncovered or damaged during building works, or prior to works commencing, then:

- all work must cease;
- the Asbestos Co-ordinator or nominated deputy will arrange for a competent person to inspect the material and notify the SHaW Team;
- the area will be sealed off until it has been inspected by the Asbestos Co-ordinator and/or a specialist asbestos contractor or analyst;
- if the presence of asbestos is confirmed and in a condition likely to lead to a health risk, the area will remain sealed and warning notices will be posted until the asbestos has been removed or sealed;
- the Head of SHaW, the Directorate SLO, Premises Manager, Headteacher, Commissioning Officer and Trade Union Safety Representatives (as appropriate) will be informed if ACM's are discovered;
- only once the composition of the material is known not to be an ACM will the work be allowed to proceed.

#### **D.8 Record Keeping**

Records will be kept of the following elements of asbestos management:

- Periodic (at least annual) visual examination of ACM's (Part C)
- Occasions when it has been necessary to amend the Asbestos Register
- Evidence to show that contractors or other employees have seen and noted the contents of the Asbestos Register
- Records of health surveillance, where necessary (must be kept for 30 years)
- Clearance certificates for any asbestos works, including risk

assessments, air sampling, waste handling notes, and all contract documentation for asbestos removal or repair work

- Training of any staff in all aspects of asbestos control and management
- Any other records that may appear relevant to asbestos management.

## **D.9 Training and awareness**

Asbestos Co-ordinators together with the SHaW team and Directorate SLO's will organise Asbestos Awareness training for all Premises Managers, Building/Campus Managers and Headteachers.

Premises Managers, Building/Campus Managers and Headteachers will carry out a briefing local to their area of responsibilities for employees (and their managers) who are likely to come into contact with ACM's as a result of their normal activities (Part E). Managers and staff will keep records of this briefing. Refreshers will be carried out on a regular basis (at least every two years).

SLO's and the Asbestos Co-ordinator will also be kept up to date on changes in relevant legislation by the SHaW Team.

Contractors will be expected to demonstrate that they have received asbestos awareness training prior to commencement of works and should be made aware of the procedures to follow in managing ACM's.

## **D.10 Asbestos Emergency Organisation and Plan following accidental exposure to asbestos**

Following any incident where there has been potential unprotected (i.e. no Respiratory Protective Equipment being worn) exposure to airborne asbestos dust, the following step **MUST BE TAKEN**:

### **Premises Manager:**

- Remove persons from the area
- Seal off the area and prevent unauthorised access and post warning notices until the asbestos has been removed or sealed
- Immediately notify the Asbestos Co-ordinator or nominated deputies and Head of SHaW
- Await arrival of Asbestos Co-ordinator or nominated deputies and approved asbestos contractor to carry out air sampling and ACM cleaning
- As appropriate, the Directorate SLO, Premises Manager, Headteacher and Trade Union Safety representatives will be informed if ACM's are discovered
- The accident/incident report (AI/1) completed and sent to the SHaW team.
- The incident be notified to the HSE as a RIDDOR report if it is confirmed as an Asbestos release;
- Staff exposed must be referred to Occupation Health where a note will be made of the exposure on the personal record and health surveillance carried out.

### **Asbestos Coordinator**

In the event of an asbestos emergency, there must be the facility for taking rapid remedial action to contain the hazard and render the situation safe. The

Asbestos Co-ordinator is to set up procedures, which will identify:

- A telephone number to allow prompt notification of an asbestos incident to the Asbestos Co-ordinator and the Head of SHaW.
- Arrangements for the evacuation of staff and prohibition of access where this is necessary.
- Approved asbestos removal contractors, capable of dealing with all types of asbestos work.
- An approved laboratory capable of rapid air and material sample analysis including an on site facility.
- Notification to and close liaison with the appropriate SLO or, other nominated officer who will act as a spokesperson for the Council where necessary.

### **Information to the Emergency Services**

Information on the location and condition of any known or presumed ACM's must be made available to the emergency services. The fire services are the most likely to disturb ACM's, so Premises Managers must ensure that a plan is made available to the emergency services posted next to the fire control panel for ease of access which shows location and condition of ACM's. This should form part of the Critical Incident Plan and be kept with the fire risk assessment.

### **D.11 Review of this procedure**

This procedure will be reviewed on a regular basis by the Asbestos Co-ordinator and Head of SHaW. The following aspects will be reviewed annually:

Effectiveness of current management plan:

- in preventing exposure;
- in controlling maintenance workers/contractors;
- in highlighting the need for action to repair/remove ACM's;
- in raising awareness among all employees;
- in maintaining a comprehensive database of all assets either managed or owned by the Council;
- the effectiveness of Leaseholder in managing the Council asset.

Issues that may affect the management plan:

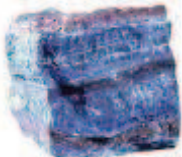
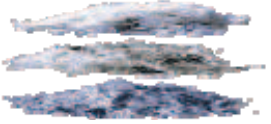



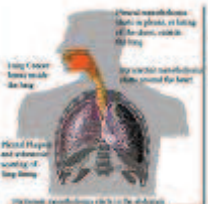




- changes to method of Service delivery i.e. Outsourced
- changes to organisational structure and/or staff;
- resourcing the management plan;
- changes to company procedures and/or legislation;
- changes in building use/occupancy/refurbishment plans.

Instances of failure of the procedures;

- where procedures have not been followed and why not;
- where procedures have been inadequate and why;
- where exposure to airborne fibres has occurred.



## PART E – GUIDANCE ON ASBESTOS AT WORK

<p><b>What Is Asbestos?</b></p> <p>Asbestos is a naturally occurring mineral; however asbestos is different from other naturally occurring minerals in that it is of a crystalline structure composed of long thin fibres.</p> <p>Asbestos is classified into two separate groups: Serpentine and Amphibole.</p>	
<p><b>Asbestos: six different minerals!</b></p> <p>Chrysotile (White Asbestos), Crocidolite (Blue Asbestos), Amosite (Brown Asbestos), Anthophyllite, Actinolite, Tremolite.</p> <p>White Asbestos is very different from the others!</p>	
<p><b>Chrysotile asbestos</b></p> <p>The only type in the Serpentine group and it was the most widely used commercially. Chrysotile asbestos is classified as a sheet silicate, which means it forms flat sheets of long, thin fibres.</p>	
<p><b>The Amphibole group</b></p> <p>5 types of asbestos: Amosite, Crocidolite, Tremolite, Actinolite, and Anthophyllite. The most common Amphibole asbestos types are Amosite (brown asbestos) and Crocidolite (blue asbestos).</p>	
<p><b>In What?</b></p> <p>Asbestos is a virtually indestructible naturally occurring material and because of its versatility has been put to many uses over the years, such as in bricks, pipe coverings, brake linings, roofing materials, ceiling tiles, floor tiles, fire-resistant work clothes, as an insulator or fire retardant, or as a binder. Consequently, asbestos is found in a variety of locations <a href="http://www.hse.gov.uk/asbestos/essentials/building.htm">http://www.hse.gov.uk/asbestos/essentials/building.htm</a></p>	
<p><b>Health</b></p> <p>An uncontrolled disturbance of any asbestos-containing material (ACM) in any concentration may be dangerous to your health! The wonderful properties that make it useful can be harmful if it gets inside the body. The tiny fibres are sharp and strong excepting in the white asbestos, where they are long and curly. Breathe in the fibres and they get stuck inside the body, in fact every time you take a breath they can get drawn deeper into the body and can lead to <u>asbestos related diseases</u> which can often be fatal.</p>	
<p><b>Properties</b></p> <p>It is resistant to corrosion. The individual fibres are very strong. This in turn means that the fibres stay in the body and can't be broken down by the body's natural defence mechanisms. The Blue and Brown type of asbestos fibres are sharp and can easily penetrate lung tissue. All the different types of asbestos fibres can trigger cancers.</p>	
<p><b>Who is at risk?</b></p> <p>Anyone that disturbs or damages asbestos-containing materials sufficiently to release particles into the atmosphere! e.g. Demolition workers, Building maintenance workers, Gas fitters, Joiners, Electricians, Heating and ventilating engineers, Plumbers, etc.</p>	
<p><b>Management of Asbestos?</b></p> <p>LBB Managed Premises should have an Asbestos Survey and Asbestos Register that identifies where ACM's are located, their condition and an Action Plan to either, monitor, encapsulate, repair or remove. ACM's that remain in-situ should be labelled and frequently inspected to monitor their condition.</p>	
<p><b>As our employees we ask you to help</b></p> <p>If you suspect asbestos and your work is liable to disturb or damage it, stop work immediately and inform the Facilities Group. If you suspect asbestos but it does not affect the work you are doing then you should inform the Building Service Team as soon as it is practicable to do so</p>	

## PART F - TAKING CARE AROUND ASBESTOS PRODUCTS

In order to exercise an appropriate level of care, **all** employees must be made aware of any harmful materials in their workplace, especially if they are likely to contain asbestos. Once employees are aware of this, they should follow these simple rules.

**Always** take care in the vicinity of any asbestos products, when:

- Positioning or moving furniture or equipment.
- Using cleaning equipment, particularly powered polishers.
- Using hand tools (particularly those that can cut or abrade surfaces).

**Never**

- Stand on, climb on, unprotected surfaces, particularly lagging.
- Place heavy weights on or against surfaces.
- Undertake "Do-it-yourself" alterations.
- Disturb suspended ceiling tiles.
- Scrub any asbestos insulating board.
- Fix or remove nails or screws to surfaces.

**Carelessly or wantonly damaging an asbestos product may not only put your health at risk, but also put at risk the health of other people. Intentional damage or tampering with ACM's is a serious offence under health and safety law, even for employees.**

### WHAT TO DO IF YOU THINK THERE IS A PROBLEM

Damage to or disturbance of asbestos insulating board (AIB) by cutting, scrubbing or breaking, or any level of damage to spray coating or lagging, may result in high levels of asbestos fibres being released. In the event of this occurring the following initial action must be taken:

- Leave the immediate area (if possible secure the room/area to stop others from getting in).
- Prevent excessive air flow in the immediate area of the damage (windows/doors closed).
- Warn other people (warning notices can be used).
- **Do not** attempt to clear up any fallen or damaged material.
- Call the Asbestos Co-ordinator and report the situation. They will advise on any more immediate precautions should be taken
- Follow up the report to the Asbestos Co-ordinator in writing.



**AGENDA ITEM:4.3**

Page Nos: 35 - 45

Meeting	Corporate Health and Safety Joint Negotiation and Consultation Committee
Date	15 March 2012
<b>Subject</b>	<b>Adult Social Care and Health, Annual Health, Safety and Welfare Report for the year ending 30 September 2011</b>
Report of Summary	Director of Adult Social Care and Health This report presents the Health, Safety and Welfare arrangements within Adult Social Care and Health for the year ending 30 September 2011.
Officer Contributors	Mathew Kendall, Assistant Director - Transformation and Resources, Adult Social Care and Health Andrew Hannon, Project Manager - Adult Social Care and Health Emily Bowler, Customer Care and Business Manager - Adult Social Care and Health
Status (public or exempt)	Not applicable
Wards affected	Not applicable
Enclosures	Appendix A – Adult Social Care and Health Annual Health, Safety and Welfare report for the year ending 30 September 2011
For decision by	Health and Safety Joint Negotiation and Consultation Committee
Function of	Not applicable
Reason for urgency / exemption from call-in (if appropriate)	Not applicable

Contact for further information: Andrew Hannon, Project Manager, Tel: 020 8359 4210  
Emily Bowler, Customer Care and Business Manager, Tel 020 8359 4463

## **1. RECOMMENDATIONS**

- 1.1. That the contents of the report and the attached Appendix A be noted.**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 None

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 The council is committed to improving its workforce safety, health and welfare. Section 7 of the Corporate Health and Safety at Work policy, July 2007 (revised December 2009), requires the preparation of Annual Health, Safety and Welfare reports.
- 3.2 All initiatives contained within this report contribute to the Corporate Plan whose objectives are to drive the delivery of the Council's aim of 'a successful London suburb'. This report seeks not only to ensure the provision of robust health and safety management systems and compliance with statutory duties but drive business improvement which will in turn contribute to the corporate priority of 'better services for less money'.
- 3.3 The Corporate Priority, 'Sharing opportunities and sharing responsibilities', includes the strategic objective to 'improve health outcomes for all'. This report aims to help meet these goals by setting standards to demonstrate how the Council intends to comply with its duties under The Health and Safety at Work etc. Act 1974, whose aim is to ensure not only the protection of all who may be affected by the Council's activities, but also the participation of all stakeholders in that aim.

## **4. RISK MANAGEMENT ISSUES**

- 4.1 There are grounds for possible legal challenge if the health and safety policy is not adhered to, possibly resulting in civil action, reputational damage, financial loss and disruption to the Adult Social Care and Health department.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 Following the re-provision of the residential and day settings for people with learning disabilities, all new buildings are fully compliant with both Health and Safety legislation and the Equality Act 2011. All other Adult Social Care and Health accommodation is compliant with legislation.

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance and Value for Money, Staffing, IT, Property, Sustainability)**

- 6.1 Any cost arising from implementing and adhering to health and safety policies have been and will continue to be contained within existing resources in the Adult Social Care and Health budget.

## **7. LEGAL ISSUES**

- 7.1 None save those contained within the body of the report.

## **8. CONSTITUTIONAL POWERS**

- 8.1 Council Procedure Rules - Section 3 - Panels and Consultative Bodies - Appendix 2 - Constitution of the Corporate Health and Safety Joint Negotiation and Consultation Committee.
- 8.2 The Council has established consultative bodies for the purpose of consultation with the trade unions and has determined their Constitutions and Terms of Reference.

## **9. BACKGROUND INFORMATION**

- 9.1 This Annual Report outlines the safety activities within Adult Social Care and Health for the period 1 October 2010 to 30 September 2011. It details the arrangements made, or being made, during the year for securing health, safety and welfare at work for the services and those affected by their work.

## **10. LIST OF BACKGROUND PAPERS**

- 10.1 None

Legal: LC  
CFO: MC

## APPENDIX A

### DIRECTORATE ANNUAL HEALTH AND SAFETY REPORTS

#### A. DIRECTORATE INFORMATION

**Directorate:** Adult Social Care and Health (ASCH)

**Report for Year ending (date):** 30 September 2011

**Outline of the key activities the Directorate performs:** Social care and administrative

**Number of Employees: 479 (permanent and fixed term)**

Female 358

Male 121

#### B. THE REPORT

##### 1. Update of previous year

##### a) *List targets identified on previous Annual Report and what action(s) have been taken to meet these.*

A range of actions for the In-house services have been achieved during this period:

##### **Flower Lane**

There was a range of Health and Safety Actions listed for Flower Lane (a specialist day service for adults with autism). The specification of the original doors was not suitable for the needs of the service and following discussions with Notting Hill Housing Group (NHHG), who own the building, the external rear fire door at Flower Lane has now been replaced with a more user-appropriate version, which is more durable. In addition, all rear doors were replaced as well as modifications made to the door restrictors to stop over extension of the doors.

Following the recommendations of the risk assessment, the push bar fire door has been replaced. The replacement door now has thick metal at the bottom and toughened glass on the top. The senior team at Flower Lane have attended fire warden training.

##### **Valley Way**

Removal of the paperwork has been completed by either archiving it or disposing of it. Monitoring is in place by the senior staff to ensure that paperwork does not mount up again. Workstation assessment and fire risk assessment have been reviewed to account for changes made in the office at Valley Way. Working at height issues and handling of paper work issues have been considered by management.

##### **The Network**

Risk assessments that were implemented during remedial works carried out have been monitored and a number of improvements have been identified. Fire and first aid needs have been identified and training arranged. All staff have been reminded to follow the procedures in regards to personal and premises safety. The Network have also raised awareness with their community access workers of working alone through training, supervision and staff meetings. All COSHH risk assessments have been reviewed.

A health and safety staff induction is ongoing for all staff to ensure that they are aware about health and safety arrangements in the premises. A post induction for staff has also been ongoing and monitored. The Safety audit policy at the Network has been reviewed and updated. The Lone Working arrangements have been reviewed and will be developed into a policy by January 2012. This will be signed off at the ASCH Health and Safety Network.

### **Agatha House**

Weekly sessions have been established with the Barnet Supported Living Service Lead for Person Centred Planning and Accessibility to work towards all service user documents being converted to accessible formats.

### **Community Space**

A new service has been created by merging the Community Support Team and The Space. All risk assessments reflecting their new activity has been implemented.

### **In-house services – general**

The In-house services continue to review all policies and procedures to ensure they are all available and accessible by staff and that they are relevant and up to date

Discussions on accident and incident reporting were held in meetings between Safety, Health and Wellbeing (SHaW), the In-House Learning Disability Service Manager and an Adult Social Care and Health Project Manager. Following these discussions, no changes were made to the reporting process itself but staff were reminded of the need to log accidents and incidents.

New measures for accident reporting have been piloted as part of the Health and Safety Network. Upon review, it appeared that the new measures were creating additional work and paper, which was not compliant with Safety, Health and Wellbeing principles of recording the information required by the Council in a way that is practical. Thus, it was agreed to continue with the original process but to ensure that further awareness raising was undertaken with staff.

Incident figures are higher than other premises but these are no more than would be expected for this type of client group, many of whom have behavioural issues stemming from communication difficulties. The teams have appropriate control measures in place. It was also agreed and actioned that the service would carry out an accident reporting awareness campaign and update the local procedures for reporting accidents in ASCH.

All staff from 313 Ballards Lane have now relocated to North London Business Park and as such their Health and Safety is now included as part of the Service's responsibilities.

### **b) *State how any Corporate and Directorate policies and initiatives have been implemented during the relevant report year.***

#### **Contractors (C6)**

Following the detection of Legionella at two care homes, managers in Adult Social Care and Health with the responsibility for commissioning and monitoring adult care provision met with the Corporate Health and Safety Consultant. The Corporate Health and Consultant presented a Tool Kit, giving advice on the type, level and frequency of monitoring, and included checklists to help staff monitor compliance and standards.

Initial responses from the commissioning and monitoring managers affirmed that the proposed model could be reasonably introduced into ASCH. The Head of Strategic Commissioning and Supply Management has requested that a timeline which includes the provision of further feedback and implementation of the toolkit begins in December 2011. Ensuring that the toolkit is implemented forms one of the actions in this report for 2011-12.

The Tool Kit comprises:

- ASCH Contract Monitoring - Selection Process
- ASCH Contract Monitoring Model
- ASCH Risk Score Card
- ASCH Contract Monitoring - Overview
- Monitoring Template: Care at Home (other Templates have been created for Residential and Day Care Homes, Sheltered/Supported Living and Supported Living Extra Care; Equipment Providers; Other providers)

The Monitoring Templates are based upon the Care Monitoring Tool. These Health and Safety questions can be incorporated into other generic questions asked as part of the overall contract monitoring. The degree or depth of monitoring is dependent upon the risk to the Council and resources available i.e. what is reasonably practicable. The level of risk will be assessed by the use of a defined Risk Score Card and agreed by ASCH. This would be in addition to the reporting that would be required by the Contractor as part of their contract i.e. Health and Safety Performance Indicators. Again the degree of information received from the contractor would be dependent upon the level of risk.

The Contractor Monitoring Tool Kit is sufficiently robust and flexible to:

- be mapped to existing good practice
- take account of the number of properties and clients supported by the Council
- include non-health and safety criteria
- include input from other agencies
- develop and implement monitoring strategies commensurate with the risk to the authority

### **Directorate Annual Reports (C7)**

The Service has continued to comply with the submission of an annual report to the Corporate Health and Safety Joint Negotiation Consultation Committee and has submitted this year's report in the updated format.

### **Display Screen Equipment (C15)**

This has been included in conjunction with the Flexible Working workshops (as specified in the Corporate Health, Safety and Wellbeing policy for Flexible Working – see C22).

As part of The Accommodation Project (TAP), 18 desks more suitable for dual-screens have been ordered for members of staff who work using dual screens (1600cm desks as opposed to the 1400cm desks for staff with one screen).

### **Flexible Working (C22)**

Between 12- 29 July, thirty-two induction sessions on flexible working were hosted by The Accommodation Project (TAP). Attendance at these sessions was mandatory and the majority of Adult Social Care and Health staff from North London Business Park and Barnet House attended a session. There were an additional four sessions hosted by TAP which were tailored specifically for team managers.

TAP Change Managers led the sessions. They gave a presentation on flexible working and held question and answer sessions. The sessions took place in a show-room type environment so that staff could see examples of flexible working in practice and were designed to give guidance on the health, safety and wellbeing issues regarding Flexible Working.

### **Grey Fleet (C34)**

Privately owned vehicles that are used for occasional journeys at work or if an employee rents a vehicle to use for work are commonly referred to as 'grey fleet'. Information on the grey fleet has been cascaded to staff via the Health and Safety link on the Adult Social Care and Health intranet.

**c) *Outline the significant risks faced by your employees and others and the strategies and systems put in place to control them.***

It is recognised that Adult Social Care and Health is in a period of significant change. Restructures and subsequent redundancies following a decrease in government funding took place in early 2011 and the possibility of further redundancies as the department makes further savings is likely. To help manage this, all staff receive regular one to one meetings with their managers and can engage in team meetings. Staff information events are held, focussing on particular topics, e.g. the budget and changes to the In House Service. Information is also cascaded to staff via updates from the director and a regular Adult Social Care and Health newsletter. The support of the council's counsellor is also advertised to staff for them to avail themselves of, if necessary. Staff are also made aware of the Employee Assistance Programme, which is a free, confidential and independent resource to balance their work, family and personal life. It is a 24 hour service which is accessible by phone or online, providing information, resources, referrals and counselling on various issues, such as child care, debt, bullying, bereavement and workplace pressure.

As reported in last year's report, the Stress Focus Action Group identified a number of key areas where the service already does well in terms of preventing stress. The group generated a Stress Action Plan, focussing on what actions should be taken to help prevent stress levels. Implemented actions from the plan include:

- consultation with managers to ensure synergies between teams were realised following staff relocating from Barnet House to North London Business Park, the removal of offices and the implementation of mobile working and hot-desking
- the implementation of Information Centres for each team within the service. Information Centres present information relating to the delivery and priorities of a particular team. They help to provide clarity on what a team's function is and help to put an individual's roles and responsibilities into this context.
- Performance Reviews are linked closely to team Business Plans and manager attend Performance Seminars

Other actions identified in the plan will be implemented in the coming months. The Stress Focus Group will be reconvened and the effectiveness of the action plan monitored as part of the Health and Safety Network.

Employees' work can involve working closely with volatile clients, partly evidenced by the high number of physical and verbal incidents reported for this period. By continuing to formally record accidents and incidents, proactive measures to help in dealing with difficult situations can be considered, including on-going monitoring, professionals meetings, discussions at challenging behaviour group at Barnet Learning Disabilities Service, medication reviews, daily update meetings, behaviour guidelines and Pro-act SCIP training.

Following continued office moves, it has been important to support staff as they adapt to new ways of working. Change workshops were arranged in conjunction with The Accommodation Project and 'Welcome Packs' distributed to staff, which show people how they can adjust their workstations to suit their particular needs. Staff are also reminded in these packs that they can request a workstation assessment if they feel they have needs which are not met.

The Health and Safety Network will be the forum which will control, progress, monitor and provide accountability and keep health and safety issues embedded within the Service. It will also provide a direct link with Corporate Health and Safety, which is represented within the Network.

**d) *Detail of any local health and safety documentation introduced or revised during the previous 12 months (e.g. Policy document, new Local Codes of Practice, forms etc.)***

None.

**e) *Details of any advice given or enforcement action taken by the Health and Safety Executive, Fire Authority or Environmental Agency which related to Directorate Operations in the last 12 months.***

None.



## 2. Monitoring Information:

### a) Accidents/Incidents: (If none state ZERO RETURN)

	<b>1/10/2010-30/9/2011 (last year's figures)</b>
i. Total number of minor accidents during the year.	<b>7</b> <b>(0)</b>
ii. Accident rate (total accidents divided by number of employees)	<b>0.015</b> (No. of staff = 479 Total no. of accidents = 7) <b>(0)</b>
iii. Any Reportable Fatalities, Major Injuries or Diseases (RIDDOR);	<b>0</b> <b>(0)</b>
iv. Any Reportable over 3 day off work injuries (RIDDOR);	<b>1</b> <b>(0)</b>
v. Total number of physical assaults	<b>75*</b> <b>(65)</b>
vi. Total Number of verbal assaults	<b>0</b> <b>(reported as part of physical assaults)</b>
vii. Total Number of non-employee accidents	<b>3</b> <b>(0)</b>
viii. Number of RIDDOR accidents to non-employees	<b>0</b> <b>(0)</b>

*\* relate to service user behavioural issues stemming from communication difficulties resulting in minor injuries to care staff*

### b) Accident Trends/Significant Incidents

*Showing where trends in types of accident have been identified, and the remedial action taken to prevent continuation of the trend. Also, if there have been any significant incidents, what remedial/preventative action was taken.*

#### **Physical assaults**

The significant number of Adult Social Care and Health Physical Assaults relate to service user behavioural issues stemming from communication issues, resulting in minor injuries to care staff. The assault figures are not uncommon when working in this area. There has been a gradual increase in numbers over previous quarters which are attributable to a number of factors, including increased awareness of reporting and previous administrative issues involving delays in reporting.

A meeting was held at Flower Lane in August 2011 with regards to incidents of challenging behaviour. This meeting was attended by the manager of Flower Lane and union representatives. Proactive measures to help deal with incidents of challenging behaviour were discussed and the measures were felt to be comprehensive. A concern

was raised that perhaps not all staff were aware of the proactive measures which were available so a presentation was given soon afterwards to staff , which was well received.

**c) RIDDOR Classified Dangerous Occurrences**

None.

**d) Work Related Ill health**

It is difficult to quantify this, as often the reasons for referral are a mixture of issues in the personal and work sphere. Of the cases referred, none were due to a physical injury in the workplace, but two were referred with stress, which they attributed to their working environment.

**e) Training**

**ASCH Health and Safety training statistics for the period between  
1 October 2010 - 30 September 2011**

<b>Session</b>	<b>Number</b>	<b>Provider</b>
Passenger Assistant Training	17	In House
Fire Marshall/Warden Training	21	UK fire training
Risk assessment	6	In House
Manual Handling (People)	12	In House
Emergency treatment (Accredited)	41	Skills training centre
Managing Employee Stress	8	In House
Personal Safety	52	In House
Drug Use and administration	24	In House
Infection Control	31	In House
Managing Health and Safety	6	In House
Premises Control	20	In House
Basic Health and Safety	13	In House
Proac-SCIPr	32	In House

**Last year's Health & Safety training (for the period 01.10.2009 - 30.09.2010)**

<b>Training Course</b>	<b>Number</b>	<b>Provider</b>
HIV/AIDS awareness	6	In House

Securing passengers and wheelchairs	14	In House / skills training centre
Practical Fire extinguisher	29	Skills training centre
Risk assessment	9	In House
Manual Handling (People)	22	In House / Herts Handling
Certified First Aid full Qualification	7	Skills training centre
Emergency treatment (Accredited)	7	Skills training centre
Managing Employee Stress	41	In House
Dealing with Stress	67	In House
Drug Use and administration	7	In House
Food Hygiene	4	In House
Infection Control	3	In House
Managing Health & Safety	15	In House

#### **f) Inspection and Reviews**

*Detail of management inspections and reviews undertaken within the Directorate; include any significant improvements made as a result of these reviews.*

Health and Safety audits were held at two sites regarding management awareness of Legionella and Asbestos. These audits identified and prioritised areas requiring safety improvement and also identified areas of good practice.

### **3. Targets for the next 12 months**

1. The ASCH Health and Safety Network to meet 4 times in 2011-2012 to progress the ASCH Health and Safety Action plan
2. ASCH to reconvene the ASCH Stress Focus Group to review the effectiveness of the action plan.
3. To ensure all relevant ASCH staff have a Personal Emergency Evacuation Plan (PEEP)
4. Implement new policy for monitoring care providers
5. Ensure First Aid training provision is reviewed and Certificates current
6. Implement the recommendations from the Asbestos and Legionella Health and Safety Audits.

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## AGENDA ITEM 7

**AGENDA ITEM: 4.4**      Page Nos : 46 - 55

Meeting	Corporate Health and Safety Joint Negotiation and Consultation Committee
Date	15 March 2012
<b>Subject</b>	<b>Environment, Planning &amp; Regeneration Annual Health, Safety and Welfare Report for the year ending 30 September 2011</b>
Report of	Interim Director of Environment, Planning & Regeneration
Summary	This report presents the Health, Safety and Welfare arrangements within Environment, Planning & Regeneration for the period ending 30 September 2011
Officer Contributors	Pam Wharfe, Interim Director of Environment, Planning & Regeneration Lynn Bishop, Assistant Director of Environment, Planning & Regeneration
Status (public or exempt)	Not Applicable
Wards affected	Not Applicable
Enclosures	Appendix: Environment, Planning & Regeneration Annual Report
For decision by	Corporate Health and Safety Joint Negotiation and Consultation Committee
Function of	Not Applicable
Reason for urgency / exemption from call-in (if appropriate)	Not Applicable

Contact for further information: Jane Theobald, Cleansing and Refuse Manager, x5133;  
Paula O'Dumody, Business Performance & Development Manager, x4368.

## **1. RECOMMENDATIONS**

- 1.1 That the content of this report and attached appendix be noted.**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 None

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 All Initiatives contained within this report contribute to the Environment, Planning and Regeneration Directorate Business Plan whose objectives are to drive the delivery of the Council's Strategic aims. This report seeks not only to ensure the provision of robust health and safety management systems and compliance with statutory duties but drive business improvement which will in turn contribute to the corporate priority of 'better services with less money'
- 3.2 The Corporate Priority, 'Sharing opportunities, sharing responsibilities', includes the strategic objective to 'improve health and wellbeing'. This report aims to help meet these goals by setting standards to demonstrate how the Council intends to comply with its duties under The Health and Safety at Work etc. Act 1974, whose aim is to ensure not only the protection of all who may be affected by the Councils activities but also the participation of all stakeholders in that aim.

## **4. RISK MANAGEMENT ISSUES**

- 4.1 There are grounds for possible legal challenge if health and safety policy is not adhered to, possibly resulting in civil action, financial loss and disruption to the services Environment, Planning & Regeneration provide.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 The Council has a statutory duty to eliminate unlawful discrimination and harassment, promote equality of opportunity and to promote good relations between people. These are embedded in the Service's health, safety and welfare policies and are actively recognised during the implementation of related strategies. The Service will monitor the differential impact of its policies and take measures to redress any differences.

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance and Value for Money, Staffing, IT, Property, Sustainability)**

- 6.1 Any costs arising from implementing and adhering to health and safety policies will be contained within existing resources.

## **7. LEGAL ISSUES**

- 7.1 The Health and Safety at Work Act 1974 imposes statutory duties upon the Council, as employer, in terms of health and safety of its workers. These duties are mandatory.

## **8. CONSTITUTIONAL POWERS**

- 8.1 Constitution – Council Procedure Rules - Section 3 – Panels and Consultative Bodies. The Council has established consultative bodies for the purpose of consultation with the trade unions.
- 8.2 The Council has established consultative bodies for the purpose of consultation with the trade unions and has determined their constitutions and Terms of Reference.

## **9. BACKGROUND INFORMATION**

- 9.1 The Environment, Planning & Regeneration Annual Report outlines the arrangements made for securing health, safety and welfare at work for the services and those affected by service operations for the period ending 30 September 2011.

## **10. LIST OF BACKGROUND PAPERS**

- 10.1 None

Legal: PP  
CFO: MC/JH

# DIRECTORATE ANNUAL HEALTH AND SAFETY REPORT

## A DIRECTORATE INFORMATION

**Directorate:** Environment, Planning and Regeneration

**Report for Year ending (date):** 30 September 2011

**Outline of the key activities the Directorate performs:**

*Parking, Highways, Greenspaces, Waste and Sustainability, Refuse, Street Cleansing, Community Safety, Drugs and Alcohol, Trading Standards & Licensing, CCTV, Leisure, Housing Needs & Resources, Environmental Health, Hendon Cemetery and Crematorium, Planning, Building Control and Regeneration, Policy and Strategy.*

**Number of Employees (full time equivalent):**

Full time: 747

Part time: 156

Casual (no fixed hours): 83

## B THE REPORT

### 1. Update of previous year

*a) Targets identified on previous Annual Report consolidated for Planning, Housing & Regeneration and Environment & Operations and what action(s) have been taken to meet these.*

- 1) Ensure all actions from H&S audits are implemented
  - a. All staff identified as being at risk of workplace stress have attended a managing stress course. The use of flexible working has increased to minimise the causes of workplace stress.
  - b. A Personal Emergency Evacuation Plan has been completed for vulnerable within EPR at NLBP.
  - c. Since the update of the intranet staff were told how to access the H&S pages through the newsletter.
  - d. Relevant staff have received training on general risk assessment awareness the training programme identifies when refresher training is required.
- 2) Monitor and review risk assessments for Building Control, Housing and Strategy
  - a. A review has been carried out on risk assessments received. Any missing or inadequate assessments have been highlighted to the relevant managers and are being followed up.
- 3) Arrange for Environment to carry out risk assessments in line with the rest of the Directorate and record them electronically – arrange training and support if required
  - a. Risk assessments are stored both electronically and in hard copy. They are reviewed annually and on an as and when needed basis when they require updating.
- 4) Carry out new workstation assessments for any areas involved in further moves
  - a. All staff who have moved in the last year have completed a workstation assessment. A contractor has been called in to carry out in depth assessments for staff experiencing problems with their workstations.
- 5) Ensure that staff health and safety training and development needs are reviewed and appropriate resources are available to enable identified training to take place.
  - a. A basic training plan has been written for services in the Planning, Housing and Regeneration, this needs to be extended to include the



- services in Environment and Operations, these services are by their nature higher risk so we will continue to work on this over the coming year.
- b. Resources are stretched in the current climate but will be made available where there is a requirement identified for appropriate training.
- 6) Write a new Health and EPR Safety Policy/Strategy to consolidate both the PHR Policy and E & O Strategy documents identifying the impact on the Service of the One Barnet programme and the budget cuts.
    - a. It is no longer a requirement to write a local Health & Safety Strategy. EPR will write a H&S action plan based on the targets identified in this report and add any issues that arise during the year.
  - 7) Update the Lone Working Policy to include Environment & Operations
    - a. The Lone Working Policy is still being worked on and will be complete by January 2012.
  - 8) Review the dissemination of Health and Safety information to staff to ensure they are kept informed and are able to influence training and decisions and have the opportunity to raise any concerns they have to management
    - a. All management have been briefed to ensure they include H&S issues in their team meetings and have been instructed to feedback to the SLO anything raised by staff.
    - b. H&S updates to legislation and policies are included in newsletters with links to the relevant changes on the intranet. Reminders to staff about accident reporting and other H&S issues are also included in newsletters.
    - c. Newsletters and policies are available in hard copy for those staff who don't have access to a computer.
  - 9) Write and implement an inspection regime for monitoring H&S policies, risk assessments and H&S action plans of partners, i.e. Barnet Homes.
    - a. There are excellent examples of monitoring of H&S for partners in the Directorate. The SLO will work with the managers of the existing teams that monitor well to learn best practise and roll out across the other services that aren't monitoring in a structured way.
  - 10) Ensure that a proactive Health and Safety culture exists throughout the Service
    - a. See point 19.
  - 11) Ensure that all staff are fully aware of their health and safety responsibilities and are competent, motivated and empowered to work safely at all times
    - a. See point 19.
  - 12) Use of annual Appraisal process and staff Training Plans to ensure consistency across the Service
    - a. Annual and mid year appraisals are being used in some areas across the Directorate. Communications will continue to go out to all managers to ensure this practise is embedded in all appraisals.
  - 13) Ensure that any new Corporate Policy and procedure relating to health and safety is made available to all staff across the Service
    - a. This is being done through the use of the newsletter, intranet, toolbox talks for staff in Mill Hill Depot and staff briefings for other staff across the Directorate.
  - 14) By utilising the existing relationship between the SLO and the SHaW Team Lead Officer to ensure that information is disseminated to all staff to ensure consistency

- a. All Health & Safety information is disseminated to staff using various methods, including the Newsletter (electronic and printed for the Depot), email, staff briefings and team meetings
- 15) SLO to be supported by resources made available to enable a thorough review to take place
  - a. The SLO has been allocated 2 officers to support her in the role.
- 16) Ensure that the Service supports the work of the SHaW Team as appropriate
  - a. The SLO/or representatives will continue to meet with the corporate SHaW Team representative to discuss any initiatives, policy updates and any other issues.
- 17) Where the Service is requested to comment on any newly produced documentation provided by the SHaW Team this is properly considered and constructive comments are provided and that the service actively promotes the policy and procedures produced by the SHaW Team as they are adopted
  - a. Feedback is given when required. Any new policies are promoted through the newsletter, with links to the intranet. Hard copies are available to staff without internet access.
- 18) To review the reporting of accidents and incidents to ensure that consistency exists across the Service
  - a. A reminder on the reporting process has been issued this year.
- 19) To ensure that all accidents and incidents are captured and reported to enable trends to be identified and appropriate actions to be taken as deemed necessary
  - a. Managers encourage all staff to report accidents however minor so that any necessary action can be taken.
- 20) To keep accident and incident levels as low as possible
  - a. We continue to work on reducing the number of accidents and incidents through regular training, refresher training, putting action plans in place where accidents are happening regularly to identify and rectify issues wherever possible.
- 21) To proactively promote the health and safety culture across all staff and implement appropriate monitoring and performance management activities to assist in limiting occurrences and where necessary taking appropriate actions to resolve issues rising to ensure that trends are not established
  - a. Health & Safety is kept high on the agenda for all staff by being mentioned regularly in team briefs, targets being set in appraisals, regular mentions in the newsletter.

*b) State how any Corporate and Directorate policies and initiatives have been implemented during the relevant report year.*

- i) Quarterly H&S senior management team meetings are held and outcomes are disseminated to all teams during their team meetings
- ii) A Corporate H&S representative has attended where necessary to brief on any new initiatives and legislation.
- iii) The management team refresh their risk assessments annually or whenever there are changes to working practices or conditions. This is monitored and managers are chased where risk assessments are not received by the SLO each December.
- iv) Risk assessments are available on the shared drive for all staff and printed out for staff in the Depot.

- v) Further Managing Stress training has been provided to assist the Managers to provide support to their teams during these times of significant change.
- vi) It was recognised there was some issues with Alcohol in the Refuse and Street Cleansing teams. For this reason 50 Managers, supervisors and team leaders attended a course on how to respond to and prevent problematic alcohol use in the workplace.

c) *Outline the significant risks faced by your employees and others and the strategies and systems put in place to control them.*

- i) Risk of abuse, verbal and physical; Training detailed below
- ii) Risk of injury operating machinery; Training detailed below.

d) *Detail of any local health and safety documentation introduced or revised during the previous 12 months (e.g. Policy document, new Local Codes of Practice, forms etc.)*

- i) Lone working policy is being revised currently
- ii) "How to" guide has been circulated via the newsletter with links to various H&S policies and procedures

e) *Details of any advice given or enforcement action taken by the Health and Safety Executive, Fire Authority or Environmental Agency which related to Directorate Operations in the last 12 months.*

- i) None

## **2. Monitoring Information:**

**(a) Accidents/Incidents:** *(If none state ZERO RETURN)*

- (i) Total number of accidents during the year: 44
- (ii) Accident rate (total accidents divided by number of employees): 0.05
- (iii) Any Reportable Fatalities, Major Injuries or Diseases (RIDDOR); No
- (iv) Any Reportable over 3 day off work injuries (RIDDOR); 22
- (v) Total number of physical assaults; 8
- (vi) Total Number of verbal assaults: 6
- (vii) Total Number of non-employee accidents: 0
- (viii) Number of RIDDOR accidents to non-employees: 0

**(b) Accident Trends/Significant Incidents***None***(c) RIDDOR Classified Dangerous Occurrences***None.***(d) Work Related Ill health***176 Days***(e) Training***Detail of H&S training undertaken including course details and numbers attending***(f)**

Name of Course	Number attending	Course Provider
Managing Health & Safety	13 Managers and team leaders	LBB
Managing Stress Training	21 Managers and team leaders	LBB
Manual handling	70 refuse loaders	Skills Training
Emergency Treatment	70 refuse loaders	Skills Training
Fire Extinguisher	70 refuse loaders	Skills Training
Vehicle Reversing	70 refuse loaders	Skills Training
Street Safe Sam	70 refuse loaders	Skills Training
Emergency Treatment	78 refuse & street cleansing drivers	Skills Training
Manual Handling	78 refuse & street cleansing drivers	Skills Training
Vehicle Reversing	78 refuse & street cleansing drivers	Skills Training
Fire Extinguisher	78 refuse & street cleansing drivers	Skills Training
Emergency Treatment	118 street cleansing operatives	Skills Training
Personal Safety and Conflict Management	12 Parking Attendants	MAYBO external training provider

Health & Safety, Manual Handling, Sharps	82 Green Spaces staff	Skills Training
Personal Safety & Conflict Management	24 Green Spaces staff	MAYBO external training provider
First Aid at Work	12 Green Spaces staff	Skills Training
Emergency Treatment	24 Green Spaces staff	Skills Training
Traffic Management	10 Green Spaces staff	Skills Training
Hayter Training	24 Green Spaces staff	Hayter
Pedestrian Machinery Operation	50 Green Spaces Staff	Skills Training
Two Stroke Stihl	80 Green Spaces staff	Stihl
Stihl Two Stroke training to cover strimmers and hedge cutters	40 Green Spaces staff	Stihl
Hand & Back Pack Blowers	40 Green Spaces staff	Stihl
Pesticide training	4 Green Spaces staff	Skills Training
Abrasive Wheel Training	2 Green Spaces staff	Skills Training
Ladders, Steps and Tower Training	8 Green Spaces staff	Skills Training
Fine Turf Machinery Operation and Maintenance	10 Green Spaces Staff	Skills Training
Tractor Training	6 Green Spaces Staff	Skills Training
Chainsaw NPTC CS30 & 31	2 Green Spaces Staff	Skills Training
Shredder & Chipper Training	30 Green Spaces Staff	Greenplant

#### **Inspection and Reviews**

- i) Management inspections are completed fortnightly for high risk

- teams. Results are recorded and available for inspection.
- ii) Weekly inspections and fire alarm tests are carried out in hostels by Housing Management Officer responsible. The weekly inspection sheets are signed off by the team leader and held on the shared drive.

### 3. Targets for the next 12 months

Action	Person responsible
Continue to identify training requirements across the Directorate. To be fed in to by managers carrying out performance appraisals. Training plan should identify when refresher training is required	All managers
Implement a regular slot in the newsletter to keep H&S at the forefront of everyone's mind in work and to encourage feedback	Joshua Stanton
Implement a stress action group to embed the new stress policy across the Directorate	Jonathan Tunde-Wright
Ensure compliance with statutory tests and inspections for outlying workplaces.	Jane Theobald / Paula O'Dumody
Role out best practice model for monitoring H&S of contractors/partners to all relevant services	Jane Theobald / Paula O'Dumody
Continue to work across the service areas to consolidate H&S knowledge and share good practice	Jane Theobald / Paula O'Dumody

**AGENDA ITEM: 4.5**

Pages 56 – 60

Meeting	Corporate Health and Safety Joint Negotiation and Consultation Committee
Date	15 March 2012
<b>Subject</b>	<b>Deputy Chief Executive's Service Annual Health &amp; Safety Report</b>
Report of	Deputy Chief Executive
Summary	This report updates the Committee on the progress against the health and safety priorities set by the Deputy Chief Executive's Service for 2011/12 and sets out the key health and safety priorities for the Chief Executive's Service for 2012/13.

Officer Contributors	Mike Koumi, Head of Safety, Health and Wellbeing
Status (public or exempt)	Public
Wards affected	Not Applicable
Enclosures	Appendix A – Health, Safety and Welfare Annual Report – Deputy Chief Executives Service
For decision by	Corporate Health and Safety Joint Negotiation and Consultation Committee
Function of	Not applicable
Reason for urgency / exemption from call-in	Not applicable

Contact for further information: Mike Koumi, 020 8359 7960

## **1. RECOMMENDATION**

### **1.1 That the report be noted.**

## **2. RELEVANT PREVIOUS DECISIONS**

### **2.1 Corporate Health & Safety JNCC – 7 March 2011, agenda item 4.4**

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 All initiatives contained within this report contribute to the Deputy Chief Executive Services Business Plan. This report seeks not only to ensure the provision of robust health and safety management systems and compliance with statutory duties but drive business improvement which will in turn contribute to the corporate priority of 'better services with less money'
- 3.2 The Corporate Priority, 'Sharing opportunities and sharing responsibilities', includes the strategic objective to 'improve health outcomes for all'. This report aims to help meet these goals by setting standards to demonstrate how the Deputy Chief Executive's Service is working to comply with its duties under The Health and Safety at Work Act of 1974. This Act seeks to ensure not only the protection of all who may be affected by Council activity but also the participation of all stakeholders in that aim.

## **4. RISK MANAGEMENT ISSUES**

- 4.1 This report sets out the work undertaken to date and the further work planned for 2012/13 in order to ensure that the Deputy Chief Executive's Service complies with its general duty of care to employees as required by the Health and Safety at Work etc. Act 1974. Failure to comply with statutory obligations could lead to prosecution. Any work practices that result in ill health could result in civil action against the Council, financial loss and negative public relations. Good management and leadership are vital in ensuring effective service delivery and high levels of health and safety in the Council, and this new arrangement has been designed to help the Council to manage health and safety more effectively.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 The actions undertaken and those further actions planned which are set out in this report represent the Deputy Chief Executive's Service's intention to comply with the Council's Health, Safety and Welfare Policy. This policy aims to ensure the protection of employees and anyone else who may come into contact with our activities and services. This includes people at special risk for example people with disabilities, pregnant women and vulnerable service users. The Policy also seeks to enhance Barnet's reputation as a good place to work and live, and aims to protect employees and service users taking regard of age, disability, ethnicity, faith/belief, gender, and sexual orientation.
- 5.2 The Policy supports the Council in meeting its statutory equality duties and compliance with the range of employment (equality) regulations.



**6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

- 6.1 Any additional risk assessments, training or equipment costs which may be required to comply with the initiatives outlined in appendix A will be incorporated within the Deputy Chief Executive's Service's existing budget

**7. LEGAL ISSUES**

- 7.1 None other than those contained in the body of this report.

**8. CONSTITUTIONAL POWERS**

- 8.1. Constitution – Council Procedure Rules – Section 3 – Panels & Consultative Bodies – Appendix 2 – Constitution of the Corporate Health & Safety Joint Negotiation and Consultation Committee.
- 8.2 The Council has established consultative bodies for the purpose of consultation with the trade unions and has determined their Constitutions and Terms of Reference.

**9. BACKGROUND INFORMATION**

- 9.1 All Directorates are required to submit annual reports to the Corporate Health and Safety JNCC as required by Arrangement 7 of the Corporate Health, Safety and Welfare Policy.
- 9.2 Due to changes in the corporate structure, the Deputy Chief Executives Service was newly formed and therefore had no substantive historical data or Health and Safety plans for the previous 12 months to report to this committee on the 7 March 2011. Agreement had, therefore, been reached that the Services would report their Health and Safety priorities for the following 12 months to that meeting.
- 9.3 The report attached at appendix A outlines progress on those priorities and the Service initiatives for the next 12 months.

**10. LIST OF BACKGROUND PAPERS**

- 10.1 None

Legal: PBP  
CFO: JH/MC

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## ANNUAL HEALTH AND SAFETY REPORT

## A DIRECTORATE INFORMATION

**Directorate:** Deputy Chief Executives Service

**Report for Year ending (date):** 31 December 2011

**Outline of the key activities the Directorate performs:** Administrative

**Number of Employees (full time equivalent):** 181

## B THE REPORT

## 1. Update of previous year

- (i) Priorities identified for previous 12 months:
  - Reduction in stress related illness. **Action:** Introduction of telephone EAP service for staff to offer support. Training given to staff on managing change and managing stress.
  - Display Screen Equipment Assessments. **Action:** All staff given revised self-assessment form. Managers reviewed and introduced any further controls necessary.
  - H&S training gap analysis. **Action:** gaps in h&s training needs identified by managers during performance setting meetings with staff.
- (ii) The following corporate policies were implemented in the service:
  - Display Screen Equipment
  - Grey Fleet
- (iii) The service carries out administrative functions and the main risks associated with that are:
  - Working with display screen equipment. **Action:** The service has carried out assessment of its staff using DSE and is currently introducing controls to minimise any risk identified.
  - Lone Working. **Action:** Lone working assessments have been reviewed and any controls identified have been introduced including new protocols for reporting in and out of the workplace.

The service also managed the Councils estate and leads on procurement and is currently reviewing its arrangements on these issues to ensure compliance with statutory tests and inspections and ensuring the safe procurement of low value high risk works.

## **2. Monitoring Information:**

### **(a) Accidents/Incidents:** *(If none state ZERO RETURN)*

- (i) Total number of accidents during the year. 2
- (ii) Accident rate (total accidents divided by number of employees); 0.011
- (iii) Any Reportable Fatalities, Major Injuries or Diseases (RIDDOR); 0
- (iv) Any Reportable over 3 day off work injuries (RIDDOR); 0
- (v) Total number of physical assaults; 0
- (vi) Total Number of verbal assaults 0
- (vii) Total Number of non-employee accidents 0
- (viii) Number of RIDDOR accidents to non-employees 0

### **(b) Accident Trends/Significant Incidents**

No trends identified.

### **(c) RIDDOR Classified Dangerous Occurrences**

None

### **(d) Work Related Ill health**

None

### **(e) Training**

- Managing Change – 11
- Managing Stress – 6
- Managing H&S – 2
- Managing Risk – 3
- Fire Wardens - 3
- DSE Assessor – 5

### **(f) Inspection and Reviews**

Review of Lone Working arrangements

## **3. Targets for the next 12 months**

Detail of the health and safety actions proposed for the next 12 months and those allocated responsibility.

- 10 % reduction in work related accidents/incidents
- Identify DSE assessors and arrange training
- Increase reporting of minor injuries, near miss incidents and verbal assaults by raising awareness of need for staff to report these types of incidents

**AGENDA ITEM: 4.6**

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**AGENDA ITEM 9**


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Meeting	Corporate Health and Safety Joint Negotiation and Consultation Committee
Date	15 March 2012
<b>Subject</b>	<b>Corporate Governance Directorate – Health Safety and Welfare Annual Report</b>
Report of	Director of Corporate Governance
Summary	This report presents the Corporate Governance Directorate Health Safety and Welfare Annual Report for the year 1 January - 31 December 2011

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Officer Contributors	Paul Lawrence, Head of Insurance
Status (public or exempt)	Not applicable
Wards Affected	Not applicable
Key Decision	No
Reason for urgency / exemption from call-in	Not applicable
Function of	Council
Enclosures	Appendix A – Health, Safety and Welfare Annual Report – Corporate Governance
Contact for Further Information:	Secretary to the Employer’s Side, Mike Koumi – 020 8359 7960

## **1. RECOMMENDATIONS**

- 1.1 That the contents of the report attached at Appendix A be noted.

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 None

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 All initiatives contained within this report contribute to the Corporate Governance Directorates Business Plan. This report seeks not only to ensure the provision of robust health and safety management systems and compliance with statutory duties but drive business improvement which will in turn contribute to the corporate priority of 'better services with less money'
- 3.2 The Corporate Priority, 'Sharing opportunities and sharing responsibilities', includes the strategic objective to 'improve health outcomes for all'. This report aims to help meet these goals by setting standards to demonstrate how the Corporate Governance Directorate is working to comply with its duties under The Health and Safety at Work Act of 1974. This Act seeks to ensure not only the protection of all who may be affected by Council activity but also the participation of all stakeholders in that aim.

## **4. RISK MANAGEMENT ISSUES**

- 4.1 Good management and leadership are vital in ensuring effective service delivery and high levels of health and safety in the Council, and this report is part of the Council's commitment to ensuring that Directorates manage health and safety issues effectively. Failure to comply with statutory obligations could lead to prosecution, and work practices that result in ill health could result in civil action against the council, financial loss and negative public relations.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 The actions undertaken and those further actions planned which are set out in this report represent the Corporate Governance Directorate's intention to comply with the Council's Health, Safety and Welfare Policy. This policy aims to ensure the protection of employees and anyone else who may come into contact with our activities and services. This includes people at special risk for example people with disabilities, pregnant women and vulnerable service users. The Policy also seeks to enhance Barnet's reputation as a good place to work and live, and aims to protect employees and service users taking regard of age, disability, ethnicity, faith/belief, gender, and sexual orientation.
- 5.2 The Policy supports the Council in meeting its statutory equality duties and compliance with the range of employment (equality) regulations.

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

- 6.1 Any costs arising from implementing health and safety procedures and managing health and safety will need to be met from existing Corporate Governance budgets. There are no direct staffing implications arising from the report, but there is a need to ensure that health and safety issues are brought to the attention of and addressed by all staff.

## **7. LEGAL ISSUES**

- 7.1 None in the context of this report.

## **8. CONSTITUTIONAL POWERS (Relevant section from the Constitution, Key/Non-Key Decision)**

- 8.1 The Council has established consultative bodies for the purpose of consultation with the trade unions on health and safety under the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations Section 1996.
- 8.2 Constitution – Council Procedure Rules – Section 3 – Panels & Consultative Bodies – Appendix 2 – Constitution of the Corporate Health & Safety Joint Negotiation and Consultation Committee.

## **9. BACKGROUND INFORMATION**

- 9.1 This annual report outlines the health and safety activities for the Corporate Governance Directorate for the year ending 31 December 2011, in accordance with the standard set out in the Policy for Health, Safety and Welfare, Part C–Arrangements Section 7 – Directorate Annual Reports.
- 9.2 The annual report contains a number of initiatives and responses from individual teams within the Directorate. However, most of our staff are exclusively based at NLBP and primarily carry out desk bound duties.

## **10. LIST OF BACKGROUND PAPERS**

- 10.1 None

<b>Cleared by Finance (Officer's initials)</b>	<b>MC/JH</b>
<b>Cleared by Legal (Officer's initials)</b>	<b>SC</b>

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**AGENDA ITEM: 4.6**

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Meeting	Corporate Health and Safety Joint Negotiation and Consultation Committee
Date	15 March 2012
<b>Subject</b>	<b>Corporate Governance Directorate – Health Safety and Welfare Annual Report</b>
Report of	Director of Corporate Governance
Summary	This report presents the Corporate Governance Directorate Health Safety and Welfare Annual Report for the year 1 January - 31 December 2011

---

Officer Contributors	Paul Lawrence, Head of Insurance
Status (public or exempt)	Not applicable
Wards Affected	Not applicable
Key Decision	No
Reason for urgency / exemption from call-in	Not applicable
Function of	Council
Enclosures	Appendix A – Health, Safety and Welfare Annual Report – Corporate Governance
Contact for Further Information:	Secretary to the Employer’s Side, Mike Koumi – 020 8359 7960

## **1. RECOMMENDATIONS**

- 1.1 That the contents of the report attached at Appendix A be noted.**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 None**

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1** All initiatives contained within this report contribute to the Corporate Governance Directorates Business Plan. This report seeks not only to ensure the provision of robust health and safety management systems and compliance with statutory duties but drive business improvement which will in turn contribute to the corporate priority of 'better services with less money'
- 3.2** The Corporate Priority, 'Sharing opportunities and sharing responsibilities', includes the strategic objective to 'improve health outcomes for all'. This report aims to help meet these goals by setting standards to demonstrate how the Corporate Governance Directorate is working to comply with its duties under The Health and Safety at Work Act of 1974. This Act seeks to ensure not only the protection of all who may be affected by Council activity but also the participation of all stakeholders in that aim.

## **4. RISK MANAGEMENT ISSUES**

- 4.1** Good management and leadership are vital in ensuring effective service delivery and high levels of health and safety in the Council, and this report is part of the Council's commitment to ensuring that Directorates manage health and safety issues effectively. Failure to comply with statutory obligations could lead to prosecution, and work practices that result in ill health could result in civil action against the council, financial loss and negative public relations.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1** The actions undertaken and those further actions planned which are set out in this report represent the Corporate Governance Directorate's intention to comply with the Council's Health, Safety and Welfare Policy. This policy aims to ensure the protection of employees and anyone else who may come into contact with our activities and services. This includes people at special risk for example people with disabilities, pregnant women and vulnerable service users. The Policy also seeks to enhance Barnet's reputation as a good place to work and live, and aims to protect employees and service users taking regard of age, disability, ethnicity, faith/belief, gender, and sexual orientation.
- 5.2** The Policy supports the Council in meeting its statutory equality duties and compliance with the range of employment (equality) regulations.

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

- 6.1 Any costs arising from implementing health and safety procedures and managing health and safety will need to be met from existing Corporate Governance budgets. There are no direct staffing implications arising from the report, but there is a need to ensure that health and safety issues are brought to the attention of and addressed by all staff.

## **7. LEGAL ISSUES**

- 7.1 None in the context of this report.

## **8. CONSTITUTIONAL POWERS (Relevant section from the Constitution, Key/Non-Key Decision)**

- 8.1 The Council has established consultative bodies for the purpose of consultation with the trade unions on health and safety under the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations Section 1996.
- 8.2 Constitution – Council Procedure Rules – Section 3 – Panels & Consultative Bodies – Appendix 2 – Constitution of the Corporate Health & Safety Joint Negotiation and Consultation Committee.

## **9. BACKGROUND INFORMATION**

- 9.1 This annual report outlines the health and safety activities for the Corporate Governance Directorate for the year ending 31 December 2011, in accordance with the standard set out in the Policy for Health, Safety and Welfare, Part C–Arrangements Section 7 – Directorate Annual Reports.
- 9.2 The annual report contains a number of initiatives and responses from individual teams within the Directorate. However, most of our staff are exclusively based at NLBP and primarily carry out desk bound duties.

## **10. LIST OF BACKGROUND PAPERS**

- 10.1 None

<b>Cleared by Finance (Officer's initials)</b>	<b>MC/JH</b>
<b>Cleared by Legal (Officer's initials)</b>	<b>SC</b>

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**AGENDA ITEM: 4.7**

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Meeting	Corporate Health and Safety Joint Negotiation and Consultation Committee
Date	15 March 2012
<b>Subject</b>	<b>Corporate Health, Safety and Welfare Policy – Management of Health and Safety</b>
Report of Summary	Deputy Chief Executive This report summarises the revised arrangement for the Management of Health and Safety

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Officer Contributors	Mike Koumi, Head of Safety, Health and Wellbeing
Status (public or exempt)	Not applicable
Wards affected	Not applicable
Enclosures	Appendix A –Management of Health and Safety Arrangement
For decision by	Corporate Health and Safety Joint Negotiation and Consultation Committee
Function of	Not applicable
Reason for urgency / exemption from call-in (if appropriate)	Not applicable

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Contact for further information: Secretary to the Employers' Side, Mike Koumi, Head of Safety, Health and Wellbeing – Tel: 020 8359 7960

## **1. RECOMMENDATIONS**

- 1.1 That the revised arrangement for the Management of Health and Safety be approved**
- 1.2 That the Secretary to the Employers' Side be instructed to publicise the revised arrangement in accordance with paragraph 9.5**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 Corporate Joint Negotiation and Consultation (Health, Safety and Welfare) Committee held on 11 March 2008, item 4.4

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 All initiatives contained within this report contribute to the Deputy Chief Executive Services Business Plan. This report seeks not only to ensure the provision of robust health and safety management systems and compliance with statutory duties but drive business improvement which will in turn contribute to the corporate priority of 'better services with less money'
- 3.2 The Corporate Priority, 'Sharing opportunities and sharing responsibilities', includes the strategic objective to 'improve health outcomes for all'. This report aims to help meet these goals by setting standards to demonstrate how the Council intends to comply with its statutory duties under the Health and Safety at Work etc. Act 1974 and The Management of Health and Safety at Work Regulations 1999.

## **4. RISK MANAGEMENT ISSUES**

- 4.1 This Arrangement details how the Council proposes to comply with its general duty of care to employees and others as required by the Health and Safety at Work etc. Act 1974. Failure to comply with statutory obligations could lead to prosecution. Any work practices that result in injuries or ill health could result in civil action against the Council, financial loss and negative public relations. Good management and leadership are vital in ensuring effective service delivery and high levels of health and safety in the Council, and this revised arrangement has been designed to help the Council to manage health and safety more effectively.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 The Council's Health, Safety and Welfare Policy aims to ensure the protection of employees and anyone else who may come into contact with our activities and services. This includes people at special risk for example people with disabilities, pregnant women and vulnerable service users. The Policy will help to enhance Barnet's reputation as a good place to work and live, and aims to protect employees and service users taking regard of age, disability, ethnicity, faith/belief, gender, and sexual orientation.
- 5.2 The Policy supports the Council in meeting its statutory equality duties and compliance with the range of employment (equality) regulations.

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

- 6.1 Services will need to incorporate within existing budgets any additional risk assessments, training or equipment costs which may be required to comply with this Arrangement.
- 6.2 There are no direct staffing, IT or property implications arising from this report, however there may be changes made as a result of services ensuring compliance with this arrangement.

## **7. LEGAL ISSUES**

- 7.1 None other than those contained in the body of this report.

## **8. CONSTITUTIONAL POWERS**

- 8.1 Constitution – Council Procedure Rules – Section 3 – Panels & Consultative Bodies – Appendix 2 – Constitution of the Corporate Health & Safety Joint Negotiation and Consultation Committee.
- 8.2 The Council has established consultative bodies for the purpose of consultation with the trade unions and has determined their Constitutions and Terms of Reference.

## **9 BACKGROUND INFORMATION**

- 9.1 The Health and Safety at Work etc. Act 1974 requires the Council to produce and keep up to date a policy document on health, safety and welfare.
- 9.2 The Corporate Health and Safety Policy consists of three parts:
- A general statement.
  - The organisation, which sets out responsibilities
  - Arrangements, which are the procedures to bring the policy into effect.
- 9.3 This revised Arrangement is particularly significant to the management of all activities across the council. Good management and leadership are vital in ensuring effective service delivery and high levels of health and safety, therefore this is a key document, which will influence all the activities of the council, and has strong links to all the other health and safety arrangements.
- 9.4 The changes to Managing Health and Safety are as follows:
- Simpler definitions, using plainer language and incorporating the latest best practice on risk management,
  - Sample Risk Assessment Templates
  - Improved guidance on groups who are at specific risk, namely;
    - children and young persons
    - new and expectant mothers

- vulnerable service users

9.5 This Arrangement will be incorporated into the Corporate Health and Safety Policy. Services must establish procedures to comply with this arrangement. The new arrangement will be communicated to services by their Safety Leadership Officers and by publication on the Council's intranet.

## **10 LIST OF BACKGROUND PAPERS**

10.1 The Health and Safety at Work etc. Act 1974.

10.2 The Management of Health and Safety at Work Regulations 1999

10.3 Anyone wishing to inspect the background papers listed above should telephone Mike Koumi on 020 8359 7960

Legal: PBP  
CFO: JH/MC



## **Corporate Health and Safety Policy**

### **Part C - Section 1**

#### **Managing Health and Safety at Work Including Risk Assessment**

## **CONTENTS**

1. INTRODUCTION
2. DEFINITIONS
3. RISK ASSESSMENT
4. IMPLEMENTING CONTROL MEASURES
5. INFORMATION FOR EMPLOYEES
6. REVIEWING RISK ASSESSMENTS
7. ASSESSMENT UNDER OTHER REGULATIONS
8. RECORD KEEPING
9. HEALTH SURVEILLANCE
10. HEALTH AND SAFETY ASSISTANCE
11. PROCEDURES FOR SERIOUS AND IMMINENT DANGER
12. CO-OPERATION AND CO-ORDINATION
13. CAPABILITIES AND TRAINING
14. EMPLOYEES DUTIES
15. NEW AND EXPECTANT MOTHERS
16. CHILDREN AND YOUNG PEOPLE AT WORK
17. TEMPORARY WORKERS
18. EDUCATIONAL, CULTURAL AND RECREATIONAL VISITS

APPENDIX 1 – MANAGING HEALTH AND SAFETY TOOLKIT

## 1. INTRODUCTION

- 1.1 The Council recognises that good health and safety management supports the delivery of our services for the residents of Barnet. As part of the overall risk management culture and process, good health and safety management will help reduce injury and loss, help promote a healthy workforce and help protect all who are affected by the Council's activities.
- 1.2 This section of the Council's Health and Safety Policy explains what is necessary to manage health and safety effectively and in line with legislation.
- 1.3 As well as describing methods of general health and safety management, this document clarifies some specific issues relating to those who may be at special risk:
  - new and expectant mothers
  - young people
  - people with a disability and
  - temporary workers,

(should we mention other groups such as older people/those with disabilities)

- 1.4 The Council supports and endorses a set of principles produced by the Health and Safety Executive describing sensible risk management, as a guide to what risk management should and should not be. The principles are that:

Sensible risk management is not about:

- Creating a totally risk free society
- Generating useless paperwork mountains
- Scaring people by exaggerating or publicising trivial risks
- Stopping important recreational and learning activities for individuals where the risks are managed
- Reducing protection of people from risks that cause real harm and suffering

Sensible risk management is about:

- Ensuring that workers and the public are properly protected
- Providing overall benefit to society by balancing benefits and risks, with a focus on reducing real risks – both those which arise more often and those with serious consequences
- Enabling innovation and learning not stifling them
- Ensuring that those who create risks manage them responsibly and understand that failure to manage real risks responsibly is likely to lead to robust action
- Enabling individuals to understand that as well as the right to protection, they also have to exercise responsibility

## 2. DEFINITIONS

A "**hazard**" is something with the potential to cause harm.

A "**risk**" the chance, high, medium or low, that somebody could be harmed by

a hazard, together with an indication of how serious the harm could be.

A **"risk assessment"** is a systematic examination of work activities and premises. The risk assessment will identify the hazards, evaluate the risks involved taking into account any precautions in place, and facilitate an action plan.

**"Control measures"** are the procedures that are put in place after a risk assessment to avoid risks or reduce them to an acceptable level.

### **3. RESPONSIBILITIES**

3.1 Details of the Councils organisational arrangements for health and safety, including responsibilities, are contained in Section B of the Corporate Health and Safety Policy

#### **3.2 Directors**

Directors are responsible for ensuring that adequate systems are in place for the management of health and safety within the areas of their control. They must ensure arrangements exist for the following:

- Planning out health and safety risks before new or revised working arrangements or processes are introduced
- Organisational arrangements that adequately allocate H&S responsibilities throughout the service
- Appointment of persons to act in emergencies
- Sufficient resource and competent staff to carry out risk assessments and introduce control measures
- Methods for the recording of assessments and controls
- Review of assessments and monitoring of control measures
- Access to competent health and safety advice to assist in risk control.

#### **3.3 Assistant Directors/Heads of Service**

Assistant Directors/Heads of Service have the responsibility to implement directorate arrangements and to establish the health and safety framework for the management of health and safety within their services. They must ensure that the duties relating to health, safety and welfare are met by receiving reports on performance from their managers and designated staff.

Assistant Directors/Heads of Service must ensure that risk assessments are completed for all activities under their control where a member of staff or other person may evaluate a significant hazard.

They must also ensure that the person who carries out the risk assessment is competent (see section 13 for information). This means that they must have good knowledge of the activity to be assessed, has understanding of how to complete and record risk assessments, and is fully aware of any specific legal requirements relevant to the work activity.

### **3.4 Managers/Premises Controller**

Managers and Premises Controllers are responsible for ensuring that suitable risk assessments are carried out for any work activity, where a risk to health, safety and welfare exists. They must also ensure the introduction of measures to properly control those risks

Managers must regularly review risk assessments and when necessary due to changes in work practices, legislation or work areas. They must also regularly monitor the effectiveness of control measures introduced.

Further details of manager's, premises controllers and risk assessors responsibilities are contained throughout this document.

### **3.5 Health and Safety Assistance**

The Head of Safety, Health and Wellbeing acts as the Council's 'statutory competent health and safety advisor'. The Council employs a team of health and safety professionals within the Deputy Chief Executive's Directorate. They are responsible for providing support and advice to services and monitoring the Council's health and safety performance.

### **3.6 Employees**

Health and safety is everyone's responsibility, and while most of the duties are held by the Council, the law expects employees to play their part by:

- Taking reasonable care for their own health and safety and that of others who may be affected by what they do or fail to do at work.
- Using all work items provided by their employer in accordance with training and the instructions they receive to enable them to use the item safely.
- Co-operating to help the employer to comply with statutory duties for health and safety.
- Reporting any work situation which might present a serious and imminent danger or any shortcomings in health and safety arrangements to their manager so that remedial action can be taken if necessary.

Managers must ensure that employees receive adequate instructions and training to enable them to comply with their duties listed above.

## **4. RISK ASSESSMENT**

- 4.1 A risk assessment is a careful examination of what could cause harm to people, to determine whether enough precautions have been taken or more should be done to prevent harm. Everyone has a right to be protected from harm caused by failure to take reasonable control measures. Risk assessments do not always have to be long, complex documents; the most important thing is that they are fit for purpose and are acted upon. A risk assessment must be suitable and sufficient. Assessments should show that:

- A proper check was made;
- it dealt with all the obvious significant hazards, taking into account the number of people who could be involved;
- it considered who might be affected by the hazards;
- the precautions are reasonable, and the remaining risk is low; and
- the involvement of affected staff or their representatives in the process.

4.3 Risk Assessments **must** be recorded using a suitable format to show the safe working procedures.

4.4 Forms for recording risk assessments are provided in the Toolkit at Appendix A. Risk assessments must be reviewed following any change and at least every three years for low risk activities and kept for at least five years. For some services, such as those dealing with children, it might be necessary to keep them for longer and local arrangements should be made for this.

## 5. IMPLEMENTING CONTROL MEASURES

Carrying out and recording the risk assessment merely identifies risk and is not the end of the process. Control measures must be implemented and monitored, to ensure that risks are eliminated or successfully controlled. Writing down the results of the risk assessment, and sharing them with staff helps with this.

## 6. INFORMATION FOR EMPLOYEES

Employees must be told of the results of risk assessments that affect their area of work. This usually takes the form of a list of instructions or a safe working procedure. Managers must make sure that they have told all their employees what each of them needs to know to do the job safely, and that the employees have understood what they have been told. It might be necessary to take extra steps to deal with language or literacy difficulties or employees with disabilities. If the information is passed on at a meeting, a record of the meeting should be kept including details of attendance.

## 7. REVIEWING RISK ASSESSMENTS

Barnet Council is a dynamic organisation, together with the move to increased partnership working, change is constant. To keep up with this, and changes in health and safety law, we must make sure that our safety procedures are always up to date.

When a risk assessment is written, a date must be set for a review. This should not be more than 3 years after the original assessment for low risk activities, but is often likely to be less, especially for high risk activities, and as change is so common and frequent. Risk assessments also need reviewing when there is reason to suspect that they are no longer valid (for example, if there has been an accident or serious near miss), or a change in the law or good practice.

Very often, the review will conclude that no extra precautions are needed and it is

only necessary to note the review date, and confirm it is still valid. If the review finds that improvements are needed, they must be communicated and implemented as soon as possible. If the assessor identifies that it is dangerous to life or limb for the activity to continue without a new control being in place the Director or their representative must ensure the activity is suspended until the situation has been resolved.

## **8. ASSESSMENT UNDER OTHER REGULATIONS**

If a risk assessment has already been completed under other legislation, (for example a COSHH assessment) there is **no need** to repeat the process by carrying out a general risk assessment, but it must be recorded on the General Risk Assessment Form that one has been completed.

## **9. RECORD KEEPING**

Recording and sharing the results of risk assessments helps to make sure that they are properly implemented. Copies of risk assessments must be made available to relevant staff and that the original is stored safely for inspection by the Enforcing Authorities, Health and Safety Consultants and Trade Union appointed Health and Safety Representatives if required. The Toolkit at Appendix A contains model risk assessment forms.

## **10. HEALTH SURVEILLANCE**

Health surveillance is a term for tests that employers make where there is a likelihood that the work activity could result in an identifiable disease or health condition, and that testing is likely to help control that disease or condition. This includes eye testing for Display Screen users and regular health checks for drivers of heavy vehicles.

Health Surveillance is needed where a risk assessment identifies that:

- There is an identifiable disease or adverse health condition related to the work concerned.
- Valid techniques are available to detect indication of the disease or condition.
- There is a reasonable likelihood that the disease or condition may occur under the particular conditions of work and
- Surveillance is likely to further the protection for the health of the employees to be covered.

Health Surveillance should be maintained during the employee's career unless the risk to which the member of staff is exposed and associated health effects are short term. Health Surveillance or examinations must only be carried out by a responsible and competent qualified person. Assessors who identify the need for health surveillance when completing a general risk assessment should seek expert advice from the Council's Occupational Health provider, who will be able to confirm what health surveillance is necessary and how often. Where it is

necessary to carry out health surveillance, records must be kept.

## **11. PROCEDURES FOR SERIOUS AND IMMINENT DANGER**

Risk Assessments will often identify events and situations where serious and imminent danger could arise. In most establishments, these are likely to include risks from:

- |                     |                      |
|---------------------|----------------------|
| - Fire              | - Broken Glass       |
| - Explosion         | - Gas Leak           |
| - Major Roof Leaks  | - Electrical Hazards |
| - Burst Pipes       | - Violence           |
| - Chemical Spillage | - Damaged Asbestos   |

Directors must ensure that procedures dealing with risks, which may pose serious or imminent danger, are drafted and communicated to all staff. Communication can be in any appropriate form, including training, instruction, and notices displayed in workplaces. These procedures must:

- Enable people to stop work and immediately go to a place of safety, and
- Except for exceptional cases, prevent them from resuming work in any situation where there is still a serious and imminent danger. Any exceptions to this must be for exceptional reasons and clearly set out in procedures.

Emergency procedures might also need to take account of responsibilities of specific employees. Some employees, such as fire wardens, have specific tasks to perform in the event of emergency. These employees need training so that they can help bring an emergency event under control without risking their own health and safety.

## **12. CO-OPERATION AND CO-ORDINATION**

Co-operation and co-ordination means that employers that share premises also need to share information about risks that can affect the health and safety of each other's employees and put procedures in place to control them. This will require exchange of information such as, known risks, emergency procedures and risk assessments. Further information about the need for cooperation and coordination is contained in Section 25 of the Corporate Health and Safety Policy – Working in Partnership. As an example, a self-employed contractor carrying out work on a Council site creates a shared workplace, even if only for a very short period.

## **13. CAPABILITIES AND TRAINING**

Directors may delegate specific tasks, such as risk assessment, to employees. Before doing so, Directors should consider the capability of the employee and ensure the employee is provided with safety training, (for example, all assessors should attend suitable risk assessment training). The Safety, Health and Wellbeing Team (SHaW) provides risk assessment and other health and safety



training, contact them for more information.

Competence will reduce if skills are not used regularly. Therefore, Health and Safety training must be periodically repeated, especially for people who do not carry out risk assessments very often. Services must establish suitable periods for retraining of staff.

For information on health and safety training, contact the SHaW team.

#### **14. NEW AND EXPECTANT MOTHERS**

Health and safety law requires employers to take particular account of risks to new and expectant mothers, Directors must arrange for a risk assessment to be made on the work activities undertaken by new or expectant mothers. The phrase 'new or expectant mother' means a person who:

- Is pregnant,
- Has given birth within the previous six months or
- Is breastfeeding.

('Given birth' is defined as 'delivered a living child or, after 24 weeks of pregnancy, a stillborn child')

If the assessor identifies a significant risk which goes beyond the level of risk to be expected outside the workplace, the manager must take the following steps to protect her from the risk:

**Step 1** Temporarily adjust her working conditions and/or hours of work. If this is not reasonable or would not avoid the risk go to step 2.

**Step 2** Offer her suitable alternative work if any is available or if that is not feasible you must go to step 3.

**Step 3** Suspend her from work (on paid leave) for as long as necessary to protect her or her child's safety and health.

These actions are necessary where the manager has received a medical certificate confirming pregnancy and a risk assessment reveals genuine concern. If there is any doubt advice should be sought from the Occupational Health provider.

Risk assessments for new or expectant mothers must be regularly reviewed. Although any hazards are likely to remain the same, the possibility of damage to the foetus as a result of a hazard will change at different stages of pregnancy. There are also different risks to consider for workers who are breastfeeding.

Management must ensure that workers who are breastfeeding are not exposed to risks that could damage the health and safety of the mother or child for as long as they continue to breastfeed. If a Service is properly controlling risks, it is unlikely that workers who continue breastfeeding will be exposed to risks that make it necessary to offer alternative work or given paid leave. Suitable rest facilities must be provided for pregnant or breastfeeding

staff. These facilities should be conveniently situated in relation to sanitary facilities and where necessary include somewhere to lie down.

Management may need to give special consideration to new and expectant mothers who work at night. If the mother submits a doctor's certificate stating that night work could affect her health and safety the Director must either:

- Offer her suitable alternative daytime work if any is available or if that is not reasonable
- Suspend her from work (give her paid leave) for as long as is necessary to protect her health or safety.

The HSE publication contain good advice on how Services can meet their legal duty and lists the hazards and risk a mother may encounter at work and how to avoid them.

- New and Expectant Mothers at Work HS(G) 122 (ISBN 0-7176-0826-3)
- A guide for new and expectant mothers who work IND (G) 373

Further guidance and a model assessment form are provided at Part E of the Toolkit at Appendix A.

## **15. CHILDREN AND YOUNG PEOPLE AT WORK**

### **Definitions**

There are certain precautions we have to take when looking after the health and safety of young people (below 18 years old) and children (below school leaving age). There are a few main reasons for this.

- So the parents or guardians can have knowledge of the risks,
- To take account of inexperience, lack of awareness of risks and immaturity of young people,
- To allow for possible size and strength differences between adults and young people,
- To make sure we comply with laws that prohibit young people from certain jobs.

### **Risk Assessments**

Specific risk assessments are needed before employing young people. If there are young people already at work a risk assessment must be carried out immediately. To assist managers, the form attached at Part F can be used as an aide-memoir.

### **Information for employees and parents or guardians**

As well as providing employees with clear information on health and safety risks and control measures, managers must give the same information to the parents or guardians of a child (a person under 17 years old).

### **Restrictions on employment of young persons**

In addition, Service Areas may not employ young persons where the work:

- a) is beyond their physical or psychological capacity
- b) involves harmful exposure to agents which are toxic or carcinogenic, cause inheritable genetic damage or harm to the unborn child or which in any other way chronically affect human health
- c) involves harmful exposure to radiation
- d) involving the risk of accidents which it may reasonably be assumed cannot be recognised or avoided by young persons owing to their insufficient attention to safety or lack of experience or training, or
- e) involves a risk to health from extreme cold or heat, noise or vibration

The above prohibitions on employment of young people do not apply where the work is part of the young persons training, carried out under the supervision of a competent person, and where risks are reduced to lowest level that is reasonably practicable.

## **16. TEMPORARY WORKERS**

Services must inform temporary workers and where applicable their employer or employment agency of any special skills, qualifications, or requirements that are needed to enable them to function safely and without risk to health while working. This information should be given before the employee commences work. Any requirement for health surveillance must be similarly notified.

## **17. EDUCATIONAL, CULTURAL AND RECREATIONAL VISITS**

Several areas of the Council now offer visits as part of their service delivery, for example,

- Educational visits run by schools, voluntary sector, sometime on behalf of Duke of Edinburgh Award
- Cultural visits to museums etc,
- Concerts, social events and recreational and therapeutic visits organised as part of a person's care plan or team building.

These activities are becoming a more common part of the Council's work activity, and need to be carefully managed, as they often involve hazards and risks that are less predictable and out of the direct control of the Council. They also have been subject of several high profile health and safety prosecutions over recent years. This means that particularly careful risk assessment is required, from the planning stage, to the visit itself, and afterwards to learn lessons.

Services that organise and provide visits of this nature must have robust local procedure to ensure that this risk assessment is carried out and properly implemented by a competent person.

## 18. FURTHER INFORMATION

Management of health and safety, especially risk assessment, is a very wide area of work, and getting the correct information is crucial. The HSE is a good source of information, and their Risk Management site

<http://www.hse.gov.uk/risk/index.htm> contains useful resources, including risk assessment examples for various workplaces and activities.

Another useful source of information is trade associations. Most have specific information about health and safety aspects of the particular trade, and many have forums where members can discuss issues, including good practice in risk assessment.

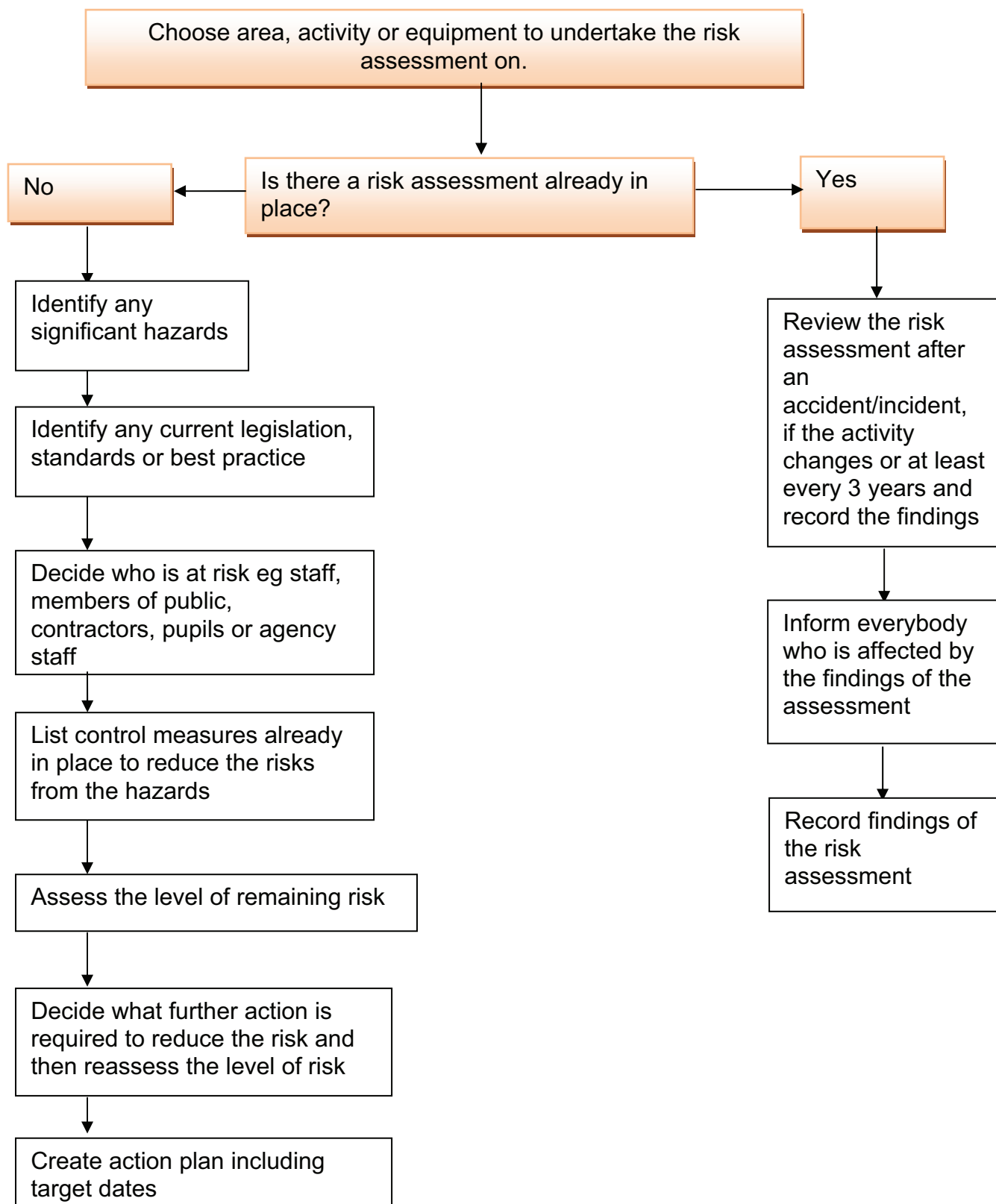
As with all aspects of health and safety management, the most important thing is getting the right information which is up to date and relevant. If you are having difficulty with this, or need advice about the risk assessment process, contact the **SHaW team on 020 8359 7960**.

# MANAGING H&S TOOLKIT

## **CONTENT:**

- A. PROCEDURE FOR UNDERTAKING A RISK ASSESSMENT**
- B. MANAGEMENT CHECKLIST**
- C. RISK ASSESSMENT FORM**
- D. DETAILED RISK ASSESSMENT ADVICE**
- E. GUIDANCE ON THE MANAGEMENT OF H&S AT WORK**
- E. NEW AND EXPECTANT MOTHERS – MODEL RISK ASSESSMENT**
- F. RISK ASSESSMENT FOR YOUNG PEOPLE OR PERSON WITH SPECIAL REQUIREMENTS**

## PART A - Procedure for undertaking a risk assessment



## PART B - MANAGEMENT CHECKLIST

Management issue	Yes/no with comments
Have risk assessments been carried out for all work activities, with records kept of the assessment and review date?	
Has the risk assessment raised any equalities issues, such as age, disability, ethnic group, faith, gender or sexual orientation?	
Have control measures been properly implemented, with priority and timescales set?	
Has information about control measures been passed to employees in a suitable way to ensure that they understand the message?	
Are risk assessments reviewed regularly?	
Does your service carry out any health surveillance? If so, are records kept and lessons learned from the results of the surveillance?	
Are there suitable procedures for serious and imminent danger? Are they communicated to employees, contractors, visitors etc.?	
Co-operation and Co-ordination – if the workplace is shared with another employer, is there clear communication of hazards, risks control measures and emergency procedures?	
Capabilities and Training – are all assessors competent to carry out risk assessments? Do you ensure that workers are competent for a task before doing it?	
Employees Duties – is there a system for monitoring employees' health and safety performance? Has staff been made aware of their duties?	
Have specific risk assessments been carried out for temporary workers, new and expectant mothers and children and young people at work	

## PART C - RISK ASSESSMENT FORM – GENERAL RISKS

Please complete all parts of the form, and continue on a separate sheet if necessary. The areas in yellow are for advice, and will help in the risk assessment process. If you have questions about this form or how to do a risk assessment, contact the SHaW team on 020 8359 7960.

<b>Activity / Location</b>	
<b>Date of this assessment</b>	<b>Date of last assessment</b>

Risk rating

5	M	M	H	H	H
4	M	M	M	H	H
3	L	M	M	M	H
2	L	L	M	M	M
1	L	L	L	M	M
0	1	2	3	4	5

Likelihood

Severity

What are the hazards?	Who might be harmed and how?	Risk priority (High/Medium/Low)
<p>A hazard is something with potential to cause harm, either long term or short term. Identify hazards by:</p> <ul style="list-style-type: none"> <li>• Workplace inspections</li> <li>• Asking employees for their views</li> <li>• Getting information about good practice from a trade association</li> <li>• Examining accident and sickness statistics</li> </ul>	<p>Identify groups of people, especially:</p> <ul style="list-style-type: none"> <li>• Workers with particular needs (young people, new and expectant mothers, employees with a disability)</li> <li>• Home workers, part time workers, lone workers etc.</li> <li>• Members of the public, contractors, clients and visitors</li> <li>• Other employers sharing the workplace</li> </ul>	<p>See above and consider the seriousness of possible injury, disruption to service delivery, cost of reducing the risk, duration of risk, and set priority.</p>



## PART C - RISK ASSESSMENT FORM – GENERAL RISKS

What are we already doing to control the risk?	What further action is necessary?	Action		
		By whom?	By when?	Date completed
List the control measures currently in place, including information, instructions, training, supervision, monitoring, PPE, signs etc.	What more could be done to control the risk? <ul style="list-style-type: none"> <li>What do other employers do with similar risks?</li> <li>What is best practice?</li> </ul>	Who has the task been given to?	What is the target date?	Keep a record of when it has been done

Assessment carried out by (name and designation)	Review date:
	Reviews are needed to make sure the risk assessment is up-to-date, if there is a change in law or good practice, or if there is reason to believe that it is no longer valid.

## PART C - RISK ASSESSMENT FORM – GENERAL RISKS

### Key to risk rating

Likelihood	
1. Improbable	So unlikely that probability is close to zero
2. Remote	Unlikely, though conceivable
3. Possible	Could occur some time
4. Probable	Not surprised. Will occur several times.
5. Likely/frequent	Occurs repeatedly/event only to be expected.
Severity	
1. Minor injury:	Cuts, bruises etc unlikely to result in sick leave
2. Moderate injuries:	Likely to result in 1-3 days sick leave
3. Major injuries:	More than 3 days sick leave – notifiable to HSE
4. Death	
5. Multiple deaths	
Action	
<b>H</b> – High:	Action immediately
<b>M</b> – Medium:	Action within 12 months
<b>L</b> – Low:	Action when reasonably practicable

## PART D – DETAILED RISK ASSESSMENT ADVICE

This section provides more detailed guidance on using the general risk assessment form. It can be used to help assessors to understand the process of risk assessment, and ensure that all the questions are answered accurately. This will help ensure consistency in risk assessments. Guidance is provided here, but if you have any more questions, do not hesitate to contact the SHaW team on 020 8359 7960.

### What is the Activity?

<ul style="list-style-type: none"><li>• Office Work</li><li>• Visiting clients homes</li><li>• Refuse collection</li><li>• Providing Personal care</li><li>• Mowing grass</li><li>• Using lifting equipment</li><li>• Outdoor visits with children</li></ul>	<ul style="list-style-type: none"><li>• Issuing parking notices</li><li>• Driving</li><li>• Using vibrating tools</li><li>• Working at height</li><li>• Painting</li><li>• Visiting construction sites,</li><li>• etc.</li></ul>
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### What are the hazards?

In order to achieve a suitable and sufficient risk assessment it is essential to identify all the hazards associated with the activity. In all cases team consultation is a powerful aid. A walk around the workplace can also assist you to spot hazards as can manufacturers' instructions on datasheets.

The following list gives some examples of hazards which may need to be considered when carrying out risk assessments. It is **not** a comprehensive list but is given to illustrate the extensive nature of the hazards which may need to be taken into account.

<ul style="list-style-type: none"><li>• Fall From Height</li><li>• Falling objects</li><li>• Slips and trips</li><li>• Lifting and moving people/objects</li><li>• Using equipment/machinery</li><li>• Vehicles</li><li>• Fire</li><li>• Explosion</li><li>• Contact with very hot/cold surfaces</li><li>• Confined Spaces</li></ul>	<ul style="list-style-type: none"><li>• Chemicals/Substances</li><li>• Biological Agents (blood, urine, etc.)</li><li>• Radiation</li><li>• Vibrating tools and equipment</li><li>• Adverse weather</li><li>• Working outdoors</li><li>• Lone working</li><li>• Violence/aggression</li><li>• Stress</li><li>• Sharp objects</li></ul>
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For complex activities it can be useful to break down the activity into its component parts, for example, lone working could comprise of:

- Driving
- Using public transport
- Carrying items for an extended time period
- Visiting someone's home or premises

## Who might be harmed and

### how?

When considering whether or not employees are at risk consider all occupations at the establishment e.g. in a school: Teachers, Technicians, Clerical Staff, Cleaners, Caretaking, and Teaching Assistants. Also, think about any groups of people that might be at risk, for example, people with disabilities, children or visitors to the site. The risk assessment will need to address any particular groups and the special risks they might be exposed to.

## Risk priority

To work out the priority of the risk (high, medium or low), use the key to risk rating provided on the general assessment form. This is a way of comparing the likelihood of a hazard resulting in injury against the severity of that likely injury.

If this process reveals a risk that is extremely high, it may be necessary to take immediate measures to remove it, in order to protect people from harm.

## What are we already doing to control the risk?

List all existing controls for each hazard. These may include:

<ul style="list-style-type: none"> <li>• Guarding/Segregation of People</li> <li>• Safe methods of work</li> <li>• Cleaning procedures</li> <li>• Containment</li> <li>• Enclosure</li> <li>• Ventilation local and dilution</li> <li>• in-house training</li> <li>• external training</li> <li>• instructions given and recorded</li> </ul>	<ul style="list-style-type: none"> <li>• Exclude certain persons</li> <li>• Supervision</li> <li>• Personal Protection Equipment</li> <li>• Safety signs and notices</li> <li>• Written Safe Systems of Work</li> <li>• Written Procedures</li> <li>• Reference Material</li> <li>• Lesson Plans</li> <li>• Schemes of Work</li> </ul>
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## What further action is necessary?

This is the part of the process where the action plan is made. Having considered and evaluated the risk, the assessor identifies control measures. Control measures must be sufficient to remove the risk or reduce it to an acceptable level. Consider these questions:

- Do the precautions meet the standards set by legislation?
- Do the precautions comply with recognised standards and represent good practice?
- Do the precautions reduce the risk as far as is reasonably practicable?

In deciding what actions to take to control risks, it is useful to consider the hierarchy of controls set out by the HSE. This is a list of controls, in order of preference and effectiveness in reducing risk.

- i. Elimination (e.g. buying ready sawn timber rather than using a circular saw)
- ii. Substitution by something less hazardous and risky.
- iii. Enclosure (enclose it in a way that eliminates or controls the risk).
- iv. Guarding/segregation of people.
- v. Safe system of work that reduces the risk to an acceptable level.
- vi. Written procedures that are known and understood by those affected.
- vii. Adequate supervision.
- viii. Identification of Training needs.
- ix. Information/instruction (Signs, handouts)
- x. Personal Protective Equipment.

If you find that there are many improvements that you could make, big and small, do not try to do everything at once. Make a plan of action to deal with the most important things first. HSE inspectors acknowledge the efforts of businesses that are clearly trying to make improvements. Prioritise and tackle the most important things first. As you complete each action, tick it off the action plan. A good plan of action often includes a range of activities, such as:

- easy improvements that can be done quickly, perhaps as a temporary solution until more permanent controls are in place (although if you use these, be careful not to forget further improvements later)
- long-term solutions to those risks most likely to cause accidents or ill health
- long-term solutions to those risks with the worst potential consequences
- arrangements for training employees on the main risks that remain and how they are controlled
- regular checks to make sure that the control measures stay in place; and
- clear responsibilities – who will lead on what action and by when.

### **Action:**

**By whom?** – clearly set out who each task has been allocated to. This might sound simple, but as with any management function, it is essential to choose a competent person for a task. The implementation of control measures might be as simple as changing a light bulb or it could be very complicated and involve influencing people and managing precautions. Think about this when allocating tasks.

**By when?** - the timescale for improvements depends on a number of factors, including the severity of the likely injury and the priority rating of the risk. Do not forget to think of how easily an improvement can be made; if a low priority risk can be resolved cheaply and quickly, and then do so now, rather than waiting until other more complicated risks have been managed.

**Date completed** – always keep a record of the improvements you have made and when. This will help with keeping the risk assessments up to date. It will also help to judge whether control measures have been successful, for example, in reducing accident or sickness rates.

## Guidance on Management of Health and Safety at Work

### Main requirement

Managers must carry out risk assessments to eliminate or reduce risks. There is a need to record the significant findings of a risk assessment - it is not necessary to record risk assessments for trivial or insignificant risks. The risk assessment identify the hazards, who might be harmed, level of risk, what control measures are already in place and additional measures need to be implemented. Risk assessment should involve those who will undertaking the activity



### Additional requirements:

A competent person must carry out the risk assessment involving those who may be undertaking the activity. A competent person is one who has the appropriate training, experience, knowledge and other qualities associated with the activity.

Managers must make arrangements for implementing the health and safety measures identified as by risk assessments to reduce the level of risk to as low as practicable



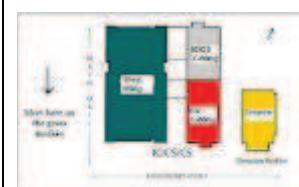
Managers must monitor and review those arrangements to ensure that they are in place and effective



Managers must appoint people with sufficient knowledge, skills, experience and training to help them to implement these arrangements.



Managers must set up emergency procedures and provide information about them to their employees and on communal sites, areas share this with other(s) organisation employees and non-employees



Managers must provide clear instruction information, supervision and training for employees and ensure that suitably competent people are appointed who are capable of carrying out the tasks entrusted to them



Managers must work together with any other employer(s) operating from the same workplace, sharing information on the risks that other employees staff may be exposed to (eg cleaning, catering or maintenance contractors) and vice versa



Managers must take particular account of risks to:

- new and expectant mothers
- young persons
- vulnerable persons.



## PART F - New and Expectant Mothers, Model Risk Assessment

<b>Site:</b>	
<b>Assessment No:</b>	
<b>Title of Activity:</b>	Work involving new and expectant mothers
<b>Location(s) of Work:</b>	
<b>New / Expectant Mother's Name:</b>	
<b>Expected due date (expectant mothers) :</b>	

**Hazard Identification:** The table below sets out some hazards which may be relevant to new or expectant mothers working at ..... When carrying out a risk assessment for a particular individual, identify all the hazards to the new or expectant mother and delete all of the hazards which are not relevant. Evaluate the hazards involved in the work activities and note whether the risk is low / medium / high. Describe the control measures which are required and specify these in the table (the general information on control measures noted in the table is for guidance only) and identify any further measures required. You will also need to take into account factors relevant to the individual. The risk assessment(s) will require to be reviewed and monitored on a regular basis as the pregnancy progresses.

Specific hazards (such as manual handling operations, hazardous substances, biological agents, display screen equipment) should be assessed on a separate risk assessment form and cross-referenced with this document.

<b>Hazard(s)</b>	<b>Risk L/M/H</b>	<b>Control Measures</b> (i.e., alternative work methods / mechanical aids / engineering controls, etc.)	<b>Risk after Control L/M/H</b>
Lifting of heavy loads		<ol style="list-style-type: none"> <li>1. A manual handling risk assessment should already be in place. This must be re-assessed immediately and thereafter regularly reviewed as the pregnancy progresses.</li> <li>2. Lifting operations which present a significant risk of injury must be avoided.</li> </ol>	
Work with display screen equipment (DSE)		<ol style="list-style-type: none"> <li>1. A DSE assessment should already be in place. This must be re-assessed and thereafter regularly reviewed as the pregnancy progresses.</li> <li>2. Sitting for long periods of time should be avoided - more frequent breaks from the computer should be considered.</li> <li>3. Ensure adequate space to move around the workstation</li> </ol>	



		especially as the pregnancy develops.	
Continuous standing / sitting		<ol style="list-style-type: none"> <li>1. Standing or sitting for long periods of time should be avoided especially as the pregnancy progresses.</li> <li>2. Change the work pattern where appropriate to more frequently alternate periods of standing / sitting.</li> </ol>	
Lone / Out of Hours (LOOH) Working		<ol style="list-style-type: none"> <li>1. LOOH should be minimised or avoided where feasible.</li> <li>2. Where LOOH work can not be avoided, a specific risk assessment should already be in place. This must be re-assessed and thereafter regularly reviewed as the pregnancy progresses.</li> <li>3. Changes to hours of work may need to be considered.</li> </ol>	
Physical Assault		<ol style="list-style-type: none"> <li>1. Risk Assessment on this issue reviewed to take into account pregnant worker.</li> <li>2. If high risk of assault consider removing worker from areas of risk.</li> </ol>	
<p>Work with Hazardous Substances, including:-</p> <p>Carcinogens (R40/ R45/ R49),  Teratogens (R61/ R63/ R64/ R68),  Mutagens (R46),  Mercury or mercury derivatives,  Lead or lead derivatives,  Antimitotic (cytotoxic) drugs,  Pesticides, etc</p>		<ol style="list-style-type: none"> <li>1. A COSHH assessment should already be in place. This must be re-assessed immediately and thereafter regularly reviewed as the pregnancy progresses.</li> <li>2. Refer to relevant risk phrases</li> <li>3. Work with substances which may present a significant risk to the mother and/or child must be avoided – remove the mother from specific high risk activities as appropriate.</li> <li>4. Contact the Safety, Health and Wellbeing Team for general advice if necessary.</li> </ol>	
Work with biological materials including micro-organisms / GM work		<ol style="list-style-type: none"> <li>1. An assessment of the work with biological agents should already be in place. This should be re-assessed immediately and regularly reviewed as the pregnancy</li> </ol>	

		<p>develops to consider pathogens which present an additional risk in pregnancy.</p> <ol style="list-style-type: none"> <li>2. Consider risks associated with chemo-therapeutic agents used to treat laboratory acquired infections.</li> <li>3. Consider vaccination issues and discuss with the SHAW Team if necessary.</li> <li>4. Contact the SHAW Team for general advice if necessary.</li> </ol>	
Noise and Vibration		<ol style="list-style-type: none"> <li>1. Review risk assessment carried out on this issue.</li> <li>2. If exposed to vibration consider reviewing work activities or significantly reducing levels of exposure.</li> <li>3. If exposed to high levels of noise or vibration remove from work activity.</li> </ol>	
Work with ionising radiation		<ol style="list-style-type: none"> <li>1. An assessment of work with ionising radiation should already be in place and this should be re-assessed.</li> <li>2. Contact the Schools Radiation Protection Officer for specific advice if necessary.</li> <li>3. Contact the SHAW Team for general advice if necessary.</li> </ol>	
Discomfort / Stress / Fatigue		<ol style="list-style-type: none"> <li>1. Exposure to nauseating smells such as cooking or chemical odours may increase "morning sickness". Avoid or minimise exposure where feasible.</li> <li>2. Consider more frequent / longer rest breaks where appropriate.</li> <li>3. Minimise exposure to very high / low temperatures.</li> <li>4. As the expectant mother increases in size consideration will require to be given to <ol style="list-style-type: none"> <li>a. work in awkward or confined areas</li> <li>b. clothing – uniforms, PPE, etc</li> <li>c. mobility issues such as emergency evacuation in the later stages of pregnancy.</li> </ol> </li> </ol>	

		5. Identify suitable private location for new / expectant mothers to rest and / or express milk. 6. Changes to hours of work may need to be considered in certain circumstances. 7. Ensure adequate maternity cover arrangements are in place.	
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*\*Continue on separate sheet if necessary*

**Additional Information:** Identify any additional information relevant to the work, including special emergency procedures, requirement for health surveillance etc.

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**Assessment carried out by:**

Name:		Date:	
Signature:		Review Date:	

## PART G – RISK ASSESSMENT FOR YOUNG PEOPLE

Date:		Task/premises:					
Assessed by:		Specific location:					
Activity/Plant/ Materials etc.	Specific hazard(s) Presented	Characteristics that would put a young person particularly at risk	Likelihood	Worst case outcome	Risk OK (Y/N)	Control measures/comments	Discussed with parents /guardian (when and by whom)
<b>Review Date:</b>							
<b>Person responsible for review:</b>							

These assessments should give particular consideration to:

- the layout of the workplace and workstations
- exposure to physical, biological and chemical agents
- the form, range and use of equipment and the way in which it is handled
- the organisation of processes and activities
- the extent of the health and safety training provided or to be provided to young persons; and
- risks from agents, processes and work listed in the Annex to Council Directive 94/33/EC on the protection of young people at work, (Ionising Radiation, work in high pressured atmospheres, some biological and chemical agents, etc).
- Restrictions on the work of young persons also exist on work with asbestos, lead and compounds thereof, work involving structural collapse or high voltage electrical hazards, woodworking machines, agricultural machinery; meat slicing machines, pace work and involving payment by results etc. The assessment must be recorded.

**AGENDA ITEM: 4.8**

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Meeting	Corporate Health and Safety Joint Negotiation and Consultation Committee
Date	15 March 2012
<b>Subject</b>	<b>Corporate Health, Safety and Welfare Policy – Prevention and Control of Legionella</b>
Report of Summary	Deputy Chief Executive This report summarises the revised arrangement for the Prevention and Control of Legionella

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Officer Contributors	Mike Koumi, Head of Safety, Health and Wellbeing
Status (public or exempt)	Not applicable
Wards affected	Not applicable
Enclosures	Appendix A –Prevention and Control of Legionella Arrangement
For decision by	Corporate Health and Safety Joint Negotiation and Consultation Committee
Function of	Not applicable
Reason for urgency / exemption from call-in (if appropriate)	Not applicable

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Contact for further information: Secretary to the Employers' Side, Mike Koumi, Head of Safety, Health and Wellbeing – Tel: 020 8359 7960

## **1. RECOMMENDATIONS**

- 1.1 That the revised arrangement for prevention and Control of Legionella be approved**
- 1.2 That the Secretary to the Employers' Side be instructed to publicise the revised arrangement in accordance with paragraph 9.5**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 Corporate Joint Negotiation and Consultation (Health, Safety and Welfare) Committee held on 30 October 2007, item 4.2

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 All initiatives contained within this report contribute to the Deputy Chief Executive Services Business Plan. This report seeks not only to ensure the provision of robust health and safety management systems and compliance with statutory duties but drive business improvement which will in turn contribute to the corporate priority of 'better services with less money'
- 3.2 The Corporate Priority, 'Sharing opportunities and sharing responsibilities', includes the strategic objective to 'improve health outcomes for all'. This report aims to help meet these goals by setting standards to demonstrate how the Council intends to comply with its statutory duties under the Health and Safety at Work etc. Act 1974 and The Management of Health and safety at Work Regulations 1999.

## **4. RISK MANAGEMENT ISSUES**

- 4.1 This Arrangement details how the Council proposes to comply with its general duty of care to employees and others as required by the Health and Safety at Work etc. Act 1974 by preventing exposure to the legionella bacteria. Failure to comply with statutory obligations could lead to prosecution. Any work practices that result in ill health could result in civil action against the Council, financial loss and negative public relations. Good management and leadership are vital in ensuring effective service delivery and high levels of health and safety in the Council, and this revised arrangement has been designed to help the Council to manage health and safety more effectively.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 The Council's Health, Safety and Welfare Policy aims to ensure the protection of employees and anyone else who may come into contact with our activities and services. This includes people at special risk for example people with disabilities, pregnant women and vulnerable service users. The Policy will help to enhance Barnet's reputation as a good place to work and live, and aims to protect employees and service users taking regard of age, disability, ethnicity, faith/belief, gender, and sexual orientation.
- 5.2 The Policy supports the Council in meeting its statutory equality duties and compliance with the range of employment (equality) regulations.

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

- 6.1 Services will need to incorporate within existing budgets any additional risk assessments, training or equipment costs which may be required to comply with this Arrangement.
- 6.2 There are no direct staffing, IT or property implications arising from this report, however there may be changes made as a result of services ensuring compliance with this arrangement.

## **7. LEGAL ISSUES**

- 7.1 None other than those contained in the body of this report.

## **8. CONSTITUTIONAL POWERS**

- 8.1 Constitution – Council Procedure Rules – Section 3 – Panels & Consultative Bodies – Appendix 2 – Constitution of the Corporate Health & Safety Joint Negotiation and Consultation Committee.
- 8.2 The Council has established consultative bodies for the purpose of consultation with the trade unions and has determined their Constitutions and Terms of Reference.

## **9 BACKGROUND INFORMATION**

- 9.1 The Health and Safety at Work etc. Act 1974 requires the Council to produce and keep up to date a policy document on health, safety and welfare.
- 9.2 The Corporate Health Safety and Welfare Policy consists of three parts:
- A general statement.
  - The organisation, which sets out responsibilities
  - Arrangements, which are the procedures to bring the policy into effect.
- 9.3 This revision has been undertaken in order to clarify responsibilities and introduce clearer more comprehensive guidance on the management of water systems and control of legionella.
- 9.4 The key elements of the arrangement are:
- Details of staff with designated responsibilities
  - Information on required written schemes for the control of legionella
  - Guidance on the management of water systems
  - Information on the production of water system safety programmes
  - Advice on safety procedures for maintenance and testing
  - Actions to be taken in the event of a suspected or confirmed case of Legionnaires Disease.

- 9.5 This Arrangement will be incorporated into the Corporate Health and Safety Policy. Services must establish procedures to comply with this arrangement. The new arrangement will be communicated to services by their Safety Leadership Officers and by publication on the Council's intranet.

## **10 LIST OF BACKGROUND PAPERS**

- 10.1 The Health and Safety at Work etc. Act 1974.
- 10.2 The Management of Health and Safety at Work Regulations 1999
- 10.3 Approved Code of Practice L8 – 'Control of Legionella bacteria in water systems'.
- 10.4 Anyone wishing to inspect the background papers listed above should telephone Mike Koumi on 020 8359 7960

Legal: PBP  
CFO: JH/MC



## **Corporate Health and Safety Policy**

### **Part C - Section 31**

#### **Prevention and Control of Legionella**

**March 2012**

## **CONTENT:**

### **1. PURPOSE**

### **2. LEGIONNAIRES DISEASE**

- 2.1 What is it?
- 2.2 How do people get it?
- 2.3 What are the symptoms?
- 2.4 What measures are there to control legionella?
- 2.5 What to do if you or an employee has Legionnaires' disease

### **3. RESPONSIBILITIES**

- 3.1 Duty Holder
- 3.2 Responsible person
- 3.3 Deputy Responsible Person
- 3.4 Director of Service
- 3.5 Head of Department
- 3.6 Property Service Officers
- 3.7 Premises Manager
- 3.8 Safety, Health and Wellbeing Team

## **APPENDIX A**

Management Toolkit

## **1. PURPOSE**

This Policy has been developed to assist the Council in implementing the requirements detailed in the HSE Approved Code of Practice and Guidance L8, "*Legionnaires' disease: The control of legionella bacteria in water systems*" and British Standards Code of practice BS 8580:2010, "Water quality – Risk assessments for *Legionella* control". This document will also assist in ensuring compliance with the Control of Substances Hazardous to Health Regulations (COSHH).

This policy outlines the requirements for managing legionella in premises managed or leased by the Council including community schools.

The policy describes the specific role of the Director for Commercial Services in ensuring the commissioning of an approved competent contractor to carry out physical assessments and testing of water systems.

The Toolkit at Appendix A gives practical information and guidance on legionella management.

## **2. LEGIONNAIRES DISEASE**

### **2.1 What is it?**

Legionnaires' disease is a type of pneumonia named after an outbreak of that illness which affected a meeting of the American Legion in 1976. The disease is caused by inhalation of small droplets of contaminated water suspended in the air. Legionnaires' disease can affect anyone who becomes exposed but occurs more frequently in men than women and principally affects those who are susceptible because of age, illness or immuno-suppression.

It is caused by the bacterium 'Legionella Pneumophila' and related bacteria that can be found naturally in environmental water sources such as rivers, lakes and reservoirs, usually in low numbers. As they are commonly found in environmental sources they may also be found in purpose built water systems such as cooling towers, hot and cold water systems, evaporative condensers and whirlpool spas.

If conditions are favourable the bacterium may grow creating conditions in which the risk from Legionnaires' disease is increased. It is therefore important to control the risks by introducing measures outlined in this document and the Approved Code of Practice & guidance document L8.

### **2.2 How do people get it?**

Legionella bacteria are widespread in nature, mainly in water. Outbreaks occur from water systems where temperatures are warm enough to allow growth of the

bacteria, for example in air conditioning cooling towers, evaporative condensers, whirlpool spas and sometimes water supplies in buildings.

Most outbreaks in the UK have been linked to cooling towers or evaporative condensers as part of industrial cooling systems and air-conditioning which can spread droplets of water over a wide area. Water systems in buildings without these higher risk systems can still pose a potential for legionella growth. This risk is much lower than that associated with water cooled or humidified air management systems but Legionella colonies can still develop in traditional hot and cold water systems, like those used in almost all workplaces, including schools.

Certain conditions increase the risk from legionella:

- a suitable temperature for growth, 20 to 45°C (at temperatures above 37°C the rate of multiplication increases, but ceases at 46°C. Below 37°C, it decreases and becomes insignificant below 20°C);
- a source of nutrients for the organism, e.g. sludge, scale, rust, algae, and other organic matter;
- The level of stagnation of water in the system; and
- a way of creating and spreading breathable droplets, e.g. the aerosol created by a cooling tower or spa pool.

However, remember that most people exposed to legionella do not become ill, and Legionnaires' disease **does not** spread from person to person.

## **2.3 What are the symptoms?**

The symptoms of Legionnaires' disease are similar to those of flu:

- high temperature, fever and chills;
- cough;
- muscle pains; and
- headache.

In a bad case there may also be pneumonia, and occasionally diarrhoea and signs of mental confusion.

## **2.4 What measures are there to control legionella?**

To prevent exposure to the legionella bacteria, the 'Duty Holder' must comply with legislation and this document requires the Council to manage, maintain and treat water systems in its premises properly. This will include, but not be limited to, appropriate water treatment and cleaning regimes so that harmful bacteria are not allowed to grow to harmful levels.

Remember, legionella can grow in any workplace if the conditions are right - you do not have to work with microbiological agents, e.g. in a laboratory, for exposure to occur.

## **2.5 What to do if you or an employee has Legionnaires' disease**

If you develop the above symptoms and you are worried that it might be Legionnaires' disease, see your general practitioner.

Because it is similar to the flu, it is not always easy to diagnose. A blood or urine test will be helpful in deciding whether an illness is or is not Legionnaires' disease. When doctors are aware that the illness is present in the local community, they have a much better chance of diagnosing it earlier.

If you suspect that you or an employee has contracted the disease as a result of your work then there is a legal requirement to report cases to the Health and Safety Executive and you must immediately report it to the Head of Safety, Health and Wellbeing.

## **3. RESPONSIBILITIES**

Corporate arrangements have been put in place for premises that are within the control of the Council and these will take into account all the necessary regulations and guidance notes. Periodic visits by ??? will be made to ensure compliance with those current regulations and guidance notes.

### **3.1 Duty Holder - Chief Executive**

The Chief Executive is the 'Duty Holder' as defined in the "*Legionnaires Disease: the Control of Legionella Bacteria in Water Systems*" (L8) and will through the Council's management structure, ensure all reasonably practicable steps are taken to protect employees and others persons likely to be affected from exposure to legionella bacteria in water systems owned or under the control of the Council. In Community Schools the Governing Body are seen as the Duty Holders but the Chief Executive retains the duty to set the standards and monitor compliance with duties.

### **3.2 Director for Commercial Services**

The Director for Commercial Services is responsible for ensuring corporate arrangements are in place for the management of water on all premises either directly managed or controlled by the Council.

The Director has appointed the Assistant Director for Estates as the "Responsible Person" (as defined in the Approved Code of Practice L8) to take

on managerial responsibility for controlling any identified risk of exposure from the Legionella Bacteria.

### **3.2 Assistant Director for Estates - 'Responsible Person'**

The Assistant Director for Estates has the delegated responsibility for ensuring arrangements are in place for the management of water on all premises either directly managed or controlled by the Council.

They will ensure any member of staff designated to carry out the technical functions of this role, have sufficient authority, competence and knowledge of water systems. They should also be qualified to British Institute of Occupational Hygiene BOHS P901 Legionella Management or equivalent.

Where help and advice is drawn from outside the organisation, all reasonable steps will be taken to ensure the competence of those not directly under their control. The use of consultants and contractors does not absolve the Duty holder or Responsible Person of their legal duties under Section 3 of the Health and Safety at Work Act.

The 'Responsible Person' has the direct responsibility for ensuring the implementation of this policy within all premises for which the Council manages and owns. Where leasing arrangements for any Council premises is in place the responsibilities for Legionella management must be clearly defined, e.g. Council or lessee/occupier.

For all premises either directly managed or controlled by the Council the 'Responsible Person' will be accountable to:

- arrange generate and maintain a list of all premises indicating those that have been assessed for risks of legionellosis
- ensure all maintenance work, including legionella risk assessments and specialist monitoring services are carried out to comply with the statutory requirements
- ensure that a copy of the legionella risk assessment is accessible from site (words deleted as repetition of previous bullet point)
- ensure risk assessments are updated following changes to the water system and at least every two years
- set up and maintain a Legionella Register (what does this record?)for premises
- ensure copies of the legionella service log book (electronic equivalent acceptable) are produced, accessible at the? premises and are kept up to date with appropriate statutory and documentary evidence both locally and centrally and that Council staff and, where relevant, contractors have access to them

- make arrangements so the use of systems, that present a foreseeable risk of legionellosis, are redesigned and modified. A written management scheme for minimising the risk from exposure is to be prepared and actioned
- ensure the scheme of management precautions, including the appointment of person(s), to take responsibility for the maintenance of relevant plant, equipment and systems and to provide supervision is implemented and managed
- ensure that any premises actions arising from the management of legionella are completed
- provide a regular update of legionella information with the relevant premises controller (exchange of records, inspections, risk assessments, etc)
- organise legionella awareness training for all Premises Controllers and Building Service Officers
- follow Corporate Procurement Rules to ensure the selection of competent and authorised contractors to manage legionella and to monitor their performance
- follow Corporate Procurement Rules to ensure the selection of competent and accredited contractors for water sampling, analysis and management. The standards for these contractors are contained in the Toolkit at Appendix A;
- ensure that appropriate, effective monitoring systems and compliance checks are in place and implemented to ensure that the risks are being effectively managed
- monitor Contractor performance through contractor reporting e.g. KPI's, inspections, work sheets and auditing
- will be the contact person between the Council and the Contractor and vice versa
- undertake regular meetings with the Contractor to ensure that any issues with the Contractor or the work can be addressed quickly
- arrange legionella risk assessment following modifications to water systems and ensure that an adequate system for the supervision of such work is in place. Ensure such supervisors are trained and competent to carry out this role
- receive assurance from Tenant's that they have systems in place for managing legionella in leased premises and periodically monitor that those systems remain

- submit Quarterly Management Report on legionella management to Directorate for Commercial Services (and Head of Safety, Health and Wellbeing)
- provide support, guidance and advice to Premises Manager's when required
- respond to emergency situations involving the identification of legionella in the water, legionella outbreak and facilitate plans to manage the situation and minimise the risk of exposure
- report to SHaW team any incidences, identification of legionella in the water and or, legionella outbreak

### 3.3 Deputy Responsible Person

It is necessary for the Responsible Person to nominate one or more deputies as '**Deputy Responsible Person**' who will adopt the responsibilities of the 'Responsible Person' in their absence and with whom they can liaise to ensure the obligations under L8 are implemented. All managers or occupiers of Council owned/leased premises have a duty to co-operate with the Responsible Persons and their Deputy to ensure the duties placed upon the 'Duty Holder' to control the risks of legionella can be fulfilled.

### 3.4 Directors

Directors can be viewed as 'owning' all property, on behalf of the Council, and take on the chief role for managing the assets and ensuring that adequate provision is made to enable Assistant Directors/Heads of Service to establish a health and safety framework to manage their services. Directors will familiarise themselves with this document and ensure that health and safety arrangements in their services are complied with at all times.

Directors must ensure that:

- all buildings for which they have responsibility have been risked assessed for legionellosis and reviewed every two years;
- that remedial action detailed in each survey is carried out;
- copies of the legionella risk assessment and water service log books (electronic equivalent acceptable) have been issued to premises and are kept up to date both locally and centrally;
- local systems are set up to ensure staff receive adequate information, instruction and training;
- reporting to Building Service Team and SHaW team any incidences of legionella being identified in the water or legionella outbreak ;



### **3.5 Assistant Directors/Heads of Service**

Assistant Directors/Heads of Service have the responsibility to establish the health and safety framework for the management of Council property, within their services. They must ensure that the duties relating to legionella are met by receiving reports on the performance of the management of their water systems from their Premises Manager as part of their regular health & safety inspections.

Chief responsibility for ensuring that the duties relating to legionella are met will be overseen by the Assistant Director for Estates.

### **3.6 Property Service Officers**

Property Service Officers are, in general, responsible for Council properties or land that is leased. As a representative of the Council they have a legal responsibility to ensure, so far as reasonably practicable, that the detail of all significant risks are shared with the Tenant and vice-versa.

Consequently, they are responsible for:

- informing the Tenant, Leaseholder:
  - if they are Duty holder under the terms of the lease agreement
  - that the Council may request information and may inspect to monitor whether the property is maintained in accordance to statutory requirements
- as practicable ensure the Council Standard Terms & Conditions and Leasehold arrangements are adopted by the Tenant;
- implement a system for periodic monitoring the tenant to ensure compliance with the contract and maintenance of the building;

### **3.7 Premises Manager**

Premises Managers, or the persons nominated by the Responsible Person, are responsible for monitoring the implementation of the legionella management system for the premises. The role is two-fold - firstly to assist the 'Responsible Person' to implement the written scheme through regular monitoring and supervision those involved in operational procedures and secondly, to maintain appropriate records, including details of:

- the person(s) responsible for conducting the risk assessment, managing, and implementing the written scheme;
- the findings of the risk assessment;

- the written scheme and details of its implementation;
- the results of any monitoring, inspection, test or check carried out and the dates and by whom, and
- the corrective action taken to ensure the water system complies with L8 and BS 8580
- recording all relevant details in the Water Service Log Book or electronic equivalent.

### **3.8 Safety, Health & Wellbeing (SHaW) Team**

The SHaW team provide advice regarding legionella in Council premises and set Council policy in this regard. The H&S Consultant's role is mainly advisory; however, in the event of an actual or potential breach in safety requirements which pose imminent risk, they are empowered to take immediate action, on behalf of the Chief Executive, to stop work.

The Head of Safety, health and Wellbeing has the responsibility for:

- acting as the Council's statutory health and safety advisor
- regular reporting to the Chief Executive and Council Directors Group on how the duties relating to legionella are being met
- advising on the health and safety framework for the management of all Council property and
- monitoring compliance with this policy.

# LEGIONELLA MANAGEMENT TOOLKIT

## CONTENT

- A. OUTLINE OF REQUIREMENTS
- B. WRITTEN SCHEME FOR CONTROL OF LEGIONELLA
- C. MANAGEMENT OF WATER SYSTEMS
- D. WATER SYSTEM SAFETY PROGRAMME
- E. SAFETY PROCEDURES – MAINTENANCE AND CLEANING
- F. ACTION IN THE EVENT OF A SUSPECTED OR CONFIRMED CASE OF LEGIONNAIRE'S DISEASE.
- G. CONTRACTS
- H. LEGAL PROVISIONS
- I. LEGIONELLA AWARENESS

## **A. OUTLINE OF REQUIREMENTS**

### **A.1 Introduction**

The Council will manage the risk from legionella by:

- i) appointing a competent person i.e. 'Responsible Person' to lead in ensuring the management of legionella throughout the Council;
- ii) appoint CHAS approved and UKAS accredited competent contractors to carry out;
  - legionella risk assessments
  - management of water systems to reduce the risks of legionella identified in the risk assessment
  - carry out analysis of water samples as detailed in the scheme of works
  - ensure that each approved contractor is independent of each other to avoid conflict of interest
  - ensuring that all Council managed or owned premises have and keep an up to date water service log book (wslb) (equivalent electronic version) in which all relevant documentation is recorded in order to comply with statutory duties
  - ensuring the risks of legionella are assessed at all Council managed or owned premises in accordance with L8 and BS 8580
  - ensuring that a schematic drawings or plan of the water system specific to each location forms part of the wslb and satisfies the requirements of L8 and BS 8580
  - ensuring that a site specific scheme of works is prepared for the water system specific to each location and forms part of the wslb and satisfy the requirements of L8 and BS 8580. This will set out how the risk will be managed
  - having clear roles of responsibility and reporting between the Council, approved Contractor(s) and Premises Managers
  - having systems in place to identify any actions that arise as a result of the risk assessment and management of the water system, that persons are appointed to carry out the actions and that the actions have been completed
  - the Contractor providing written instruction to the Premises Manager on local issues such as the frequency of running seldom used outlets and maintain records;
  - ongoing review and monitoring of the contractor works, action plans and works reports and link with the legionella risk assessment and schedule of works

- ensuring that Premises Managers receive appropriate training with regard to the management of legionella;
- provision of up-to-date information on the location for those who need to know

## **A.2 Assessing the Risk**

The specific requirements of the risk assessment can be found in the HSE publication, "*Legionnaires Disease: the Control of Legionella Bacteria in Water Systems*" (L8) and BS 8580 British Standards Code of practice BS 8580:2010, "Water quality – Risk assessments for *Legionella* control".

Before any formal management system for water systems can be implemented, a risk assessment has to be carried out to decide the possible risks. The purpose of the assessment is to decide:

- the risk to health, i.e. whether the potential for harm to health from exposure is reasonably foreseeable unless adequate precautionary measures are taken, and;
- the necessary measures to prevent, or adequately control, the risk from exposure to legionella bacteria.

The risk assessment enables the 'Duty Holder' to show that all relevant factors, and the steps needed to prevent or control the risk, have been considered.

The risk assessment will provide information for the production of the documented action plan of maintenance work required; the written scheme; the monitoring programme and logbook requirements.

The extent of specialist knowledge and expertise required to carry out this initial and on-going assessments will be an approved Contractor with the advice from the Responsible Person. They will ensure the external organisation has the requisite knowledge, expertise and competency in accordance with the Approved Code of Practice (L8) and will liaise between the various Services and the Contractor(s) appointed.

## **A.3 Written Scheme**

Where the premises risk assessment identifies there is a reasonably foreseeable risk, steps must be taken to mitigate this risk so far as is reasonably practicable. When all the risks can not be eliminated there must be a written scheme for controlling the risk.

The 'Responsible Person' is responsible for any remedial works required and will either require this work to be carried out by the Approved Contractor through the Contract Manager or via the 'Appointed and Nominated Persons' to ensure the implementation and monitoring of the control measures is in strict compliance with maintenance programmes and timescales stipulated in the written scheme.

Items to be included in the written scheme are shown at Part B.

#### **A.4 Training and Qualifications**

It is a function of the Responsible Person and Deputy to ensure that they, and those who are appointed to carry out any form of control measure, are suitably trained and competent to perform those functions.

The Premises Manager and a deputy at each premises shall be suitably trained. It is for the 'Responsible Person' to ensure suitable training, in conjunction with the premises managers, is arranged. Training must ensure employees are competent to an adequate standard of basic awareness relating to water quality and Legionnaires disease

The Responsible Person must ensure that the external organisation(s) contracted to undertake the risk assessments and on-going monitoring are competent and suitably trained and able to carry out their duties in a safe and proper manner.

#### **A.5 Monitoring Regime**

The written Legionella Control Scheme will identify specific monitoring and maintenance regimes that need to be formulated and carried out on a localised basis. All premises will be monitored to ensure this regime is being implemented and all results from the monitoring must be entered into the site logbook.

The Premises Manager will be competent to carry out the recommended monitoring of the Contractor. Temperature checks, water sampling, chemical treatment and the tasks requiring engineering skills will be undertaken by an approved contractor/competent person.

#### **A.6 Premises Water Service Logbook**

On completion of the risk assessment, a building specific logbook will be formatted and delivered to the Premises Manager. The 'Responsible Person' will validate the monitoring regime and in conjunction with the Premises manager and appropriate Contractor put in place arrangements for its implementation.

The logbook will detail clearly the:

- Full site address
- Name of site contact (managerial)
- Name of risk assessor and the company name
- Name of the 'Responsible Person' for the property
- Date of risk assessment
- Recent schematic drawing of water system, i.e. storage tanks and associated pipe work etc that is dated and initialled by a competent person

- Detail of operation of the water system, relevant to the controlling the risk
- Controls to be implemented, complete with schedule
- Chlorination and Legionella test certificates will be inserted into the premises' logbook within 28 days of the test being taken and copied to the appropriate 'Responsible Person'
- a copy of the Risk Assessment will be included within the log book
- A record of the recommended action/work and remedial works undertaken by who and when to resolve the action/works

## **A.7 Disinfection - Chlorination**

Water services distribution pipe work will be disinfected in accordance with BS6700 for any of the following reasons:

- Any new installation before being commissioned into use to remove contamination which may have occurred during construction or installation
- Before using installations which have been closed down for a period of time, e.g. before opening for winter or summer use
- If a routine inspection shows it necessary
- If the system or part of it has been substantially altered or entered for maintenance purposes in a manner that may lead to contamination
- Following an outbreak or suspected outbreak of legionellosis or any other water borne infection/disease

The task will be carried out using an approved competent contractor

Chlorination test certificates will be inserted into the premises' logbook within 28 days of the test being taken and copied to the Responsible Person.

## **A.8 Auditing**

The Responsible Person must ensure there are processes in place to undertake a regime of auditing of all logbooks and the monitoring of all risk assessments on an annual basis with information provided quarterly to the Directorates Senior Management Team (SMT) and SHaW Manager

After the Risk Assessments have been completed and the monitoring programme established, the record sheet will be updated in accordance with the programme for the individual site and all documentation will be kept at a location that is accessible on site for auditing.

To ensure that the duties relating to legionella are met, the BST(who?)/Estates will monitor performance and provide quarterly reports to the Commercial Service Directorate and an annual health & safety report at the Corporate JNCC to confirm that the required checks and monitoring systems within the Council

premises are being carried out. This will provide performance assurance that the Council is complying with its statutory responsibilities, and also demonstrate that the roles of the Responsible Person, Premises Manager and approved Contractors are being correctly and effectively undertaken.

The Council's legionella management system will be audited and reviewed every two years (or as necessary due to legislative changes) by the SHaW team in consultation with the relevant Responsible Persons to ensure it remains effective and fit for purpose to manage the risks related to Legionella.

#### **A.9 Action in the Event of a Suspected or Confirmed Case of Legionnaire's Disease.**

Details of the action to be taken if an outbreak is suspected or occurs, or where urgent action is required following routine inspections (e.g. high bacterial counts) is shown at **Part F**.

#### **A.10 Reporting of Outbreaks**

The Head of Safety, Health and Wellbeing and the Councils Emergency Planning Officer must be immediately informed of any outbreak.

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), Doctors will notify employers of cases Legionellosis if the current job of the employee concerned exposes them to an increased risk of exposure. These cases must be reported to the Health and Safety Executive (HSE). Please refer to the arrangement on accident and incident reporting, Section 4 in the Corporate Health, Safety and Welfare policy.

#### **A.12 Management of Addition Features**

##### **i) Drinking water fountains**

Legislation requires that an adequate supply of wholesome drinking water shall be provided in the workplace for all persons at work.

Where the supply of drinking water is in the form of a jet, the fountain must be regularly cleaned, inspected and maintained. The water fountain should be included as part of the managing water programme.

##### **ii) External sprinklers and portable Tanks**

Fine droplets, that may be inhaled, can be formed at showers, by spray fittings on taps, hose-pipe sprays. While in the general the risks are managed for premises there is a risk from the use of external taps, hose pipes and portable tanks.



To reduce the risk of infection there are a number of things that can be done:

- Ensure all external taps are flushed through at least once a week.
- Clean and de-scale external taps and shower heads on hose pipes monthly.
- Consider removing spray fittings on taps/hose pipes if you are having difficulty keeping them clean and free from scale.
- It is recommended that any flexible connection hoses to taps are of a standard accredited under the Water Regulations Advisory Scheme. Seek the advice of a plumber if you are not sure.
- Drain hosepipes after use.
- Ornamental features such as fountains should be kept clean.
- Always flush water through external taps or hose pipes for 2-3 minutes without creating a spray.

Standing water is a health risk and any container which has held or does contain water, especially spray bottles, could cause risk of legionnaires' and other diseases. Always clean spray guns, bottles and pumps thoroughly before use and empty and air dry well, before putting away for the winter. Never leave containers sitting full of water for long periods of time. Avoid contact with any water that has stood for long periods. Use domestic tap water to fill spray bottles.

### iii) Spa and Swimming pools

Separate documentation has been issued for the healthy and safe management of Spa pool and Swimming pools. These are

- [Management of Spa Pools – risk of infection](#)
- [Managing health and safety in swimming pools](#) (HSG179)

These documents address water borne diseases and infections, particularly legionella.

### **A.13 Further Information:**

General information, including leaflets and sources of other guidance, can be found by following the links below:

[www.hse.gov.uk/legionnaires/index.htm](http://www.hse.gov.uk/legionnaires/index.htm) [www.hse.gov.uk/pubns/iacl27.pdf](http://www.hse.gov.uk/pubns/iacl27.pdf)

For guidance, please contact:

- The Council's Safety, Health and Wellbeing team on 020 8359 7960 or
- The Building Service Team on 020 8359 4320

## **B. WRITTEN SCHEME FOR THE CONTROL OF LEGIONELLA**

### **B.1. Content**

Items to be included in the written scheme are as follows:

- i) Plan of plant or system layout (a schematic plan is enough), which should contain:
  - The latest up-to-date copy and parts which are temporarily out of use
  - The date when they were last reviewed and updated and the initials of the individual and their organization
  - A description of the safe and correction operation of the system
  - Mitigation measures to be taken to remove the risk
  - Types and frequency of checks to be carried out to ensure the success of the scheme
  - Actions to be taken if the scheme is found to be deficient
- ii) Details on how to use and/or carry out:
  - The physical treatment programme (e.g. how to use temperature control for hot and cold water systems)
  - Any chemical treatment programme that is in use (including manufacturer's data on effectiveness, the concentrations and contact time required for the substances used)
  - Information on storage, handling, use and disposal of the substances in use (required by Control of Substances Hazardous to Health (COSHH) Regulations)
  - System control parameters (plus allowable tolerances), physical, chemical and biological parameters, measurement methods, sampling locations, test frequencies and procedures for maintaining consistency
  - What to do in case the control limits are exceeded, including the channels of communications
  - Procedures for cleaning and disinfection
- iii) The correct operation of the water-system plant should be described so that faults are easier to identify:
  - Procedures for commissioning and re-commissioning
  - Procedures for shutdown
  - Checks for warning systems and diagnostic systems in case of system malfunction
  - Maintenance requirements and frequencies

### **B.2 Record Keeping**

- i) The types of records to be kept include:

- Details of who is responsible for carrying out the risk assessment, managing and implementing the written scheme
  - The significant findings of the risk assessment
  - The written scheme and details of its implementation
  - The results of any monitoring inspection, test or check carried out, and the dates (must include details of the state of operation of the system, i.e. in use/not in use) The length of time that those records should be kept for is as long as they remain current, and for at least two years after that period
- ii) Results of the monitoring, test or check must be kept for at least five years. It is also essential that communication channels are established so that everyone knows what to do and how to do it. Records for water system management are checklists of records you need to keep to ensure and demonstrate that the risks from the water system are adequately controlled:

### **B.3 PREVENTION MEASURES**

The following measures **must** be considered:

- Improved engineering design of water systems with a view to eliminating 'dead ends' and other places where water can stagnate
- Controlling the release of water spray
- Ensuring all water holding tanks are covered and fitted with air vents and inspection covers, and are properly lagged to prevent temperature rises
- Avoiding water temperatures between 20°C and 50°C
- Avoiding the use of materials that could provide a harbour of food for bacteria and other organisms
- Treatment of water supplies, in particular holding tanks
- Regular cleaning, maintenance and operation of water systems, e.g. tanks, calorifiers, pipework, filters, fittings, showers and taps, with disinfection of water systems at predetermined intervals.
- Frequent sampling of water by a competent person
- Staff training in personal precautions where necessary, e.g. use of personal protective equipment, and procedures for handling samples
- Regular monitoring of results of samples and procedures adopted by water treatment companies
- Ensuring that the system is operating correctly and is properly maintained
- Keeping the written scheme for exposure control up to date

## **B.4 WATER MONITORING**

Sampling for Legionella and the interpretation of results are specialised processes and should only be carried out by competent persons. Sampling often produces a positive result for the detection of Legionella as many water systems are colonised with Legionella without being associated with infections. For this reason, routine water sampling of hot and cold water systems is not recommended, though it may sometimes be appropriate to check the efficacy of the water management system. It is recommended, however, that routine sampling of cooling towers for Legionella is carried out every three months.

## **B.5 HOT AND COLD WATER SERVICES**

The following points are important in preventing the growth of the bacteria within hot and cold water systems:

- Hot and cold water distribution systems should be well enclosed to prevent the entry of foreign matter - water supply tanks should be covered by lids with overlapping edges which are secured to the tank, and overflows should be protected by fine mesh screens where possible.
- Parts of the water system, such as tanks and calorifiers, where sludge, scale, debris and other organic or inorganic matter can accumulate, should be readily accessible for cleaning.
- The water system should be designed so that water is not allowed to stand undisturbed, for example in oversized or rarely used water tanks, calorifiers or pipes.
- Where two or more tanks are installed to serve the same system, they should be arranged in series so that water flows through all the tanks.
- If the system, or part of the system, is used only intermittently it should incorporate isolating valves, drain points at its lowest part and, where possible, pipes which are laid to fall towards the lowest point.
- Drain points should be large enough to permit removal of sludge - it may be necessary to fit supplementary drains to the bottoms of items of the plant such as calorifiers and condensers.
- Where possible, the layout of cold services and tanks should ensure that water does not become warm.
- The use of thermostatically controlled showers with fail-safe mixing valves (i.e. valves which are unaffected by changes in water pressure and automatically close the hot water supply if the cold water fails) will allow the hot water system to run safely at above 50°C - automatic drain valves may also be used to ensure that the shower head and control valve are drained when the appliance is shut off.
- Storage tanks and calorifiers should be inspected annually, then cleaned and disinfected where there is a build up of slime, scum or other deposits - it is good practice to discharge water from the bottom of the calorifier often enough to reduce the build up of sediment and other materials.

## **B.6 DISINFECTION OF WATER SYSTEMS**

Hot water systems can be disinfected by chlorinating the water in the header tank to between 20 and 50ppm, then allowing it to flow through all parts of the system and stand for at least 4 hours (or preferably overnight). The entire system is then thoroughly flushed. In large buildings it may be necessary to disinfect different sections in turn. Staff and residents should be warned that the water system is heavily chlorinated. This treatment should not be carried out by untrained personnel. Cold water services should be disinfected in accordance with BS 6700 1997 'Code of Practice for the Specification for the Design, Installation, Testing and Maintenance of Services Supplying Water for Domestic Use within Buildings and their Curtilages'.

## **B.7 AIR CONDITIONING AND INDUSTRIAL COOLING SYSTEMS**

The principal risk arises from open evaporative cooling towers, where aerosols drift from the tops of the towers and spread considerable distances. The sprays are formed, in most cases, due to poor maintenance of drift eliminators and air intake louvers. The cooling coil condensate tray on these systems can also present a particular risk. In certain cases, a poorly plumbed system can allow contaminated water discharging to a drain from the cooling tower, to siphon back up the condensate drainage pipe and infect the condensate tray and, eventually, the conditioned air. A correctly designed cooling condensate system will prevent water from entering the air duct - a sloping tray for improved drainage, incorporating a drain connection at the lowest point, and a substantial water trap and air break will minimise any potential for infection. The Chartered Institution of Building Services Engineers has published some technical guidance with regard to the design of cooling towers: [\*Minimising the risk of Legionnaires' disease\*](#), TM13, 2002

## **B.8 HUMIDIFIERS AND AIR WASHERS**

Humidifiers have not been specifically linked with outbreaks of Legionnaires' disease, they have however, been implicated in other respiratory conditions. Steam jet humidifiers and those fed directly from a rising main are not thought to give rise to microbiological contamination risks. Many humidifiers however, use water from storage tanks which can become contaminated. Air washers and spray chambers should be maintained in the same way as cooling towers.

## **C. MANAGEMENT OF WATER SYSTEMS**

### **C.1 INTRODUCTION**

The Council is committed to providing a safe and healthy environment which includes the design, management and maintenance of safe water systems. The

water systems within our premises are formally assigned to Building Service Team, Facilities Management and Premises Controllers who shall ensure compliance with this policy and follow current best practice.

The systems should be assessed and evaluated to ensure that there is a low risk to staff, pupils, visitors and others coming into contact with very hot water. Where practicable, temperature controls and mixer taps (thermostatic mixing valves) shall be used to reduce hot water temperatures at outlets to 50-55°C. Where this is not practicable, signs shall be affixed warning of higher temperatures or thermostatic mixing valve (TMV) installed.

Pipework runs shall be inspected and wherever practicable hot water pipes at temperatures above 60°C shall be either secured in inaccessible positions such that there is little risk of coming into contact with the pipework inadvertently, or else the pipework shall be boxed in or otherwise made safe.

Water systems shall be assessed, maintained and checked to ensure that the system is microbiologically clean and action taken to implement guidelines for microbiological safety.

Drinking water supplies shall be maintained in a good, clean and reliable condition, and, as appropriate, labelled.

Records shall be kept of the actions taken to ensure and maintain safety in water systems.

## **C.2 CHECKS ON ALL WATER SYSTEMS**

Checks should be documented in individuals the job description for the members of staff responsible and in the listing of health and safety related duties assigned to nominated employees in the arrangements section of the Health and Safety Policy Statement. The HSE ACoP *L8 Legionnaires' disease: the control of legionella bacteria in water systems (2000)* specifies that appropriate provision for 'high risk' elements of water systems should be made. Contracts with external contractors and suppliers should be amended to include these good practice guidelines. **This is specialist work that requires an appropriately trained person to make these checks.**

### **i) Monthly**

A competent person carries out a check on water systems within the premises, including;

- Organise the monthly checks so that they are a sample, but all of the system including all water outlets are checked over a one-year cycle

- Temperature checks on hot water systems to ensure that hot water is stored at 60°C or higher in water tanks, calorifiers, etc.
- Temperature checks on hot water distribution and outlets that water is reaching 50°C within one minute of running, checking as a minimum at outlets nearest and furthest from the calorifier
- Temperature checks on cold water storage and distribution to confirm that the water is at 20°C or below, checking outlets nearest and furthest from intake and storage
- A member of staff checks on the air conditioning system within the premises, including the condition of cooling towers and evaporative condensers, water treatment systems, etc.
- Report to local management and/or responsible person (such as the Premises Manager) on matters requiring attention
- Record the findings.

**ii) Quarterly**

- Condition review of all accessible parts of the high risk element of the system
- Water testing for total bacterial colony count for water system defined as high risk (cooling towers, etc.)
- Remove shower heads, de-scale and then disinfection with chlorine-based bleach in water (leave to soak for a few minutes) and refit

**iii) Annually (or more frequently if stated in a specific risk assessment)**

The following should be checked as part of the overall assessment of the water system:

- The condition in water tanks (cold water storage), looking for the presence of organic materials, vermin, etc. (HSE Guidance).
- The conditions in calorifiers (hot water storage), looking for organic materials and unduly heavy build-up of scale (HSE Guidance). Drain and treat to remove limescale.
- The condition of accessible pipework and insulation.
- Check that the records are up to date for temperature checks and inspections, water testing and certificates.
- Review activities by contractors working on the water system over the preceding 12 months to confirm compliance.
- High risks, including cooling towers and evaporative condensers - review the arrangements and records to confirm that they are satisfactory and check that the registration of cooling towers with the local authority has been undertaken.
- Review arrangements as necessary and ensure relevant information is disseminated to management, staff and those responsible for training.



## **D. WATER SYSTEM SAFETY PROGRAMME**

- D.1** The procedure for starting a safe system of work for water systems is a guide for **competent persons** with responsibility for health and safety to ensure a water system safety programme of work is established and to audit the system already in place to evaluate the need for amendment.

### **D.2 Procedure for a Water System Safety Programme**

Obtain and review a schematic 'as-built' drawing of the water system in the premises. Identify the nature of the drinking water system, the cold water system, the hot water system and air conditioning if installed.

#### **i) For the drinking water system:**

- Inspect from water intake to delivery for good condition
- Ensure that there is either no storage or that any storage is properly designed and sealed from all ingress of dirt, vermin, etc.
- Ensure that there is good water circulation to avoid creating an area of stagnation
- Check that drinking water outlets are correctly labelled, that cups/glasses are provided (except fountains) and that non-drinking water in a location where staff may assume it is potable is clearly labelled ('Not Drinking Water')
- Check that drinking water is available at a refreshing temperature. If not, check that potable water pipes are not close to hot water pipes (if they are, insulate or move them).

#### **ii) For the cold water system:**

- Check that tanks and pipework are in good condition
- Check that the tanks are clean, have well-fitting lids, that vermin/fly screens are fitted where necessary to maintain cleanliness and check that water inlets are at opposite ends of the tank to draw-down outlets (to prevent short circuiting) and that the draw-down is low enough in the tank to cause circulation when the water is drawn off
- Check that the temperatures through the system do not exceed 20°C (if they do, check on the proximity of the pipework to the hot water supply as above)
- Check that there are lengths of pipe as short as possible to each outlet (avoid 'dead legs' where water can sit for long periods incubating bacteria and inoculating the water system)
- Identify any lengths of pipe which require water to be drawn off to achieve circulation, and log that the water should be drawn down at



least every week (leaving taps running for five minutes, flushing toilets, etc.) if that part of the building is unused for any period

**iii) For the hot water system:**

- Check the condition of the heating system to ensure it meets performance requirements (minimum storage temperature 60°C). If there are no written specifications draft a baseline specification for water treatment and future checks.
- Check the design of the calorifier - it should have a drain tap close to the base.
- Check the condition of the calorifier - it should be clean, free from scale and organic material.
- Check that water softeners, filters and strainers are under frequent maintenance against a written schedule. If not, draft a schedule as advised by the manufacturer.
- Check that the pipe runs do not have areas accessible to staff and others such that contact and burns may occur. If they do, draw up a plan to relocate pipework or to box in.
- Check that pipe runs in plant rooms, etc. are marked as to contents as a visual warning to maintenance staff.
- Check hot water outlets for temperature (the required range is 50-55°C after one minute of running). If significantly above, review the requirement for fail-safe thermostatically controlled mixer valves.
- Check the water outlets for scale, particularly shower heads, and clean as necessary.

**iv) For an air conditioning system:**

Ensure that experienced competent persons are maintaining the system in accordance with HSE Guidelines. Confirm that there is a written schedule defining maintenance, water treatment and testing, covering:

- Design and performance criteria
- Inspection and cleaning regime
- Water treatment (prevention of corrosion and organic contamination)
- Water monitoring regime

**v) Emergency arrangements**

A contingency plan for shutting down water systems should be drawn up for use in the case of an outbreak.

## **vi) Records**

### **Checklist**

- Plan of the water system
- Simple description of the elements of the water system or systems e.g. drinking water, cold water, hot water, air conditioning
- Risk assessment

### **System operation - guide to day-to-day management**

- Maintenance guide
- Inspection, checking and testing arrangements
- Records kept for:
  - Water treatment programme
  - Water temperature checks
  - Inspections and tests
  - Test results and actions taken
  - Cleaning and disinfection programme and actions
  - Any other relevant information

## **E. SAFETY PROCEDURES – MAINTENANCE AND CLEANING**

To prevent risks to the health of employees and others, such as contractors involved in the sampling of the water and the maintenance and cleaning of plant equipment a number of precautions are necessary.

### **E.1 Procedure for Precautions**

- Ensure the use of self-contained breathing apparatus at all times by employees and other persons working in an area where an aerosol containing *Legionella pneumophila* bacteria is produced, or may be produced (this requirement applies only to those engaged in the cleaning of the plant or equipment with high pressure hoses, or those working inside cooling towers during a shut-down period).
- Ensure that only staff trained in the handling of pathogenic bacteria are allowed to take and handle samples for testing for the presence of *Legionella*
- Provide and maintain safe access to, and egress from, all sampling points and areas
- Provide information, instruction, training and supervision for all persons who may be at risk prior to work commencing

- Operate a permit-to-work system taking into account the above precautions where persons are required to enter plant for inspection, cleaning and maintenance purposes

## **E.2 Procedure for the Emergency Cleaning of Cooling Towers**

To be carried out as soon as possible after the cooling water system implicated in an outbreak of Legionellosis has been identified.

- Switch off the fan immediately
- Take samples for laboratory investigation before any further action
- Switch off the circulation pump as soon as is practicable and decommission the system
- Consult the enforcing authority before proceeding further
- Keep all personnel clear of the tower area
- When cleared by the enforcing authority, add sodium hypochlorite to the system water to obtain a measure concentration of 50mg/l of free chlorine
- Circulate the system water with the fans off for a period of a least six hours
- Maintain the free chlorine level at an absolute minimum of 20mg/l at all times
- Use a suitable bio dispersant
- After six hours de-chlorinate and drain the system
- Undertake manual cleaning of the tower, *sump* and distribution system with cleaning staff wearing fully pressurised respirators
- Refill with fresh water and add sodium hypochlorite
- Re-circulate, without using the fan, at 20mg/l of free available chlorine for six hours
- De-chlorinate and drain the system
- Refill, re-circulate and take samples for testing
- Re-commission system when test results detect no Legionella and/or permission is granted by the enforcing authority

## **F. ACTION IN THE EVENT OF A SUSPECTED OR CONFIRMED CASE OF LEGIONNAIRE'S DISEASE.**

If an outbreak is suspected that may be attributed to either; the water system within a building; where urgent action is required following routine inspections, the following course of action must be taken:

### **F.1 Reporting Procedure**

- i) It is necessary to put the following reporting procedure into operation and it must be adhered to.

- In the event of a legionella - positive water sample or TVC (total viable counts) exceeding the action limit
  - Anything untoward being found during a risk assessment
- ii) Then the approved contractor managing the water system must notify:
- Responsible Person
  - SHaW Manager
  - Premises/Building Manager
  - In the event of (1, 2 or 3) being unavailable, the message must be relayed to the Service Director responsible for that premises
- iii) The message will state:
- Water sample positive or nature of defect that requires action
  - Address of premises concerned
  - Location of water sample taken
  - Sero-group of organism isolated
  - Bacteria count.
- iv) When the issue is identified to the Responsible Person he/she will ensure all necessary actions required to control the situation in accordance with L8 recommendations are implemented
- v) The Health and Safety Executive may invoke the following actions in the event of an outbreak:
- Shut down any processes capable of generating and disseminating airborne water droplets and keep shut down until sampling procedures and remedial cleaning or other work has been done and final clearance is given to restart the system.
  - Take water samples before any emergency disinfection takes place.
  - Seek employee health records.
  - Council to fully co-operate in subsequent investigation of any plant, including;
    - tracing of all pipe work runs
    - detailed scrutiny of all operational records
    - 15 -statements from plant operatives and managers statements from water treatment contractors/consultants

- vi) Any infringement of legislation may be subject to formal investigation by the HSE
- vii) The Responsible Person in conjunction with their Deputy and Premises Manager will monitor that the appropriate action is being taken
  - Determine whether further advice/assistance is needed
  - Determine whether the incident is reportable to **HSE** and if so ensure that this is done via the SHaW Team
  - Maintain a record of events and carry out an investigation into the cause.

## **G. CONTRACTS**

### **G.1 General Duties**

For work carried out on Council premises, the Council has a duty to ensure that its employees have a safe place of work. In order to fulfil this requirement the Commissioning Officer must take steps to ensure that the contractor;

- is competent to carry out the work safely
- has included the necessary safety measures to protect occupants of the premises in planning and costing the work.

The Management of Health and Safety at Work Regulations requires two or more employers on the same premises to co-operate, co-ordinate and communicate their activities to ensure that Contractors brought onto the premises are provided with information on risks to health and safety on the premises and measures taken by the host to control the risks.

To comply with these duties and to enable the Contractor to plan and cost the work effectively for safety, the Commissioning/Supervising Officer or CDM Co-ordinator (if the job is subject to the CDM Regulations) **must**:

- ensure so far as is reasonably practicable that the Contractor is provided with sufficient information to work safely
- ensure that the Contractor clearly specifies the precautions, which will be taken to control risks
- agree the required precautions with the Contractor
- monitor the work of the Contractor to ensure that safeguards are properly managed and remain effective

The Council also has a duty to ensure that employees of Contractors are not endangered by the way Council staff carry out their own work. This duty will

require the Commissioning/Supervising Officer or CDM Co-ordinator to provide information to the Contractor on such matters as;

- emergency procedures in the premises
- hazardous processes in the areas of works, such as fumes or dusts emitted in the work area
- movement of people, plant or transport which could affect the Contractor's operatives

The Commissioning Officer or CDM Co-ordinator may need to consider stopping processes or removing materials from the work area before the contractor starts.

The legal duty imposed on the Council includes the cleaning, repair and maintenance of plant, machinery and building, whether such work is carried out by Council employees or independent Contractors. This duty can extend to protecting members of the public or employees of other organisations, including Contractors' staff, who may be affected by the Contractors' activities on behalf of the Council.

A similar duty relates to the safety of premises, although in some cases "control" of the premises may be the responsibility of others, (if premises are leased or shared). Matters which need to be drawn to the contractor's attention to meet this duty include;

- the location of any services
- any hazardous materials in the premises such as asbestos insulation
- contaminated ground
- fragile roof material, etc.

In addition, Commissioning Officers, CDM Co-ordinators and Premises Controllers may need to co-ordinate the activities of several Contractors on the premises to ensure they do not affect each other's health and safety.

## **G. 2 Approved contractors - Legionella**

Only approved contractors will be employed to undertake the risk assessment, management and analysis of water systems/service to minimise the risk of legionella. In addition, the legionella contractors must have their safety policy pass a CHAS assessment within the previous three years to become listed on LBB Approved Contractor Register. Such Service Providers should abide by the Legionella Control Association [Code of Conduct](#) and issue a valid certificate of Registration.

The contractors **MUST** be independent of each other in order to avoid any future conflict. Asbestos contractors are also required to submit the following

documentation for assessment:

- i) Legionella Risk Assessment
  - A declaration outlining the Contractor's experience with regard to carrying out legionella risk assessment plus two references from previous jobs.
  - The person appointed to carry out the risk assessment should be able to demonstrate that they have specialist knowledge of *Legionella* bacteria, relevant experience of water treatment and the water system(s) to be assessed, and are competent to carry out any necessary surveys, measurements and sampling (see *Clause 7 BS 8580*). For example competence can be demonstrated by CV indicating the assessor's experience and qualifications (Qualified to British Institute of Occupational Hygiene BOHS P901 Legionella Management or equivalent). A complex site might require input from more than one assessor of different expertise.
  - A Method Statement for the works.
  
- ii) Water Management Service
  - A declaration outlining the Contractor's experience with regard to the management of water systems plus two references from previous jobs.
  - Evidence of the Contractor mechanisms for ensuring staff are suitably competent.
  - A Method Statement for the works
  
- iii) Analysis Laboratories
  - A declaration outlining the Contractor's experience with regard to carrying out legionella risk assessment plus two references from previous jobs.
  - Accreditation by the UK Accreditation Service (UKAS).
  - A Method Statement for the works.

Proposed Contractors will be subject to assessment or validity of submitted documentation. The SHaW Team will carry out the CHAS assessment of legionella/water management contractors. Assessment of performance prior to, during and after the works will be carried out by the Responsible Person or nominated deputy. Inspection and/or monitoring of the Contractors performance may be carried out by the SHaW Team as required.

### **G.3 Sub-contracting - requirements placed on main contractor or consultants**

Where legionella management is to be undertaken by Sub-Contractors who are managed by a Principal Contractor or where Consultants are employed to manage Contractors, the Commissioning Officer responsible for the project must ensure - through contract documentation with the Principal Contractor or Consultant - that they are provided with a copy of this document and that they apply the standards contained within this document. In addition, the Supervising Officer must remind the Principal Contractor or Consultant that only Council approved contractors are allowed to undertake these works.

## **H. LEGAL PROVISIONS**

There are no specific regulations concerning the control of Legionella bacteria, but a Approved Code of Practice (ACOP) L8 and BS 8580 was published which collates material that must be complied with unless anyone in breach of health and safety law can prove that they have complied in some other equivalent way.

### **H.1 HEALTH AND SAFETY AT WORK ETC ACT 1974**

Both the general and more specific duties on employers and occupiers of premises to protect the health of employees and other persons apply in the case of the risk of a person being exposed to the Legionella bacteria.

### **H.2 CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH (COSHH) REGULATIONS**

Legionella pneumophila, listed as a biological agent, under in the regulations is defined as a 'substance hazardous to health'. Employers therefore need to undertake a health risk assessment wherever employees and others may be exposed to risks of contracting the disease.

Other duties on employers with respective preventing or controlling exposure are;

- Regulation 8 - Use of control measures
- Regulation 9 - Maintenance, examination and testing of control measures
- Regulation 10 - Monitoring exposure
- Regulation 11 - Health surveillance
- Regulation 12 - The provision of information, instruction and training for employees apply.



### **H.3 NOTIFICATION OF COOLING TOWERS AND EVAPORATIVE CONDENSERS REGULATIONS 1992 (NECTR)**

The NECTR regulations require the notification to local authorities of wet cooling towers and evaporative condensers, which are components of many air conditioning systems found in large buildings, and of industrial cooling towers. Knowledge of the whereabouts of such equipment is of particular help to local authorities in the investigation of outbreaks of Legionnaires' disease. Notification entails completion of a standard form available from the local authority. Any changes to the information supplied in the form must be notified within one month. The local authority must also be informed, as soon as is reasonably practicable, when equipment ceases to be operational.

#### **i) Required Information on a Notification Form**

- The name of the operator and the address of the premises where the cooling towers and evaporative condensers are situated
- The number of such devices on site
- The name, address and telephone number of the person who has control of the premises
- Brief information on the whereabouts in the premises of the equipment

#### **ii) Checks to Enable Compliance with NECTR:**

1. Is there an evaporative condenser in operation in the workplace? Yes - go to (3) No - go to (2)
2. Is an air conditioning system of any sort in operation in the workplace? Yes - go to (3) No - go to (9)
3. Are you the person in control of the premises? Yes - go to (4) No - go to (7)
4. Does the system involve the use of wet cooling towers or the use of a heat exchanger cooled by contact with water passing through a stream of air? Yes - go to (5) No - go to (8)
5. Is the water exposed to air and are the water and electrical supplies connected to the system? Yes - go to (6) No - go to (9)
6. Have you notified the enforcing authority on an HSE approved form? Yes - go to (9) No - go to (10)
7. As a responsible employer, raise the matter with the landlord
8. No notification is necessary
9. No further action necessary but any changes must be notified within 28 days
10. Raise suggested Notification letter

## Appendix I

## Guidance on Legionella at Work

### What Is Legionella Disease?

Legionnaires' disease is a potentially fatal form of pneumonia which can affect anybody, but which principally affects those who are susceptible because of age, illness, immunosuppression, smoking etc.



### How do people get it?

Legionella bacteria are widespread in nature, mainly in water, for example ponds. Outbreaks occur from water systems where temperatures are warm enough to allow growth of the bacteria, for example in air conditioning cooling towers, evaporative condensers, whirlpool spas and sometimes water supplies in buildings. People catch Legionnaires' disease by inhaling small droplets of water suspended in the air, which contain the bacteria. Most people exposed to legionella do not become ill, and Legionnaires' disease does not spread from person to person.



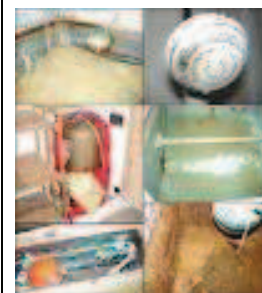
### What are the symptoms?

The symptoms of Legionnaires' disease are similar to those of flu: high temperature, fever and chills; cough; muscle pains; and headache. In a bad case there may also be pneumonia, and occasionally diarrhoea and signs of mental confusion.



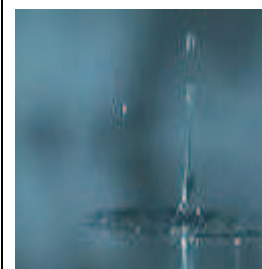
### Conditions that increase the risk from legionella

- Suitable temperature for growth, 20 to 45°C (at temperatures above 37°C the rate of multiplication increases, but ceases at 46°C. Below 37°C, it decreases and becomes insignificant below 20°C);
- A source of nutrients for the organism, e.g. sludge, scale, rust, algae, and other organic matter;
- The level of stagnation of water in the system; and
- A way of creating and spreading breathable droplets, e.g. the aerosol created by a cooling tower, spa pool, spray.



### Where does it come from?

Legionella bacteria are widespread in nature, mainly living in natural water systems, e.g. rivers and ponds. However, the conditions are rarely right for people to catch the disease from these sources. Outbreaks of the illness occur from exposure to legionella growing in purpose-built systems where the water is maintained at a temperature high enough to encourage growth, e.g. cooling towers, evaporative condensers, spa pools, and hot water systems used in all sorts of premises (work and domestic). Most community outbreaks in the UK have been linked to installations such as cooling towers, which can spread droplets of water over a wide area. These are found as part of air-conditioning and industrial cooling systems. Fatal cases of Legionnaires' disease have also been associated with spa pool demonstrations.



### What measures are there to control legionella?

To prevent exposure to the legionella bacteria, the Chief Executive must comply with legislation that requires the management, maintenance and treatment of water systems in LBB premises. This includes, but is not limited to, appropriate water treatment and cleaning regimes. This responsibility is delegated to the "Responsible Person" who commissions the service of an approved competent contractor to manage the water systems on the Councils behalf.

Each premises must have a legionella risk assessment that should detail the scheme of works and measures to minimise the risk of legionella. This forms part of the water service log book that should be constantly updated with monthly water temperature measurements at various outlets points and contain emergency contact details of the Contractor and Responsible Person, an up to date plan of the water system (initialled & dated), scheme of works, certificate of disinfections, TMV in/out water temperatures, Contractor risk assessments and COSHH data sheets.

