Item: 8

Policy and Resources Committee: 16 February 2021.

Health and Safety Policy.

Report by Executive Director of Development and Infrastructure.

1. Purpose of Report

To consider the updated Health and Safety Policy.

2. Recommendations

The Committee is invited to note:

2.1.

That a Health and Safety Policy is a statutory requirement in accordance with the Health and Safety at Work etc Act 1974.

2.2.

That, since the Health and Safety Policy was last approved in July 2018, the Council has implemented a health and safety system based upon the Health and Safety Executive's HSG65 "Managing for Health and Safety", with a view to reducing the number of health and safety related policies and subsuming them as guidance associated with the overarching Health and Safety Policy.

2.3.

The associated guidance relating to the undernoted matters, attached as Appendices 3 to 6 to this report, which will be subsumed into the revised overarching Health and Safety Policy as operational guidance:

- Risk Assessment Guidance.
- Control of Substances Hazardous to Health Guidance.
- Display Screen Equipment Guidance.
- Adverse Event Reporting and Investigation Guidance.

It is recommended:

2.4.

That the Health and Safety Policy, attached as Appendix 1 to this report, be approved.

3. Health and Safety Policy

3.1.

The Health and Safety at Work etc. Act 1974 requires every employer (exempt if less than 5 employees) to prepare, and revise as necessary, a written statement of their safety policy.

3.2.

Since the last health and safety policy was approved in July 2018, the Council has agreed to put in place, implement and maintain a health and safety system based upon the Health and Safety Executive's HSG65 "Managing for Health and Safety".

3.3.

Through the proposed change to the Council's Health and Safety Management System, the Safety and Resilience Service intend on reducing the number of health and safety related policies and subsuming them as guidance associated with the overarching Health and Safety Policy.

3.4.

The guidance, attached as Appendices 3 to 6 to this report, underpin the proposed retractions from the current Health and Safety Policy and relate to operational issues. Accordingly, unlike the extant policy, the guidance documents do not require formal approval and will be updated as required, with further guidance included as and when required and developed.

3.5.

The Policy and associated guidance was agreed by the Senior Management Team on 1 December 2020 and the Trade Unions were consulted through HR and at the Trade Union Meeting on 16 December 2020, and no comments were made regarding the attached Policy and associated guidance.

4. Human Resource Implications

The Health and Safety Policy sets out the legislative responsibilities of the Council, Chief Executive, Executive Directors, Heads of Service, Managers as well employees.

5. Equality Impact Assessment

An Equality Impact Assessment has been undertaken and is attached as Appendix 2 to this report.

6. Corporate Governance

This report relates to the Council complying with governance and its duties as an employer and therefore does not directly support and contribute to improved outcomes for communities as outlined in the Council Plan and the Local Outcomes Improvement Plan.

7. Financial Implications

There are no financial implications arising directly from this report.

8. Legal Aspects

The Health and Safety at Work etc Act 1974 places duties on the Council and sets out the Council's responsibilities. In particular, Section 2 of the Act states among other matters that "it shall be the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all its employees" and, except in prescribed cases, "it shall be the duty of every employer to prepare and as often as may be appropriate revise a written statement of its general policy with respect to the health and safety at work of its employees and the organisation and arrangements for the time being in force for carrying out that policy, and to bring the statement and any revision of it to the notice of all of its employees."

9. Contact Officers

Gavin Barr, Executive Director of Development and Infrastructure, Email: gavin.barr@orkney.gov.uk

Hayley Green, Head of IT and Facilities, Email: hayley.green@orkney.gov.uk.

Les Donaldson, Safety and Resilience Manager, Email: les.donaldson@orkney.gov.uk.

Alan Tait, Safety and Resilience Officer, Email: alan.tait@orkney.gov.uk.

10. Appendices

Appendix 1: Health and Safety Policy.

Appendix 2: Equality Impact Assessment.

Appendix 3: Risk Assessment Guidance.

Appendix 4: Control of Substances Hazardous to Health Guidance.

Appendix 5: Display Screen Equipment Guidance.

Appendix 6: Adverse Event Reporting and Investigation Guidance.

Appendix 1

ORKNEY
ISLANDS COUNCIL

Health and Safety Policy

Contents.

Document Control Sheet.

Review / approval history.

Date.	Name.	Position.	Version Approved.
TBC.	General Meeting of the Council.	n/a.	Version 1.0.

Change Record Table.

Date.	Author.	Version.	Status.	Reason.

1. Statement of Intent

Our Health and Safety Policy is to:

- Put in place, implement and maintain a health and safety management system based upon the Health and Safety Executive's HSG65 "Managing for Health and Safety". The Council will use the Plan, Do, Check, Act process for ensuring continual improvement.
- Prevent accidents and cases of work-related ill health.
- Investigate adverse events.
- Identify, assess and provide adequate control of occupational health and safety risks arising from our work activities, ensuring risks are dealt with sensibly, responsibly and proportionately to eliminate or minimise risks.
- Provide clear instructions, information, adequate training and supervision to ensure employees are competent to do their work, and services are delivered without risk to health.
- Maintain arrangements for the co-ordination and co-operation with other employers where employees or clients are in shared premises, facilities or activities with persons working in other organisations.
- Provide personal protective equipment.
- Engage and consult with our employees on matters affecting their health and safety.
- Provide and maintain safe plant and equipment.
- Ensure safe use, handling, storage and transportation of articles and substances.
- Maintain safe and healthy working conditions.
- Implement emergency procedures, including evacuation in case of fire or other significant incidents.
- Review and revise this policy and associated guidance biennially.

Signed:

Date:

Review Date:

2. Responsibilities for Health and Safety

2.1. Chief Executive's Responsibilities

The Chief Executive, so far as is reasonably practicable, is responsible for ensuring the health, safety and welfare at work of all Council employees and others who may be affected by the Council's work operations. This will be achieved by:

- Ensuring that adequate resources are made available to enable the Council's policy to be implemented and to address any exceptional and / or urgent issues that arise when Council Services have exhausted all avenues within their power e.g. process for use of the Chief Executive's emergency powers and / or other processes for escalation.
- Ensuring that health and safety is an integral part of the overall management culture and developing a positive attitude to health and safety among employees by visibly demonstrating personal commitment to achieving a high standard of health and safety performance.
- Appointing competent persons to assist the Council to apply the provisions of health and safety legislation.
- Ensuring the establishment and maintenance of health and safety management systems within Services, which will ensure the assessment of risks and the effective planning, organisation, control, monitoring and review of the preventative and protective measures necessary to control the risks.

Whilst the Chief Executive retains responsibility for Health and Safety within the Council practical day to day responsibility for enacting this Policy is delegated to Executive Directors, Heads of Service and line managers for areas under their control.

2.2. Executive Directors' Responsibilities

Executive Directors are, so far as is reasonably practicable, responsible for ensuring the health and safety and welfare at work of all employees in their respective Services. They should:

- Prepare and revise as necessary, service management arrangements which set out the organisation and arrangements within the Service through which the Council's Health and Safety Policy will be implemented.
- Ensure that adequate resources are made available to enable the service management arrangements to be implemented. Where this is not possible Council services should engage with the Chief Executive on issues.
- Visibly demonstrate commitment to achieving a high standard of health and safety performance within their services and develop a positive attitude to health and safety among employees.
- Implement health and safety management systems within services, which will ensure the assessment of risk and the effective planning, organisation, control, monitoring and review of the preventative and protective measures necessary to eliminate or control the risks.
- Assist the Council's Safety and Resilience Manager to prepare an annual report evaluating the health and safety of each service.
- Assist the Council's Safety and Resilience Manager to prepare a biennial plan targeting health and safety improvements within each service.
- Executive Directors must implement systems through service management teams to ensure that all adverse events occurring in relation to their service's work activities are

recorded and investigated in accordance with the Adverse Event and Investigation Reporting Guidance.

An Executive Director will be appointed by the Senior Management Team (SMT) as the 'Health and Safety Director' in accordance with Health and Safety Commission guidance.

2.3. Head of Service Responsibilities

Heads of Service are, so far as is reasonably practicable, responsible for ensuring the health and safety and welfare at work of all employees in their respective services. They are / should:

- Responsible for the implementation, maintenance and monitoring the health and safety policy arrangements within their service at an operational level.
- Ensure key occupational health and safety risks related to their service delivery and work tasks are identified and eliminated, reduced or controlled.
- Ensure proper control, including management, of contractors' activities.
- Represent management at health and safety committees.
- Ensure the availability of accurate and accessible information on the incidence and of work-related accidents and occupational ill-health, with the setting of clear priorities, targets and strategies for their reduction.
- Ensure effective management of employee workload to ensure that an appropriate balance is struck between work and life outside.
- Nominate responsible persons for delegated health and safety duties in establishments including a premises responsible person. Ensure mechanisms are in place in shared premises for the communication and co-ordination with defined roles and responsibilities.
- Implement systems to ensure that all adverse events occurring in relation to their area of the service's work activities are recorded and investigated in accordance with the Adverse Event and Investigation Reporting Guidance.
- Ensure effective discussion and communication of health and safety issues and performance at health and safety committees, senior management and workplace meetings.
- Undertake assessment of the effectiveness of health and safety management within their related service. Ensuring that compliance checks on the health and safety management systems are received and corrective action implemented.

2.4. Line Managers' Responsibilities

Line Managers are, so far as is reasonably practicable, responsible for ensuring the health and safety and welfare at work of all employees under their responsibility. They are / should be:

- Responsible for the implementation, maintenance and monitoring of the health and safety policy arrangements in their area of responsibility.
- Responsible for ensuring that appropriate health and safety arrangements are in place, ensuring that any health and safety responsibilities delegated to staff within their area are clearly identified, relayed and undertaken.
- Undertake and ensure valid risk assessments are available, and regularly reviewed, for activities undertaken by the service and pertinent findings of risk assessments and any changes to work practices communicated to staff. These risk assessments should be

recorded and reviewed in line with the Council's Health and Safety Risk Assessment Guidance.

- Ensure the provision and maintenance of safe vehicles, plant and equipment and ensure safe handling, transportation, storage and use of substances.
- Ensure that all staff are, and remain, competent to carry out any activities required as part of their duties and responsibilities through the provision of appropriate information, instruction training and supervision.
- Responsible for recording and investigating adverse events to identify remedial actions and trends to prevent reoccurrence as set out in the Council's Adverse Event Reporting and Investigation Guidance.
- Encourage each employee to co-operate in incident and near miss prevention and to exercise personal responsibility to avoid accidents to themselves and others.
- Actively monitor and review health and safety performance and act as appropriate.
- Monitor working conditions and environment, undertake and arrange, where appropriate, referrals and health surveillance through occupational health provider.
- Implement and monitor employee attendance management, regularly review workload and working hours in line with legal requirements and corporate policy taking remedial action where necessary.
- Ensure compliance with all relevant Council guidance documents and procedures.
- Motivate and empower employees to work in a safe and healthy manner in order to encourage a positive attitude towards health, safety and welfare in the workplace.
- Ensure effective discussion and communication of health and safety issues and performance at health and safety committees, senior management, workplace meetings and discussions.
- Undertake assessment of the effectiveness of health and safety management within their related service delivery.

2.5. Employees Responsibilities

All employees will be expected to co-operate in the implementation of the Council's Health and Safety Policy by:

- Acting in the course of their employment with due care for their own safety and that of others, who may be affected by their acts or omissions at work.
- Co-operating, so far as is necessary, to enable the Council to perform any duty or to comply with any requirements, as a result of any health and safety legislation which may be in force, and in compliance with Risk Assessments, Method Statements etc. and as instructed by a line manager or other appropriate delegated person.
- Using correctly all work items provided by the Council in accordance with the training and the instructions they receive to enable them to use the items safely.
- Informing the Council without delay of any work situation which might represent a serious or imminent danger.
- Notifying their line manager or other appropriate delegated person of any shortcomings in health and safety arrangements, even when no immediate danger exists, so that the Council can take remedial action if needed. This would include reporting any near-miss incidents.
- Not to compromise the health and safety of persons working with or around them through negligent acts or omissions.

- Completing all the required online iLearn health and safety training modules, including refresher training at the appropriate intervals, as well as any other training required by the Council.
- Taking reasonable care of their own health and safety.
- Using any personal protective equipment (PPE) as instructed and reporting any lost PPE or PPE with obvious defects prior to starting work that requires the use of that PPE.

2.6. Safety and Resilience Manager

The Safety and Resilience Manager will:

- Provide competent occupational health and safety advice to members of the Council, Corporate Management Team, operational line management and employees.
- Provide up to date information on changes to legislation.
- Develop corporate policy, procedures and guidance that will ensure compliance with statutory requirements and applicable codes of practice.
- Co-ordinate, interpret, progress enquiries from enforcing authorities and support Directorates in addressing actions.
- Independently assess health and safety management system compliance within the organisation.
- Undertake proactive and reactive monitoring, analysis and evaluation of health and safety performance to check compliance and identify remedial actions.
- Prepare of an annual corporate health and safety management report and a biennial improvement plan intended to ensure that safety standards are raised or maintained throughout the Council.
- Actively promote and develop a positive health and safety culture within the organisation.
- Assist in the enhancement of the organisations occupational health and safety management system to improve health and safety performance within the organisation.
- Identify and implement proactive health and safety workplace initiatives and campaigns.

3.0. Arrangements for Health and Safety

3.1. Risk Assessments

The identification and assessment of risks associated with all activities of the Council with the aim of eliminating or controlling the risks, so far as is reasonably practicable shall be undertaken through the production of health and safety risk assessments.

The Council's Health and Safety Risk Assessment Guidance provides further details and a template for completion of all risk assessments.

3.2. Training

Executive Directors are responsible for ensuring that their employees receive all relevant health and safety training as deemed necessary for them to carry out their work duties in a safe manner.

Senior officials (e.g. the Health and Safety Elected Member, the Chief Executive, Executive Directors and Heads of Service) should receive Health and Safety training and

refresher training, as appropriate, to enable appreciation and discharge of both their organisation's and personal responsibilities for health and safety.

Managers and supervisors should also receive relevant Health and Safety training in relation to their respective areas of work so that they can ensure statutory compliance.

All staff should receive suitable health and safety training in relation to the hazards and risks identified, by risk assessment, in their place of work.

Corporate Services devise, implement and make available corporate health and safety training programmes to staff.

Council services are responsible for ensuring that service specific specialist training is made available to staff.

The following is recommended as a starting point criterion for general Health and Safety training at Orkney Islands Council:

- Executive Directors, Heads of Service and Head Teachers of schools with Business Managers – IOSH Leading Safely or IOSH Health and Safety for Senior Executives.
- Elected Member with special Health and Safety responsibility - IOSH Leading Safely or IOSH Health and Safety for Senior Executives.
- Service managers, Team managers, School Business Managers, managers of predominately medium to high risk work operations – IOSH Managing Safely.
- Office Managers, managers of predominately low risk work operations – IOSH Working Safely.
- Supervisors and key workers identified by risk assessment as requiring general health and safety competency – IOSH Working Safely.
- Employees with the responsibility for carrying out health and safety risk assessments – IOSH Working Safely plus additional 'in house' risk assessment training.
- All Employees – iLearn Core Health and Safety and Wellbeing; iLearn Fire Safety Awareness; iLearn Manual Handling; plus job specific training as required by risk assessment and as essential development as identified by Performance Review.

The above iLearn courses must be completed as part of the induction process and refreshed accordingly. (Fire Safety Awareness – annually and the remainder – two yearly).

Through the annual budgetary process, the Senior Management Team, and ultimately the Council, are responsible for ensuring that funding is in place to facilitate all necessary health and safety training.

3.3. Consultation

The Council will consult with its staff through a series of formats. Each service will hold Management meetings at which health and safety will be a standing agenda item.

The main Council Offices at School Place, Kirkwall will have a quarterly Health and Safety Forum where health and safety issues within the building are discussed.

3.4. The Health and Safety Committee

The law sets out important duties relating to Health and Safety arrangements and engagement.

The Management of Health and Safety at Work Regulations 1999, Section 5 states:

(1). Every employer shall make and give effect to such arrangements as are appropriate, having regard to the nature of his activities and the size of his undertaking, for the effective planning, organisation, control, monitoring and review of the preventive and protective measures.

(2). Where the employer employs five or more employees, he shall record the arrangements referred to in paragraph (1).

The Safety Representatives and Safety Committees Regulations 1977 (as amended) and the Health and Safety (Consultation with Employees) Regulations 1996 (as amended) will apply to all services within Orkney Islands Council.

The Health and Safety Executive Approved Code of Practice L146, (2nd edition, 2014) will provide further guidance on these arrangements and compliments HSE HSG263 – Involving your workforce in health and safety.

The principal objective of the Orkney Islands Council Safety Committee will be the promotion of co-operation between the Council and its employees in investigating, developing and carrying out measures to ensure the health and safety at work of employees.

The terms of reference of the Safety Committee have been agreed and are contained within the constitution which is available in the health and safety section of the Council's Intranet. The main duties will be:

- To study accidents, incidents, and notifiable diseases, statistics and trends, so that reports can be made to management on unsafe and unhealthy conditions and practices, together with recommendations for corrective action.
- To examine safety audit reports on a similar basis.
- To consider reports and factual information provided by inspectors of the enforcing authority under the Health and Safety at Work Act 1974.
- To consider reports which Safety Representatives might wish to submit.
- To assist in the development of works safety rules and safe systems of works.
- To monitor the effectiveness of the safety content of employee training.
- To provide a link with the appropriate inspectorates of the enforcing authority.

3.5. Safety Representatives

The Council will consult safety representatives appointed by the relevant trade unions with regard to:

- Introduction of measures which may substantially affect the health and safety of employees.
- Arrangements for appointing competent health and safety advisers and persons to implement emergency procedures.
- Provision of health and safety information required under the relevant statutory provisions.
- Provision of health and safety training required under the relevant statutory provisions.

- The health and safety consequences of new technologies introduced into the workplace.

The Council will provide such facilities and assistance as safety representatives may reasonably require to carry out their functions.

Safety representatives appointed by recognised trade unions will be allowed to inspect any statutory document, which the Council is required to maintain and will also be given on request any information necessary to carry out their functions.

3.5. Health and Safety Concerns

Should an employee require to raise a health and safety concern, the procedure detailed below should be followed:

- **Stage 1**. Raise concern with Supervisor. If not resolved:
- **Stage 2**. Raise concern with Manager. If not resolved:
- **Stage 3**. Raise concern with Safety Representative. If not resolved:
- **Stage 4**. Health and Safety Representative should raise with relevant line management and if not resolved can raise concerns at the relevant health and safety committee or Management Team. If the matter is not resolved after three meetings:
- **Stage 5**. Matter is referred to the corporate Health and Safety Committee.

At any stage during this process, any employee / safety representative can contact the Safety and Resilience service for further guidance.

Processes or jobs where health and safety concerns that could result in loss of life or major injuries are identified, should be immediately stopped until Senior Management and Safety and Resilience service can advise.

3.6. Evacuation

The management of fire within council workplaces will be undertaken in line with corporate policy, procedure and guidance. Each establishment will produce a local Fire Safety Policy and Emergency Fire Action Plan that will ensure arrangements are in place for the maintenance of fire safety measures and any required emergency evacuation.

The fire risk assessment programme will be managed by the Safety and Resilience Manager. Fire risk assessments will be undertaken and provided to services for action and retaining on the premise.

Appendix 2

ORKNEY
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Equality Impact Assessment

The purpose of an Equality Impact Assessment (EqIA) is to improve the work of Orkney Islands Council by making sure it promotes equality and does not discriminate. This assessment records the likely impact of any changes to a function, policy or plan by anticipating the consequences, and making sure that any negative impacts are eliminated or minimised and positive impacts are maximised.

1. Identification of Function, Policy or Plan	
Name of function / policy / plan to be assessed.	Health and Safety Policy.
Service / service area responsible.	Corporate Services – IT and Facilities.
Name of person carrying out the assessment and contact details.	Alan Tait, Safety and Resilience Officer, extension 2169. Alan.tait@orkney.gov.uk.
Date of assessment.	3 September 2020.
Is the function / policy / plan new or existing? (Please indicate also if the service is to be deleted, reduced or changed significantly).	The Health and Safety Policy (2020 revision) updates and revises previous versions to reflect the proposed changes to the health and safety management system and to ensure compliance with recent health and safety guidance and best practice.

2. Initial Screening	
What are the intended outcomes of the function / policy / plan?	That all reasonably practicable steps are taken to ensure the health, safety and welfare at work of all its employees and that the Council's responsibilities in respect of persons other than its employees are met.
Is the function / policy / plan strategically important?	No.
State who is, or may be affected by this function / policy / plan, and how.	The policy covers all services of the Council and places responsibilities on Elected Members, the Chief Executive, and Executive Directors to ensure, so far as reasonably practicable, the health, safety and welfare at work of all

	employees and others who may be affected by the Council's work operations. All employees and everyone who uses Council services will benefit from the effective and efficient application of the Health and Safety Policy
How have stakeholders been involved in the development of this function / policy / plan?	The intention to streamline the health and safety policy and ensure that it meets the requirements of HSG 65 "Managing for Health and Safety" were discussed and agreed at the Senior Management Team meeting on 14 January 2020 and the Safety Committee on 26 February 2020.
Is there any existing data and / or research relating to equalities issues in this policy area? Please summarise. E.g. consultations, national surveys, performance data, complaints, service user feedback, academic / consultants' reports, benchmarking (see equalities resources on OIC information portal).	None known that is specifically for a health and safety policy. The health and safety process involves the assessment of risk in relation to existing Council policies, plans and activities which are themselves subject to equalities assessments.
Is there any existing evidence relating to socio-economic disadvantage and inequalities of outcome in this policy area? Please summarise. E.g. For people living in poverty or for people of low income. See The Fairer Scotland Duty Interim Guidance for Public Bodies for further information.	No.
Could the function / policy have a differential impact on any of the following equality areas?	No.
1. Race: this includes ethnic or national groups, colour and nationality.	No. There is no differential impact.
2. Sex: a man or a woman.	No. There is no differential impact.
3. Sexual Orientation: whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	No. There is no differential impact.

4. Gender Reassignment: the process of transitioning from one gender to another.	No. There is no differential impact.
5. Pregnancy and maternity.	No. There is no differential impact.
6. Age: people of different ages.	No. There is no differential impact.
7. Religion or beliefs or none (atheists).	No. There is no differential impact.
8. Caring responsibilities.	No. There is no differential impact.
9. Care experienced.	No. There is no differential impact.
10. Marriage and Civil Partnerships.	No. There is no differential impact.
11. Disability: people with disabilities (whether registered or not).	No. There is no differential impact.
12. Socio-economic disadvantage.	No. There is no differential impact.
13. Isles-proofing.	No. There is no differential impact.

3. Impact Assessment	
Does the analysis above identify any differential impacts which need to be addressed?	No.
How could you minimise or remove any potential negative impacts?	Not applicable.
Do you have enough information to make a judgement? If no, what information do you require?	Yes.

4. Conclusions and Planned Action	
Is further work required?	No.
What action is to be taken?	Executive Directors must ensure, so far as reasonably practicable, the health and safety and welfare at work of employees and of others who may be affected by Council works.
Who will undertake it?	Chief Executive, Executive Directors, Heads of Service and Managers.

When will it be done?	The process of identifying and managing risk and taking steps to ensure the health and safety of people is continuous.
How will it be monitored? (e.g. through service plans).	Through the Corporate Performance and Risk Management System; by reports to the Safety Committee and Senior Management Team by the Safety and Resilience Team; by Internal Audit reports on request; annual reports to the Council's Safety Committee.

Signature:  Date: 3 September 2020

Name: ALAN TAIT (BLOCK CAPITALS).

Please sign and date this form, keep one copy and send a copy to HR and Performance. A Word version should also be emailed to HR and Performance at hrsupport@orkney.gov.uk

ORKNEY
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Risk Assessment

Guidance

Contents.

Document Control Sheet.

Review / approval history.

Date.	Name.	Position.	Version Approved.
10 December 2019.	Senior Management Team.	N/A.	Version 1.0

Change Record Table.

Date.	Author.	Version.	Status.	Reason.
December 2019.	Les Donaldson	1.0.	Final.	Reviewed and updated earlier version.

1. Introduction

This guidance should be read in conjunction with the Health and Safety Policy.

The process of risk assessment underpins all current health and safety legislation. It is a process of determining what hazards exist in the workplace, the likelihood of harm occurring and the need for appropriate control measures. The following guidance has therefore been produced to give practical advice on the implementation of the risk assessment process throughout Orkney Islands Council.

2. Legal Duties

Orkney Islands Council, having more than 5 employees, has a legal duty contained within the Management of Health and Safety at Work Regulations 1999 to record all risk assessments.

All employees are responsible for ensuring they take reasonable care for the health and safety of themselves and of other persons who may be affected by his acts or omissions at work.

Employees with line management responsibility will have a duty to ensure risk assessments are carried out, recorded and that they capture risks which can be reasonably foreseen.

Heads of Service will ensure risk assessments are completed and reviewed in respect of all services within their responsibility. They will be expected to put measures in place to ensure risk assessments are reviewed regularly in accordance with this, or other associated guidance.

Executive Directors will ensure a register is held centrally for all risk assessments contained within their Services. Each register will include a record of the service, the risk assessment, its author, date of completion and review date.

3. Five Steps to Risk Assessment

The HSE promotes the use of a 5-step approach to the process of risk assessment. These are:

1. Identify the hazards.

2. Identify who might be harmed.

3. Evaluate the risk and decide on controls.

4. Record the findings.

5. Review the risk assessments.

In this guidance, we have split the third step into three stages:

- List existing controls.
- Calculate the residual risk.
- Determine further control measures (if necessary).

Before commencing the process, it is important to understand the meaning of the terms "Hazard" and "Risk" as follows:

Hazard - is anything that can cause harm (e.g. electricity, fire, chemicals).

Risk - is the likelihood of harm occurring.

Step 1: Identify the hazards

In the initial stage of the process the assessor would be expected to walk around the workplace or look at the task and take a fresh look at what could reasonably be expected to cause harm. Every effort should be concentrated on hazards which could result in significant harm or may affect several people, although all hazards must be recorded at this stage. When listing hazards, it is useful to consult with other employees in the workplace who may have noticed things which you have not.

Reference should also be made to manufacturers' operating instructions, hazard data sheets or health and safety guidance which should clearly indicate the hazard, a machine or chemical may be present.

Accident and/or ill health records may also help to identify particular hazards associated with a workplace or work activity.

In general terms however the following examples may prove useful:

- Slipping / tripping hazards (e.g. poorly maintained floors or stairs; ice or snow).
- Fire (e.g. from flammable materials).
- Dust (e.g. from wood working).
- Fumes (e.g. welding).
- Manual handling/Moving and handling.
- Noise / Vibration.
- Poor heating, lighting, ventilation.
- Violence and aggression.
- Electricity (e.g. poor wiring).
- Chemicals (e.g. cleaning materials).
- Moving parts of machinery.
- Work at height (e.g. from ladders etc).
- Lone working.
- Biological (clinical waste).
- Vehicles.

An example of the form of recording this and other information in the risk assessment process is given in Appendix 1.

Step 2: Decide who might be harmed and how

When considering who might be harmed there is no need to list individuals by name, it is more appropriate to list groups of people doing similar work or who may be similarly affected by a particular work activity.

It is important to consider people who may not be in the workplace all the time e.g. visitors and contractors etc.

Particular attention should be given to those who may be more vulnerable e.g. staff with disabilities and lone workers etc.

The following list may therefore prove useful at this stage:

- Office staff.
- Maintenance personnel.
- Contractors.
- Operators.
- Cleaners.
- Members of the public (including clients, service users and pupils).
- People sharing the workplace.
- Pregnant women or new mothers.
- Staff with disabilities.
- Visitors.
- Young or inexperienced staff.
- Lone workers.

Step 3a: List existing controls

At this stage information should be provided on the steps that have already been taken to control a particular risk.

It may be necessary to provide details of information, instruction or training provided in relation to a "safe system of work". In this respect reference may need to be made to written procedures and operating manuals etc.

When considering the adequacy of existing control measures, it is important to determine whether:

- They meet the standards set by a legal requirement (ie prevent access to dangerous parts of machinery).
- They comply with a recognised industry standard.
- They represent good practice.
- They reduce the risk as far as is reasonably practicable.

The effectiveness or even lack of existing control measures will have a bearing on the calculation of residual risk in Step 4.

Step 3b: Calculate the residual risk

The method involves making two judgements, one on the potential **Severity** of any possible injury and the other on the **Likelihood** of the hazardous event occurring. Both judgements are on a scale of 1 to 5 as follows:

Likelihood / Severity Definitions:	
Likelihood	
Very Unlikely (1)	There's a 1 in a million chance of the hazardous event happening.
Unlikely (2)	There's a 1 in 100,000 chance of the hazardous event happening.
Fairly likely (3)	There's a 1 in 10,000 chance of the hazardous event happening.
Likely (4)	There's a 1 in 1,000 chance of the hazardous event happening.
Very likely (5)	there's a 1 in 100 chance of the hazardous event happening.
Severity	
Insignificant (1)	No injury.
Minor (2)	Minor injuries leading to first aid.
Moderate (3)	Up to three days' absence.
Major (4)	More than seven days' absence.
Catastrophic (5)	Death.

Risk Matrix

Likelihood/Severity	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare (1)	1	2	3	4	5

Low = 1 to 2		No action required.
Low = 3 to 6		Look to improve at next review of if there is a significant change.
Medium = 8 to 12		Remedial action required as soon as is reasonably practicable. The higher the risk rating, the greater the priority for action.
High = 15 to 16		Take immediate action and stop activity if necessary, maintain existing controls rigorously.
High = 20 to 25		Stop activity and take immediate action.

The risk rating is then calculated by multiplying the severity and likelihood figures.

Step 3c: Determine further control measures (if necessary)

The final stage of the third step in the process is the determination of appropriate control measures necessary to eliminate or reduce a risk to an acceptable level.

In most cases, risk ratings of 5 or more will require some action to be taken in respect of additional control. The higher the risk factor, the greater is the priority for action.

If additional control measures have been identified, a further residual risk calculation is completed to show the new reduced level of risk.

It is important to record who is responsible for putting the new risk control measure into place and when the works should be completed.

When considering the effectiveness of control measures, the following principles should be applied:

When considering the effectiveness of control measures, the following principles should be applied, with point 1 being most effective, down the point 5 being least effective.

1. Remove the hazard completely.

2. Try a less risky option.

3. Prevent access to the hazard (e.g. by guarding).

4. Organise work to reduce exposure to the hazard.

5. Issue personal protective equipment.

Reference should be made to recognised good practice, HSE guidance and legal requirements when determining whether a particular method of control is adequate.

Step 4: Record

As previously stated, it is a legal requirement that Orkney Islands Council record their risk assessments. To aid with this, the Council has produced a risk assessment format that can be found in Appendix 1.

Risk assessments should be saved on your Service's shared file area, so that all staff with computer access can see them. Where staff have no computer access, the risk assessments should be printed off and distributed. You should ensure that all your staff have seen and understand the risk assessments. All staff should sign a sheet saying that they have seen the risk assessments and this should be retained.

In future, once the Council's EDRMS (electronic document and record management system) is available, all risk assessments will be saved there.

It is important to note that risk assessments containing personal information, such as risk assessments pertaining to individual staff, residents or service users should be stored with the appropriate access controls in place.

Step 5: Review

Few workplaces stay the same. Over time new equipment, substances and procedures are introduced that could lead to new hazards. Risk assessments should therefore be reviewed regularly (at least annually).

When reviewing the risk assessment, ask the following questions:

- Have there been any significant changes to processes, equipment, procedures etc.?
- Are there improvements that could still to be made? Technology is always moving forward and new control measures come to the market regularly.
- Have your staff identified problems?
- Have any accidents or near misses occurred, what can be done to prevent recurrence?

Once reviewed, add a new review date to the risk assessment and save them in the appropriate place in the shared file area or Council's EDRMS.

Executive Directors should require managers to complete and return to them a list of risk assessments pertaining to their team's operations. Appendix 2 shows a risk assessment register that should be used.

4. Training

Those line managers and supervisors who undertake risk assessments should be appropriately trained.

Unit Managers, Team Leaders, School Business Managers, Headteachers and Managers / Supervisors of predominately medium to high-risk operations.

- IOSH Managing Safely.

Managers / Supervisors of predominately low risk operations.

- IOSH Working Safely.
- Orkney Islands Council Risk Assessment Training.

The Safety and Resilience Service provides in-house health and safety risk assessment training as part of the Learning and Development training programme. Ad hoc and tailored courses can also be run for specific council services.

5. Further guidance

Further guidance on risk assessment can be found at:

HSE's risk management pages (including templates, as well as risk assessment tools and examples): www.hse.gov.uk/risk

Health and safety made simple: The basics for your business Leaflet INDG449 HSE Books 2011 www.hse.gov.uk/pubns/indg449.htm Microsite: www.hse.gov.uk/simple-health-safety

The health and safety toolbox: How to reduce risks at work HSG268 HSE Books 2014 ISBN 978 0 7176 6587 7 www.hse.gov.uk/pubns/books/hsg268.htm Microsite: www.hse.gov.uk/toolbox7.1.

6. Safety and Resilience Team

The Safety and Resilience Team will provide advice and information to managers and services on risk assessments, control measures and general health and safety issues.

The Safety and Resilience Team will audit service's risk assessments on an annual basis.

Further information and advice on control measures and access to codes of practice etc. can be obtained by contacting the Safety and Resilience Team on extension 2169 or by email to alan.tait@orkney.gov.uk or health.safety@orkney.gov.uk.

Appendix 1: Risk Assessment Format

ORKNEY ISLANDS COUNCIL

HEALTH AND SAFETY RISK ASSESSMENT

Service:

Workplace:

Description of work activity or area of the workplace assessed:

Persons at risk from the hazards identified:

Risk assessed by: **Date risk assessed:**

Risk assessment review date: dd/mm/yyyy

Hazards	Who might be harmed? (e.g. staff, service-users public etc.)	How will they be harmed?	Existing risk control measures	Risk Evaluation (Severity X Likelihood)			Additional Control	Risk Evaluation (Severity X Likelihood)			Action by whom?	Action by when?
				S (1-5)	L (1-5)	Rating		S (1-5)	L (1-5)	Rating		

Likelihood / Severity Definitions:	
Likelihood	
Very Unlikely (1)	There's a 1 in a million chance of the hazardous event happening.
Unlikely (2)	There's a 1 in 100,000 chance of the hazardous event happening.
Fairly likely (3)	There's a 1 in 10,000 chance of the hazardous event happening.
Likely (4)	There's a 1 in 1,000 chance of the hazardous event happening.
Very likely (5)	There's a 1 in 100 chance of the hazardous event happening.
Severity	
Insignificant (1)	No injury.
Minor (2)	Minor injuries leading to first aid.
Moderate (3)	Up to three days' absence.
Major (4)	More than seven days' absence.
Catastrophic (5)	Death.

Risk Matrix

Likelihood/Severity	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
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High = 15 to 16		Take immediate action and stop activity if necessary, maintain existing controls rigorously.
High = 20 to 25		Stop activity and take immediate action.

The risk rating is then calculated by multiplying the severity and likelihood figures.

Appendix 2: Risk Assessment Register

XXXXXX Services Risk Assessments

Number	Risk Assessment	Completed by:	Date	Review Period (Years)	Next Review

ORKNEY
ISLANDS COUNCIL

Control of Substances Hazardous to Health Regulations 2002

Guidance

Contents.

Document Control Sheet.

Review / approval history.

Date.	Name.	Position.	Version Approved.
1 December 2020.	Senior Management Team.	N/A.	Version 1.0

Change Record Table.

Date.	Author.	Version.	Status.	Reason.
October 2020.	Alan Tait.	1.0.	Final.	Reviewed and extracted from Health and Safety Policy 2018 to 2020.

1. Introduction

This guidance outlines the steps to be taken by Orkney Islands Council to ensure employees or others are not exposed to substances that may damage health.

Legislation.

The Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH) are in place to protect employees and others against risks to their health from hazardous substances. They apply to hazardous substances used or created in connection with work undertaken by Orkney Islands Council. The substances can be solid, liquid, gas, fume, dust, vapour or even micro-organisms that can endanger health by being absorbed, inhaled, ingested or injected through the skin or mucous membranes.

Requirements of the Regulations.

Employees must not carry out any work which could involve being exposed to a hazardous substance unless a suitable assessment of the health risks has been carried out and adequate risk control measures have been put in place.

As an employer, the Council shall ensure that the exposure of their staff to substances hazardous to health is either prevented or, where this is not reasonably practicable, adequately controlled.

Where possible, the Council will eliminate the use of a dangerous substance or substitute it with a less dangerous one. Only when these options are not reasonably practical should Services consider other less impactive control measures.

Controls should, as far as reasonably practicable, involve control at source rather than providing personal protective equipment (PPE). Services must keep to the specific legal standards relating to the control measures for carcinogenic substances and biological agents, as relayed in regulation 7(5) and 7(6) respectively of the COSHH Regulations 2002.

2. Responsibilities

2.1. Executive Directors and Heads of Service

The responsibilities for Executive Directors and Heads of Service are as they are laid out within the Council's Health and Safety Policy.

2.2. Managers

Managers are ultimately accountable to their Executive Director and Chief Executive for compliance with this guidance within their sphere of responsibility. Managers are responsible for:

- Preparing an inventory of hazardous substances used in their area.
- Ensuring that staff members do not carry out any work which could involve them and others (e.g. members of the public, service users, clients, pupils etc) being exposed to a hazardous substance unless a suitable assessment of the health risks has been carried out and the necessary steps have been taken to adequately control the risk.
- Ensuring that all staff are aware of this guidance, understand its content and those of local and associated procedures.

- Ensuring that staff who undertake COSHH assessments are properly trained and supervised.
- Ensuring that COSHH risk assessments are reviewed regularly and in response to changes in procedures, equipment, location, type of personnel, legislation or other external requirements. Reviews should also be carried out in response to incidents, near misses, unsatisfactory environmental monitoring results or problems detected during staff health surveillance.
- Putting procedures, safeguards and safe systems of work into practice, which are designed to eliminate or reduce the likelihood of harmful exposure to hazardous substances.
- Monitoring the effectiveness of preventative measures through an effective system of reporting, investigating and recording adverse incidents.

2.3. Employees

All employees will be expected to co-operate in the implementation of the Council's Health and Safety Policy by:

- Taking reasonable care of themselves and others who may be affected by their actions.
- Co-operating by following rules and procedures designed for safe working.
- Reporting all incidents (including near misses) involving substances hazardous to health.
- Taking part in, and implementing, training designed to meet the requirements of this guidance.
- Informing their managers if they suspect that systems in place for the control of hazardous substances are ineffective or inadequate.

3.0. Training

Anyone tasked with completing a COSHH assessment must have received relevant training. The person undertaking the risk assessment should have an understanding of COSHH, be able to obtain all necessary information and have the knowledge and experience to make correct decisions about the risks and the actions needed. As a minimum staff undertaking this role should have completed the COSHH Awareness Course at Orkney College.

Evidence of completion of this course should be retained on the staff members' personnel file. The course should be repeated every 4 years.

4.0. Operational Guidance

COSHH lays down the essential requirements and step-by-step approach to avoid, or otherwise reduce, the exposure to substances hazardous to health. Substances hazardous to health are defined as:

A. Substances under Regulation (EC) No 1272/2008 on Classification Labelling and Packaging of Substances (CLP) have been assigned the following descriptive pictograms (Part 2 of Annex 1). As the official hazard statements can be somewhat obscure the text appearing under each of them has been added to help users understand the nature of the hazard more easily.

B. Substances that have been assigned a Workplace Exposure Limit (WEL).

The Health and Safety Executive has assigned a WEL on a range of commonly used hazardous substances.

A WEL is the maximum concentration of an airborne substance averaged over a reference period of time to which employees may be exposed by inhalation. WELs are set at a level beyond which there is positive evidence of adverse effects to human health and are listed in “EH40/2005 Workplace Exposure Limits”.

Correctly applying the principles of good practice will mean exposures are controlled below the WEL.

While the WEL is a limit that should not be exceeded, there is an overriding duty to ensure adequate control and to reduce exposures as far as possible. This is especially important for substances that are respiratory sensitizers, carcinogens or mutagens.

C. Biological agents which chiefly cover micro-organisms such as bacteria, viruses, fungi and microscopic parasites.

D. Dust of any kind, except dust which is a substance within paragraph A or B above, when present at a concentration in air equal to or greater than:

10 mg/m^3, as a time-weighted average over an 8-hour period, of inhalable dust; or

4 mg/m^3, as a time-weighted average over an 8-hour period, of respirable dust.

E. which, not being a substance falling within sub-paragraphs A to D, because of its chemical or toxicological properties and the way it is used or is present at the workplace creates a risk to health.

COSHH applies to a wide range of substances used directly in work activities including cleaning products, solvents, laboratory reagents, adhesives, varnishes and pesticides. COSHH also applies to substances generated during work activities, such as wood dust and fumes. Furthermore, COSHH covers naturally occurring substances such as grain dust.

However, the regulations do not apply to the following hazards that are covered by separate legislation:

- Lead.
- Asbestos.
- Radioactivity.
- High / low pressures.
- Explosion and flammable risks.

Examples of the effects of hazardous substances include:

- Skin irritation or dermatitis as a result of skin contact.
- Asthma as a result of developing an allergy to substances used at work.
- Loss of consciousness as a result of being overcome by toxic fumes.
- Cancer, which may appear long after the exposure to the substance that caused it.
- Infection from bacteria and other micro-organisms.

COSHH places a duty on the employer to undertake a risk assessment in order to determine what action needs to be taken to prevent employees (and others) from being exposed to hazardous substances used at work. In most cases, this takes the form of an activity-based risk assessment, which is supported by a manufacturer's safety data sheet (SDS) detailing the risks associated with each hazardous substance in use. For practical purposes, risk assessments should be undertaken by managers or nominated staff.

In order to comply with the regulations, the following eight steps must be followed:

- Assess the risks.
- Decide what precautions are needed.
- Prevent or adequately control exposure.
- Ensure that control measures are used and maintained.
- Monitor exposure (where appropriate).
- Carry out appropriate health surveillance (where appropriate).
- Prepare plans and procedures to deal with accidents, incidents and emergencies (where appropriate).
- Ensure that employees are properly informed, trained and supervised.

These eight steps are explained in greater detail below:

Step 1: Assess the risks

The risks to health arising from hazardous substances used in workplace activities must be assessed. It is a requirement that all substances in the workplace are identified and the risks that these substances present are considered. Assessing the risks involves making a judgement as to how likely it is that a hazardous substance will affect someone's health, considering:

- How much of a substance is used and how people could be exposed to it.
- Who could be exposed to the substance and how often this could occur.
- The means by which a substance can enter the body, namely by inhalation, ingestion or absorption through the skin.

Step 2: Decide what precautions are needed

The person(s) undertaking the assessment must be able to decide what precautions are needed to remove or reduce risks to acceptable levels. If there is no risk to health or the risk is trivial then the risk assessment can be judged to be complete. However, if there are significant risks action must be taken to protect the health of employees and others who may be affected.

Except in the most trivial instances the main findings of a comprehensive assessment should be recorded in writing using the Council's corporate form supported by detailed guidance that can be found at Appendix 1.

The assessment should be re-examined if circumstances change and reviewed in the following circumstances:

- Whenever there is reason to think it is no longer valid.
- Where there has been a significant change in the work.
- The Council recommends this is done at least annually.

The risk assessment form allows staff to indicate when the next review is planned.

Step 3: Prevent or adequately control exposure

Prevent exposure.

It is a requirement of COSHH that exposure to hazardous substances is prevented or adequately controlled. In order to prevent exposure, and if it is reasonably practicable to do so, an employer might:

- Change the process or activity so that the hazardous substance is not needed or generated (eliminate).
- Substitute the substance with a safer alternative.
- Use the substance in a safer form.

Adequately control exposure.

If prevention is not reasonably practicable, exposure must be controlled using one or more of the following measures:

- Use appropriate work processes, systems and engineering controls, and provide suitable work equipment and materials, for example use processes which minimise the amount of material used or produced or equipment which totally encloses the process.
- Control exposure at source, for example by using local exhaust ventilation (LEV) and reduce the numbers of employees exposed to a minimum, the level and duration of their exposure and the quantity of hazardous substances used or produced in the workplace.
- Provide PPE but only as a last resort and never as a replacement for other control measures.

Meaning of 'adequate control'.

'Adequate control' of exposure to a substance hazardous to health means:

- Applying the eight principles of good practice set out in schedule 2A of COSHH, further information on these eight principles is set out here on the HSE website at: https://www.hse.gov.uk/coshh/detail/goodpractice.htm.
- Not exceeding the WEL for the substance (if there is one).
- If the substance is known to cause cancer, heritable genetic damage or asthma, reducing exposure to as low a level as is reasonably practicable.

Step 4: Ensure that control measures are used and maintained

Physical controls must be kept in efficient working order and good repair. Engineering controls must be examined and, where appropriate, tested at suitable intervals. For example, LEV systems must be examined every 14 months and records kept for five years.

PPE including Respiratory Protective Equipment (RPE) must be also be checked regularly. The maintenance, examinations and tests of RPE should be in accordance with the manufacturer's instructions. Examinations should comprise a thorough visual examination of all parts of the respirator or breathing apparatus to ensure that all parts are present, correctly fitted, and the equipment is in good working order. In particular, the examination should ensure that the straps, facepieces, filters and valves are sound and in good working condition. For powered respirators, tests should:

- Be made on the condition and efficiency of those parts.
- Ensure that the battery pack is in good condition.
- Ensure that the respirator delivers at least the manufacturer's recommended minimum volume flow rate.

Thorough maintenance examinations and, where appropriate, tests of items of RPE, other than disposable respirators, should be made at suitable intervals. The frequency should increase where the health risks and conditions of exposure are particularly severe.

In situations where RPE is used only occasionally, an examination and test should be made before their next use and maintenance carried out as appropriate. The person who is responsible for managing the maintenance of RPE should determine suitable intervals between examinations. Emergency escape-type RPE should be examined and tested in accordance with the manufacturer's instructions.

Suitable arrangements should be made to ensure that no staff member uses RPE previously used by another person, unless it has been thoroughly washed and cleaned in accordance with the manufacturer's instructions.

The record of each thorough examination and test of RPE carried out should include:

- The name and address of the employer responsible for the RPE.
- Particulars of the equipment and of the distinguishing number or mark, together with a description sufficient to identify it, and the name of the maker.
- The date of examination and the name and signature or other acceptable means of identifying the person carrying out the examination and test.
- The condition of the equipment and details of any defect found, including, for canister or filter respirators, the state of the canister and the condition of the filter.
- For constant flow airline and demand valve breathing apparatus, the pressure of air / gas in the supply cylinder
- For powered respirators and breathing apparatus, the volume flow rate to ensure that they can deliver at least the manufacturer's minimum recommended flow rate.
- The results of any breathing air quality tests.

These checks should be undertaken by a competent person e.g. line manager if competent, and records of these checks should be kept on the services central file area.

Employees are required to make full and proper use of the control measures and should, in particular:

- Use the control measures provided for materials plant and processes.
- Wear, in a proper manner, the PPE provided.
- Store PPE when not in use in the accommodation provided.
- Remove any PPE before eating, drinking or smoking.
- Practise a high standard of personal hygiene and make proper use of the facilities provided for washing, showering or bathing and for eating and drinking.
- Report defects promptly.

Step 5: Monitor exposure

The concentrations of hazardous substances in the air breathed in by workers must be measured if the assessment concludes that:

- There could be serious risks to health if control measures failed or deteriorated.
- The WEL might be exceeded.
- Control measures might not be working properly.

Personal air monitoring must be sampled from the breathing zone.

In deciding the frequency of workplace exposure monitoring, the employer should take into account:

- Whether any continuous fixed-site monitoring (static monitoring) installed as part of the process control can provide information on the likely airborne exposure of employees.
- The impact of factors such as worker behaviour, worker movements and plant failures on the systems in place to control exposure.
- The potential health effects of exposure to the substances used in the workplace.
- The need to assess infrequent activities, such as maintenance, during the activity concerned.
- The need for monitoring any substances and processes listed in Schedule 5 of the COSHH Regulations at the minimum frequency that the Schedule specifies.

Wherever an exposure monitoring record contains the personal exposure monitoring data of an individual employee, the record should be kept for at least 40 years from the date the record was made.

All other types of exposure monitoring records (e.g. fixed-site monitoring) should be kept for at least five years from the date the record was made. Records should be retained on the staff member’s personnel file or the service’s central file area.

Step 6: Undertake appropriate Heath Surveillance

Health surveillance must be carried out in the following circumstances:

- Where the employee is working in one of the processes listed in Schedule 6 of COSHH (these principally involve the manufacture of extremely hazardous substances and are not likely to be encountered in local government).

- Where employees are exposed to a substance linked to a particular disease or adverse health effect and there is a reasonable likelihood under the conditions of the work of that disease or effect occurring and it is possible to detect the disease or health effect.

Health surveillance might involve examination by a doctor or trained nurse. Occupational Health appointments are arranged through HR. A health record of any surveillance carried out must be kept for at least 40 years.

Step 7: Prepare plans and procedures to deal with incidents and emergencies

This step applies where the work activity gives rise to extraordinary risks. This is not likely for most of the Council's operations.

In the event of an emergency involving a hazardous substance, the manager must take immediate steps to:

- Make the area safe.
- Minimise the effect of the event.
- Inform any staff who may be affected.
- Restrict access to the affected area to essential personnel only and provide with the necessary PPE until the situation returns to normal.

Details of emergency procedures, including a spills procedure, must be documented, communicated to staff, displayed in the workplace. In addition, it should be tested, reviewed and revised annually.

Step 8: Ensure that employees are properly informed, trained and supervised

Employees must receive suitable information and training about:

- The name and nature of the substances they work with or are exposed to and the risks created by such exposure, and access to any data sheets that apply to those substances.
- The main findings of the risk assessment.
- The precautions they should take to protect themselves and others.
- How to use PPE provided.
- The results of any exposure monitoring and health surveillance (whilst ensuring that personal confidentiality is maintained).
- Emergency procedures.

The Council's COSHH assessment form (Appendix 1) can be used to assess the majority of activities, processes and chemical products used in the services. The form contains guidance that will enable experienced staff to conduct their own straightforward risk assessments and maintain records.

Copies of all COSHH assessments should be held on the service's central file area in order to allow all staff to gain access to them. COSHH assessments should be reviewed annually, this will ensure that the least impactive chemicals are still being used for the process being assessed.

Appendix 1: COSHH Risk Assessment Form and Guidance

COSHH	**COSHH Risk Assessment No:**	ORKNEY

Service:	Establishment/Team:
Are non-hazardous alternatives available *(If yes, use non-hazardous alternative. COSHH assessment therefore not necessary)*	Yes/No
Name of substance, manufacturer and safety data sheet reference:	
Describe the activity or process *(include how long and how often this is carried out and the quantity of substance used. A copy of a current safety data sheet (SDS) for the substance should be attached to this assessment and cross-referenced when completing it).*	
Specify where the activity or process is being carried out	
Identify the persons at risk:	Employees *(including trainees)* ☐ Contractors ☐ Public *(including students)* ☐

Hazard(s)

Physical Nature of Hazard - SDS Section 9.1

☐ Liquid	☐ Dust	☐ Solid	☐ Fume	☐ Mist	☐ Vapour	☐ Gas	☐ Other (state) _____

Classification of Hazard - SDS Section 2.2

 Moderate hazard	 Acute(r) toxic	 Corrosive	 Health hazard	 Flammable	 Oxidising	 Explosive	 Gas under pressure	 Harmful to the aquatic environment
☐	☐	☐	☐	☐	☐	☐	☐	☐

Risk(s)

Signal Word - SDS Section 2.2	Add Hazard Statement(s) - SDS Section 2.2
Warning ☐ **Danger** ☐	

Route of Exposure - SDS Section 2.2

☐ Inhalation	☐ Ingestion	☐ Skin Contact	☐ Contact with Eyes	☐ Other (state) _____

Risks to Health – Most Important Symptoms and Effects - *Refer to safety data sheet (attached)* SDS Section 4.2

Workplace Exposure Limits (WELs) *please indicate n/a where not applicable* – SDS Section 8.1

Long-term exposure level (8hrTWA):	Short-term exposure level (15 minutes):

Control Measures: *(for example extraction, ventilation, training, supervision)* - SDS Section 8.2

First Aid: Recommended Actions - SDS Section 4.1

Inhalation:

Ingestion:

Skin Contact:

Contact with Eyes:

Other: n/a

Is health surveillance or monitoring required?	Yes ☐	No ☐

Personal Protective Equipment *(state type and standard)* - SDS Section 8.2

 Dust Mask ☐		 Visor ☐	
 Respirator ☐		 Goggles ☐	
 Gloves ☐		 Overalls ☐	
 Footwear ☐		 Other ☐	

Storage Arrangements - SDS Section 7.2

Disposal of residual waste and Containers - SDS Section 13.1 and guidance

Hazardous Waste ☐ Skip ☐ Return to Depot ☐ Return to Supplier ☐ Other (state) ☐

(If Other Please State):

Firefighting measures, accidental release measures, toxicological information and ecological information are provided in the safety data sheet (attached).

Is exposure adequately controlled?	Yes ☐	No ☐

Risk Rating After Implementation of Control Measures (see guidance)

High ☐ **Medium** ☐ **Low** ☐

Assessed by:	Date:	Review Date:

Guidance on Completing the COSHH Risk Assessment Form.

Field.	**Information needed.**
Risk assessment number.	Enter a suitable identification number.
Service.	Enter the name of the Service.
Establishment / Team.	Enter the name of the establishment / team carrying out the activity or process.
Name the substance involved, the manufacturer and the safety data sheet reference number.	Give the name of the substance being use and its manufacturer. In most cases there will only be one substance involved. If more than one is being used, complete a separate assessment sheet with the same reference number and a suitable additional suffix, such as a, b, c etc. A safety data sheet (SDS) provides important information on many aspects of the substance in use. It is important that a current up-to-date version (conforming to the CLP Regulation) is attached to the risk assessment. Give the data sheet number and date of publication, if known, for example: Leoclean SDS 75 20/10/14. Do not enter the address of the product's manufacturer, as this information is in the safety data sheet and reproducing it at this point takes up unnecessary space.
Describe the activity or work process.	Give a simple description of what the activity or process is, for example cleaning floors and walls. State any equipment used in carrying out the activity or process, for example cloth, spray or tank and the quantity of the substance in use. Where the process involves more than one substance, verify that all of them are compatible with each other. Manufacturers should be consulted to verify that there will be no adverse reaction between the substances to be used in the process. In some cases, it may not be acceptable even to store incompatible substances together.
Specify where the activity or process is being carried out.	State exactly where the activity or process is taking place, for example Maintenance Workshop Number 2.
Identify the persons at risk.	Tick the appropriate boxes.
Physical nature of hazard (SDS Section 9.1).	Identify the physical nature of the hazard that is involved in or arising from the particular process. Tick all boxes that apply, for example liquid, dust, vapour.
Classification of hazard (SDS Section 2.2).	Tick the relevant boxes to indicate the appropriate categories that apply after referring to the safety data sheet and / or container.
Signal word (SDS Section 2.2).	Tick the relevant box. There are two signal words: 'Warning' and 'Danger'; only one will apply.
Hazard statement (SDS Section 2.2).	Enter the Hazard Statement(s) from the SDS. Only cite the H phrases; do not write the H or EUH numbers.

Field.	Information needed.
Risks to health – Most important symptoms and effects (SDS Section 4.2).	Pertinent information relating to the most important acute and chronic symptoms and effects experienced when engaged in the process / activity or arising from the use of the substance is usually given in the first aid section of the safety data sheet, under heading 4.2.
Workplace Exposure Limits (WEL) (SDS Section 8.1).	Check the manufacturer's safety data sheet to see if the substance has been assigned a WEL. If it has, the long-term and short-term limits should be stated. In some instances, workplace monitoring may be necessary.
Control Measures (SDS Section 8.2).	Identify all the controls required to reduce the risks associated with the use of the substance (other than personal protective equipment). The information is usually provided in section 8.2 of the SDS. Be very specific; if ventilation is required then the type should be documented, for example local exhaust ventilation with partial enclosure. If training is identified as a control then the level or standard of training required should be stated, for instance 'Pesticides PA1'. Include special measures for vulnerable groups, such as disabled people and pregnant workers. Take account of those substances that are produced from activities undertaken by the employees of another employer. Where a WEL has been assigned then the method for monitoring that the levels are not exceeded should also be stated, for example: personal monitoring.
First aid – recommended actions (SDS Section 4.1).	State the emergency action that is to be taken. Other than the standard first aid box, stipulate what additional equipment will be needed, such as an eye irrigation tube.
Is health surveillance or monitoring required?	The use of specified substances or the undertaking of certain processes may require some employees to have their health monitored. This may take the form of simple observations made by a supervisor, as is the case for monitoring dermatitis from using oil. Alternatively, it may require Occupational Health to carry out more complex monitoring, such as lung function tests to check the effects of dust or fumes on the lungs. If there is any doubt over the requirements for health surveillance, then the Safety and Contingencies team should be contacted.
Personal Protective Equipment (PPE) (SDS Section 8.2).	Any PPE required for use with a particular substance should be identified. Tick all appropriate boxes and then specify the type and standard of equipment to be used, for example eye protection - goggles to BS EN 166 - 349B.
Storage (SDS Section 7.2).	Indicate how and where the substance is stored. Ensure that there is a suitable storage area for used cylinders.
Disposal of residual waste and containers (SDS Section 13.1).	Detail how waste substance is to be disposed of and remember to consider the containers as well, as these may

Field.	Information needed.
The SDS tends to be rather vague and generalised in respect of disposal. The guidance in the adjacent box is more detailed and specific.	contain hazardous residues. Ensure that risks to the environment are considered. Any residual product or heavily contaminated containers must be classed as hazardous waste. The waste will be categorised as flammable, corrosive, toxic etc. and, therefore, a specialist waste contractor must be used to dispose of it and a consignment note must be completed. Further advice should be sought from a waste disposal company or the Council's Waste Manager on 01856 873535. Gas cylinders should usually be returned to the supplier for reuse. Ensure that this arrangement is in place when purchasing gas. Sometimes it is appropriate to return empty containers, such as 205 litre oil drums to the supplier. If such an arrangement is in place, these should be returned to the depot to await collection. Other empty containers, for example, detergent bottles and clean cardboard boxes can be placed into the appropriate recycling bin for the specific type of waste, such as plastic, metal or cardboard. As a last resort, where no recycling facility is available, empty containers (free from any residual product) can be disposed of via the general waste skip or bin. Local waste disposal procedures and instructions should be consulted.
Is exposure adequately controlled?	Tick the appropriate box.
Risk rating following the implementation of control measures.	Having implemented the appropriate control measures, apply the risk rating to indicate whether the risks are low, medium or high.
Assessed by and date.	Enter the date when the assessment was carried out. Sign and date the risk assessment. Please ensure that the signature is legible.
Review date.	Enter the date when a re-assessment should be undertaken. This will normally be one year after the first assessment. However, high-risk processes may need to be re-assessed more often. In addition, if any of the elements of the process / activity alter then the re-assessment should be carried out immediately.

ORKNEY
ISLANDS COUNCIL

HEALTH AND SAFETY (DISPLAY SCREEN EQUIPMENT) REGULATIONS 1992, AS AMENDED

GUIDANCE

Contents

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1. Introduction

The main risks that may arise from working with Display Screen Equipment (DSE) are musculoskeletal disorders such as back pain or upper limb disorders (sometimes known as repetitive strain injury or RSI), visual fatigue, and mental stress. While the risks to individual users are often low, they can still be significant if good practice is not followed. DSE workers are also so numerous that the amount of ill health associated with work such is significant and tackling it is important.

2. Legislation

The Health and Safety (Display Screen Equipment) Regulations 1992 were introduced to ensure the risks associated with the prolonged use display screen equipment were assessed and appropriate risk control measures put in place. In particular, the risks of musculoskeletal discomfort, visual disturbance and mental stress should be assessed. Any risks highlighted must be rectified as far as is reasonably practicable at the earliest opportunity.

3. Requirements of the Legislation

The legislation requires an analysis of workstations for the purpose of assessing risks. Any risks identified during the analysis must be reduced to the lowest extent possible.

Employers shall plan the activities of display screen users at work so that their daily work on display screen equipment is periodically interrupted by breaks or changes of activity to reduce the amount of uninterrupted screen time.

Employers shall ensure that each “user” employed by them is provided with special corrective appliances (normally spectacles) prescribed to correct vision defects at the viewing distance or distances used specifically for the display screen work concerned.

4. Scope

This guidance applies to all employees who use DSE as part of their work.

5. Definitions

Display Screen Equipment – DSE: DSE means any alphanumeric or graphic display screen, regardless of the display process involved.

User: A ‘User’ is an employee who habitually uses display screen equipment as a significant part of normal work.

An employee will generally be classified as a ‘User’ if:

- They depend on the use of display screen equipment to do their job as alternative means are not readily available for achieving the same results;
- They have no discretion as to whether they use display screen equipment;
- They need significant training and/or particular skills in the use of display screen equipment to do the job;
- They use display screen equipment daily for continuous spells of an hour or more at a time. (Continuous spells should include short breaks of 5 to 10 minutes away from the screen every hour);
- The fast transfer of information between the ‘User’ and the screen is an important requirement of the job;

- The performance requirements of the system demand high levels of attention and concentration by the 'User', for example where the consequences of error may be critical.

Workstation: An assembly comprising:
- display screen equipment (whether provided with software determining the interface between the equipment and its operator or user, a keyboard or any other input device);
- any optional accessories to the display screen equipment;
- any disk dive, telephone, printer, document holder, work chair, work desk; work surface or other peripheral items to the display screen equipment, and
- the immediate work environment around the display screen equipment.

Special corrective appliances: those that are provided to correct vision defects at the viewing distance or distances used specifically for the DSE work concerned.

6. Responsibilities

6.1. Executive Directors and Heads of Service

The responsibilities for Executive Directors and Heads of Service are as they are laid out within the Council's Health and Safety Policy.

6.2. Managers

- Identifying all employees who use DSE;
- Ensure that DSE Assessments are carried out on each workstation and are to include the display screen equipment, furniture and the working environment;
- Where health and safety issues have been highlighted in the DSE Assessment, managers are to ensure that appropriate remedial action is taken to reduce any identified risks;
- Liaising with Occupational Health (through Human Resources) or Safety and Resilience Team where there are specific issues making this necessary e.g. pre-existing relevant medical condition, return to work;
- Maintaining records of all DSE self-assessments and risk assessments;
- Managers are to encourage the early reporting by User(s) of any symptoms which may be related to display screen work, e.g. with posture or vision;
- In circumstances where an injury/ill health associated with DSE use is identified, managers are to ensure that an adverse event report is completed;
- DSE Assessments will be reviewed every 2 years in conjunction with the User(s), or earlier if circumstances change, as above;

6.3. Employees' Responsibilities

As an identified User, individual employees must co –operate with management to reduce the risk of injury from the use of DSE, and:
- Co-operate with the completion of the workstation DSE assessment and all measures/training given to promote safe working practice;
- Use equipment in the intended manner, ensuring they are comfortable as possible at their workstation;
- Adopt the advice of their line manager to plan work ensuring changes in activity within the working day to prevent intensive periods of on-screen activity;
- Use any corrective glasses prescribed specifically for working with DSE;
- Employees must inform their line manager immediately if they experience any problems or ill health which could affect their capability to work with DSE;

- All Employees are responsible for keeping themselves informed and up to date about changes to the procedural documents, particularly Policy changes. This information will be provided via e-mail, intranet and staff meetings;
- Must regularly complete the DSE iLearn training module and ensure their workstation is set up as instructed.

7. Workstation Assessment

Line managers are responsible for ensuring a suitable and sufficient assessment of each workstation is carried out by all their staff taking into account all aspects of the working environment. The first stage of the risk assessment requires any employee who uses DSE as part of their work, to complete the online DSE iLearn module. This should be completed at induction for new employees and every 2 years thereafter.

The DSE module takes staff through the appropriate lay out for a workstation and staff should set their workstation up accordingly.

All staff members should complete the HSE's DSE workstation checklist which is available in **Appendix 1**.

Workstation DSE Assessments should be repeated/reviewed every 2 years or more often, where there is:

- a change in the display screen worker population;
- a change in the individual's capabilities;
- a major change to the software used;
- a major change to the display screen equipment or furniture, including remedial work;
- a change in workstation location;
- a substantial increase in the amount of time required to be spent using display screen equipment;
- modification to the lighting;
- if requested by the user;

The assessment should be undertaken by the relevant administration staff and findings should be saved on the Service's servers.

All necessary steps will be taken to remedy any risks highlighted as a result of the risk assessment. Further assistance and guidance on workstation assessments can be requested from the Council's Safety & Resilience Team.

A workstation DSE assessment should also be undertaken for all DSE users using laptops or homeworkers.

8. Changes of Activity

The key purpose of a break from working with DSE is to prevent the onset of fatigue. There is no prescribed frequency or duration of breaks from DSE work. Where possible, users will be given discretion to decide the timing and extent of off-screen tasks. Any employee who believes that their DSE workload does not permit adequate breaks should bring this to the attention of their line manager. The work break in the context of DSE means a break in the DSE work routine; for example, sorting paperwork, going to a printer, etc.

Users of DSE are encouraged, and will be expected, to take opportunities for breaks in their work routine.

General guidance on breaks

- Breaks should be taken before the onset of fatigue when performance is at a maximum and before productivity suffers. The timing of the break is more important than its length.
- Breaks or changes of activity should be included in working time. They should reduce the workload at the screen; that is, having been introduced they should not result in a higher pace or intensity of work to compensate for the time taken for the break.
- Short, frequent breaks of routine are more satisfactory than occasional, longer breaks; for example, a 5–10-minute break after 50–60 minutes continuous screen and/or keyboard work is likely to be more beneficial than a 15-minute break every 2 hours.
- If possible, work routine and rest breaks should be taken away from the screen/workstation.
- It appears, from research evidence, that informal breaks, that is time spent not viewing the screen (for example, on other tasks), are more effective in relieving visual fatigue than formal rest breaks.
- Wherever practicable, users should be allowed some discretion as to how they carry out tasks; individual control over the nature and pace of work allows optimal distribution of effort over the working day.

9. Eye and Eyesight Tests

Staff expected to use DSE as the main element of their day to day work should be encouraged to have an eye and eyesight test. This can be undertaken by any Optometrist. Eyesight tests are free.

Staff are encouraged to ensure future testing should they, with the support of their managers, determine that this is appropriate. (This will normally be over a two-year period).

The Regulations state:

Every employer shall ensure that each user employed by them is provided with special corrective appliances appropriate for the work being done by the user concerned where–

a) normal corrective appliances cannot be used; and
b) the result of any eye and eyesight test which the user has been given in accordance with this regulation shows such provision to be necessary.

Within the Regulations (this guidance), corrective appliances include spectacles and contact lenses.

Contact lenses are considered by the Association of Optometrists as being ‘very suitable’ for DSE users. However, contact lenses correct specific vision problems so wearers may need single lens glasses in addition to or instead of contact lenses to operate their display screens.

Where an employee of Orkney Islands Council undertakes an eyesight test and, as a result of this, it is determined they require corrective appliances, then the Council will contribute to these costs **IF** they fulfil the aforementioned criteria.

In such cases, the employee will obtain a copy of form “VDU Certificate of Recommendation” from the relevant optician showing a breakdown of the relevant costs and submit this with a claim for remuneration through their line manager.

The current value of contribution in respect of corrective appliances is contained within **Appendix 2.**

Where an employee wishes to purchase corrective appliances over the value of the Council’s contribution, they will be responsible for any additional costs.

10. Information and Training

The Council will provide information and training for all staff that use DSE. Currently the training is provided by an online training package which is incorporated into the assessment process. This shall include statutory requirements, the employee’s role in the recognition of hazard and risks, the need to take regular breaks, employees’ contribution to assessments, set up of the workstation, their ergonomic use of DSE to facilitate good posture and personal comfort, and their obligation to report any health concerns to their manager.

Further information, including guidance leaflets, and advice on the scope of training can be obtained from the HSE web site: http://www.hse.gov.uk/msd/dse/

11. Use of Laptops and tablets.

As in many organisations, the use of laptops is increasing, with staff working in variety of locations, including at home. Few of these locations may have been designed and planned for display screen work. It should be recognised that laptops and tablets should not be used when there is a realistic alternative. Laptops and tablets are not designed for prolonged use. Their smaller design makes them far less comfortable to use than conventional equipment and their portable nature means they are frequently used in non-user-friendly environments, e.g. hotel rooms and trains, where it is difficult to adopt a comfortable working position.

If a laptop is used for long periods of time it will be classed as an item of DSE. If a laptop is used for prolonged periods, an attempt should be made to find a sensible compromise that retains the benefits of mobile working but removes the risk of causing harm to staff. For prolonged use of a laptop in a fixed location, such as, an office where the user is constantly present and using the laptop, the provision of ‘docking stations‘ or laptop risers should be considered because these enable full size, good quality display screens and full size keyboards and mouse to be used.

Such an arrangement allows the laptop to be used as a portable in the normal way; but, when in the office, the laptop user has access to a full size keyboard and screen, using only the laptop's processor and disc drive, and effectively turning the laptop into a fixed workstation. This will offer the user the flexibility inherent in using a laptop but remove problems that can occur such as back, shoulder, neck and wrist pains. Also see Guidance Document on the use of Laptops, tablets and mobile phones in **Appendix 3**.

12. Additional Monitors / Screens

It is becoming more common place for users to have a primary and a secondary monitor within their workstations. If this is the case in your DSE set up then the secondary monitor should be set in line with the primary one to enable ease of viewing and the same considerations i.e. re glare and flicker etc. applied.

13. Home Working

Designated home workers are subject to the DSE Regulations regardless of whether the workstation is supplied by the Council. Home-based DSE users will require a risk assessment of their home workstation in addition to any workstations used whist working on Council premises.

14. Shared workstation

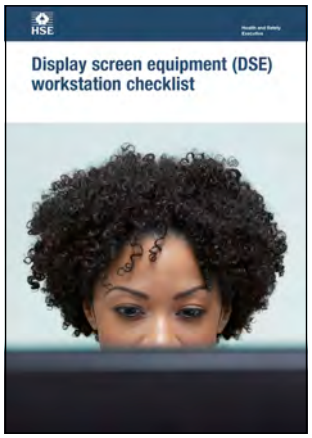
In some work areas a workstation may be used by more than one person. Where this occurs, a workstation risk assessment must be conducted for each person using it. The range of adjustments must meet the needs of each member of staff e.g. the chair must have a sufficient range in height adjustment for each user. In addition, a shorter user may need a footrest which may not be necessary for a taller person using the same equipment.

15. References

- Health and Safety at Work, etc. Act 1974;
- The Management of Health and Safety at Work Regulations 1999;
- Display Screen Equipment Regulations 1992 (as amended 2002);
- Workplace Health, Safety and Welfare Regulations 1992;
- Provision and Use of Workplace Equipment Regulations 1998.

Appendix 1: HSE Workstation Checklist

Display screen equipment (DSE) workstation checklist



This is a web-friendly version of *Display screen equipment (DSE) workstation checklist* published 05/13

Workstation location and number (if applicable): .....

User: .....

Checklist completed by: .....

Assessment checked by: .....

Any further action needed: Yes ○ No ○

Follow-up action completed on: .....

The following checklist can be used to help you complete a risk assessment and comply with the Schedule to the Health and Safety (Display Screen Equipment) Regulations 1992 as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002.

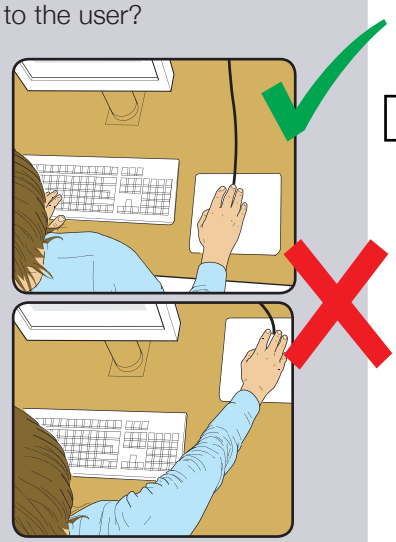
The questions and 'Things to consider' in the checklist cover the requirements of the Schedule. If you can answer 'Yes' in the second column against all the questions, having taken account of the 'Things to consider', you are complying. You will not be able to address some of the questions and 'Things to consider', eg on reflections on the screen, or the user's comfort, until the workstation has been installed. These will be covered in the risk assessment you do once the workstation is installed.

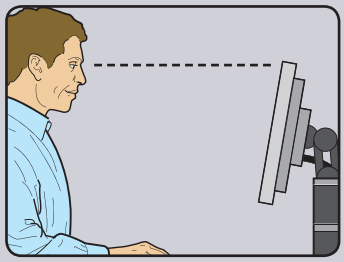
Work through the checklist, ticking either the 'Yes' or 'No' column against each risk factor:

- 'Yes' answers require no further action.
- 'No' answers will require investigation and/or remedial action by the workstation assessor. They should record their decisions in the 'Action to take' column. Assessors should check later that actions have been taken and have resolved the problem.

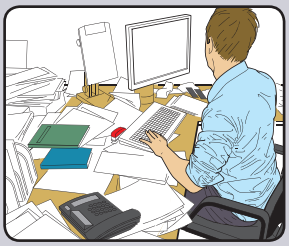
Remember, the checklist only covers the workstation and work environment. You also need to make sure that risks from other aspects of the work are avoided, eg by giving users health and safety training, and providing for breaks or changes of activity. For more advice on these see *Working with display screen equipment (DSE): A brief guide*.

Risk factors	Tick answer		Things to consider	Action to take
	Yes	No		
1 Keyboards				
Is the keyboard separate from the screen?	☐	☐	This is a requirement, unless the task makes it impracticable (eg where there is a need to use a portable).	
Does the keyboard tilt?	☐	☐	Tilt need not be built in	
Is it possible to find a comfortable keying position? 	☐	☐	Try pushing the display screen further back to create more room for the keyboard, hands and wrists. Users of thick, raised keyboards may need a wrist rest.	
Does the user have good keyboard technique?	☐	☐	Training can be used to prevent: ■ hands bent up at the wrist; ■ hitting the keys too hard; ■ overstretching the fingers.	
Are the characters clear and readable?	☐	☐	Keyboards should be kept clean. If characters still can't be read, the keyboard may need modifying or replacing. Use a keyboard with a matt finish to reduce glare and/or reflection.	

Risk factors	Tick answer		Things to consider	Action to take
	Yes	No		
2 Mouse, trackball etc				
Is the device suitable for the tasks it is used for?	☐	☐	If the user is having problems, try a different device. The mouse and trackball are general-purpose devices suitable for many tasks, and available in a variety of shapes and sizes. Alternative devices such as touch screens may be better for some tasks (but can be worse for others).	
Is the device positioned close to the user? 	☐	☐	Most devices are best placed as close as possible, eg right beside the keyboard. Training may be needed to: ■ prevent arm overreaching; ■ encourage users not to leave their hand on the device when it is not being used; ■ encourage a relaxed arm and straight wrist.	
Is there support for the device user's wrist and forearm?	☐	☐	Support can be gained from, for example, the desk surface or arm of a chair. If not, a separate supporting device may help. The user should be able to find a comfortable working position with the device.	
Does the device work smoothly at a speed that suits the user?	☐	☐	See if cleaning is required (eg of mouse ball and rollers). Check the work surface is suitable. A mouse mat may be needed.	
Can the user easily adjust software settings for speed and accuracy of pointer?	☐	☐	Users may need training in how to adjust device settings.	

Risk factors	Tick answer		Things to consider	Action to take
	Yes	No		
3 Display screens				
Are the characters clear and readable? Health and safety Health and safety	☐	☐	Make sure the screen is clean and cleaning materials are available. Check that the text and background colours work well together.	
Is the text size comfortable to read?	☐	☐	Software settings may need adjusting to change text size.	
Is the image stable, ie free of flicker and jitter?	☐	☐	Try using different screen colours to reduce flicker, eg darker background and lighter text. If there are still problems, get the set-up checked, eg by the equipment supplier.	
Is the screen's specification suitable for its intended use?	☐	☐	For example, intensive graphic work or work requiring fine attention to small details may require large display screens.	
Are the brightness and/or contrast adjustable?	☐	☐	Separate adjustment controls are not essential, provided the user can read the screen easily at all times.	
Does the screen swivel and tilt? 	☐	☐	Swivel and tilt need not be built in; you can add a swivel and tilt mechanism. However, you may need to replace the screen if: ■ swivel/tilt is absent or unsatisfactory; ■ work is intensive; and/or ■ the user has problems getting the screen to a comfortable position.	

Risk factors	Tick answer		Things to consider	Action to take
	Yes	No		
Is the screen free from glare and reflections? 	☐	☐	Use a mirror placed in front of the screen to check where reflections are coming from. You might need to move the screen or even the desk and/or shield the screen from the source of the reflections. Screens that use dark characters on a light background are less prone to glare and reflections.	
Are adjustable window coverings provided and in adequate condition?	☐	☐	Check that blinds work. Blinds with vertical slats can be more suitable than horizontal ones. If these measures do not work, consider anti-glare screen filters as a last resort and seek specialist help.	
4 Software				
Is the software suitable for the task?	☐	☐	Software should help the user carry out the task, minimise stress and be user-friendly. Check users have had appropriate training in using the software. Software should respond quickly and clearly to user input, with adequate feedback, such as clear help messages.	

Risk factors	Tick answer		Things to consider	Action to take
	Yes	No		
5 Furniture				
Is the work surface large enough for all the necessary equipment, papers etc?  	☐	☐	Create more room by moving printers, reference materials etc elsewhere. If necessary, consider providing new power and telecoms sockets, so equipment can be moved. There should be some scope for flexible rearrangement.	
Can the user comfortably reach all the equipment and papers they need to use?	☐	☐	Rearrange equipment, papers etc to bring frequently used things within easy reach. A document holder may be needed, positioned to minimise uncomfortable head and eye movements.	
Are surfaces free from glare and reflection?	☐	☐	Consider mats or blotters to reduce reflections and glare.	
Is the chair suitable? Is the chair stable? Does the chair have a working: ■ seat back height and tilt adjustment? ■ seat height adjustment? ■ castors or glides?	☐	☐	The chair may need repairing or replacing if the user is uncomfortable, or cannot use the adjustment mechanisms.	

Risk factors	Tick answer		Things to consider	Action to take
	Yes	No		
Is the chair adjusted correctly? 	☐	☐	The user should be able to carry out their work sitting comfortably. Consider training the user in how to adopt suitable postures while working. The arms of chairs can stop the user getting close enough to use the equipment comfortably. Move any obstructions from under the desk.	
Is the small of the back supported by the chair's backrest?	☐	☐	The user should have a straight back, supported by the chair, with relaxed shoulders.	
Are forearms horizontal and eyes at roughly the same height as the top of the DSE?	☐	☐	Adjust the chair height to get the user's arms in the right position, and then adjust the DSE height, if necessary.	
Are feet flat on the floor, without too much pressure from the seat on the backs of the legs?	☐	☐	If not, a footrest may be needed.	

Risk factors	Tick answer		Things to consider	Action to take
	Yes	No		
6 Environment				
Is there enough room to change position and vary movement?	☐	☐	Space is needed to move, stretch and fidget. Consider reorganising the office layout and check for obstructions. Cables should be tidy and not a trip or snag hazard.	
Is the lighting suitable, eg not too bright or too dim to work comfortably?	☐	☐	Users should be able to control light levels, eg by adjusting window blinds or light switches. Consider shading or repositioning light sources or providing local lighting, eg desk lamps (but make sure lights don't cause glare by reflecting off walls or other surfaces).	
Does the air feel comfortable?	☐	☐	DSE and other equipment may dry the air. Circulate fresh air if possible. Plants may help. Consider a humidifier if discomfort is severe.	
Are levels of heat comfortable?	☐	☐	Can heating be better controlled? More ventilation or air conditioning may be required if there is a lot of electronic equipment in the room. Or, can users be moved away from the heat source?	
Are levels of noise comfortable?	☐	☐	Consider moving sources of noise, eg printers, away from the user. If not, consider soundproofing.	

7 Final questions to users...

- Has the checklist covered all the problems they may have working with their DSE?
- Have they experienced any discomfort or other symptoms which they attribute to working with their DSE?
- Has the user been advised of their entitlement to eye and eyesight testing?
- Does the user take regular breaks working away from DSE?

Write down the details of any problems here:

Further information

Working with display screen equipmemt (DSE): A brief guide Leaflet INDG36(rev4) HSE books 2013 www.hse.gov.uk/pubns/indg36.htm

For information about health and safety visit https://books.hse.gov.uk or http://www.hse.gov.uk. You can view HSE guidance online and order priced publications from the website. HSE priced publications are also available from bookshops.

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This guidance is issued by the Health and Safety Executive. Following the guidance is not compulsory, unless specifically stated, and you are free to take other action. But if you do follow the guidance you will normally be doing enough to comply with the law. Health and safety inspectors seek to secure compliance with the law and may refer to this guidance.

Appendix 2: Costs associated with Display Screen Corrective Appliances

Further to Health and Safety (Display Screen Equipment) Regulations 1992, as amended, Regulation 5, and in conjunction with Section 9 of this guidance, an employee who meets the relevant criteria for corrective appliances will be entitled to claim a fixed sum of £55.00 to cover any lenses and frames.

This sum will be reviewed on a two yearly basis in line with the review of the associated guidance.

Appendix 3: Using Laptops, Tablets and Mobile Phones Safely

Laptops are useful for employees who regularly work away from their office base, but they shouldn't be considered as a permanent alternative to a properly set up PC. Due to the compact design of laptop computers and the smaller size of the screen and keyboard, users may experience discomfort if certain precautions are not taken for usage. The following advice is to be considered by users and adopted as working practice. Note that in this context a laptop computer is defined as a portable computer having a screen size, as specified by the manufacturer, of not less than 350mm (14 inches).

If you're using a laptop for more than half an hour at a time, you should:

- place the laptop on a firm surface at the right height for typing;
- make sure the screen is placed correctly to prevent glare and eye strain;
- use a docking station or laptop riser;
- use a separate mouse and keyboard;
- use a suitable chair to allow a good sitting position;
- take regular breaks away from the laptop.

Here are some guidelines to help you use your laptop safely

Sitting Properly
Do:

- make sure you're directly in front of your screen and your back is supported;
- use an adjustable chair, where the seat and back can be adjusted separately. If you do not have such a chair, request one from your manager. Make sure you adjust the chair appropriately;
- make sure you have a suitable surface to work on. Check that you have enough space for your laptop and other equipment. Make sure it's at the right height for you to work comfortably - aim to get your forearms as near to horizontal as possible.

Don't:

- slouch, twist or lean to one side while working. Your sofa and coffee table aren't likely to make a suitable workstation;
- sit forward or crouch over the laptop;
- bend or strain your wrists;
- work with the laptop on your lap, in your car, or when lying in bed.

Reading the Screen
Do:

- avoid glare. Adjust your screen to avoid reflections and glare. Make sure you don't sit with your back to, or face a window;
- adjust the brightness and contrast to suit you and surrounding light levels. If you don't know how, ask;
- keep your screen clean;
- make sure the screen is placed at a comfortable viewing distance and at right angles to your line of sight;
- use a laptop riser to make sure the top of the screen is at eye-level. Looking up or downwards for long periods can cause neck and back problems.

Using your Keyboard and Mouse

- Use a separate keyboard and mouse whenever possible. Make sure you have a suitable work surface and enough space to use them comfortably. Keep both close to you to avoid over-stretching;
- Check that the mouse can be used by both left and right-handed people and is large

enough for your hand. Mice provided for use with laptops often aren't big enough, so check that your fingers can comfortably on the click buttons and that the curve fits into your palm. If the mouse you have doesn't suit you, get a replacement;
- When using the mouse, make sure your hand is flat and as relaxed as possible. Don't clench your fingers or raise them in the air.

Personal safety
Think about personal safety whenever you use or carry your laptop:
- Don't carry your laptop in a bag that has a computer manufacturer's logo on it;
- Think about lone working - try to avoid working alone in public places where there may be an increased risk of theft;
- Never leave your laptop on view, or leave it overnight in an unattended vehicle

Manual handling
- Heavy laptops can be a manual handling hazard. Your manager should select laptop that is as low a weight as possible, preferably under three kilos. If you're concerned about the weight of your laptop, tell your manager;
- Make sure you use a suitable case for carrying your laptop. The best options are a lightweight, backpack / rucksack with padded shoulder straps. These distribute the loads evenly across the body and cuts down the strain on the arms, wheeled trolley case with a height-adjustable handle;
- Always carry as little as possible in your laptop case. Don't carry extra papers or equipment unless they're really necessary.

General guidelines
Remember
- Think about electrical safety. Do a visual check of leads and plugs to make sure they're not damaged. Make sure PAT tests are done and up to date. Don't use the equipment if there are any doubts about electrical safety;
- Take regular breaks away from your laptop. Plan your work to include a mix of tasks and activities;
- If you have any health concerns when using your laptop, such as eye discomfort, headaches or neck or back pain, report them immediately to your line manager;
- Make sure you back up the information on your laptop regularly;

Be aware of the sensitivity of the information you may have on your laptop. Don't work on confidential documents in public places. Make sure your laptop is password protected / encrypted so the data on it can't be used if it's stolen.

Guidelines for using Tablets and Mobile Phones Safely:
Tablets
- When reading, use a stand or tilt the tablet to reduce the need for you to bend your head forward to read;
- Whenever possible try to place the tablet on a surface rather than holding it. If you are using the on-screen keyboard for extended periods consider using a blue tooth external keyboard;
- Use a light touch when using the screen it will be more efficient as well as preventing problems;
- When typing or touching the screen regularly have the tablet flat or only slightly angled to ensure your wrists are not in awkward positions;
- If you find you are leaning forwards to view the tablet, enlarge the image or text;
- Keep your screen clean for good visibility and hygiene reasons;
- Remember movement is really important, if you find yourself using a tablet intensively for more than 10-20 mins take a short break, stretch your hands,

shoulders and neck and look into the distance to relax your eyes;
- Due to the screen and keyboard being in the same place on a tablet – either your head is angled down or your arms are being held up – if extended periods of time are spent typing or inputting information, you will increase the risk of developing neck and upper limb conditions.

Mobile phones:

- Avoid using mobile phones for long periods of time for activities such as using the internet, emailing or typing (using mobile devices for making standard voice calls is excluded for the purposes of this guidance). Instead use a correctly set up and risk assessed computer;
- Look away from the screen regularly when using mobile phones to relax the eyes. Consider increasing font size;
- Vary the fingers that you use and stop frequently to stop;
- Hold up the device to reduce bending of the neck.

ORKNEY
ISLANDS COUNCIL

Adverse Event Reporting and Investigation

Guidance

Contents.

Document Control Sheet.

Review / approval history.

Date.	Name.	Position.	Version Approved.
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Change Record Table.

Date.	Author.	Version.	Status.	Reason.
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1. Introduction

This guidance should be read in conjunction with the Orkney Islands Council (OIC) Health and Safety Policy.

The Health and Safety Policy was approved by General Meeting of the Council on 8 December 2020 and will be reviewed biennially.

This guidance will accompany other guidance documents which form part of the OIC Health and Safety Management System. This will be reviewed in light of any high-level adverse event, introduction of further guidance or biennially, in line with the Policy review.

"If you think safety is expensive, try an accident."

Every year employees are killed or injured as a result of accidents in the workplace. In addition, those who suffer an accident result in absences from work through injury or ill health. Orkney Islands Council will take all reasonable steps to ensure the health, safety and welfare of all its employees.

2. Aim and Objectives

The aim of this guidance is to provide managers and staff with guidance on how to report adverse events and the standards of investigation that will be applied within Orkney Islands Council.

The objectives of this guidance are to:

- Provide background on why we report adverse incidents.
- Provide clarity on the terminology used.
- Provide guidance on how to report an adverse incident.
- Provide guidance on the thresholds for investigation and reporting mechanisms.

3. Legal Duties

The Health and Safety at Work etc Act 1974, Section 2(1) states it shall be the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees.

Section 7 of the Act states:

It shall be the duty of every employee while at work

(a) to take reasonable care for the health and safety of himself and of other persons who may be affected by his acts or omissions at work; and

(b) as regards any duty or requirement imposed on his employer or any other person by or under any of the relevant statutory provisions, to co-operate with him so far as is necessary to enable that duty or requirement to be performed or complied with.

The Management of Health and Safety at Work Regulations 1999, regulation 5, requires employers to plan, organise, control, monitor and review their preventative and protective health and safety arrangements. Health and safety investigations form an essential part of this process.

Orkney Islands Council has adopted a Health and Safety Management System, based on the Health and Safety Executive's standard HSG65 – Plan, do, check, act. Accident or incident reporting and subsequent investigation forms part of the check element of that system.

Further guidance on the investigation of accidents and incidents can be found at:

https://www.hse.gov.uk/managing/delivering/check/index.htm

Orkney Islands Council Health and Safety Policy states that adverse events will be investigated in line with this guidance.

4. Adverse Event Reporting

4.1. RIDDOR reportable incidents

Orkney Islands Council have a duty under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) 2013 to report certain work-related injuries, cases of ill – health and dangerous occurrences within certain timescales. Further information can be found at:

https://www.hse.gov.uk/riddor/

The statutory duty to reports accidents and dangerous occurrences to the Health and Safety Executive will be undertaken by the Council's Safety and Resilience Service.

4.2. Definition of an Adverse Event

In line with the guidance provided by HSE, all accidents, incidents and near misses will fall under the definition of an Adverse Event. An Adverse Event can be described as:

- Accident: an event that results in injury or ill health.
- Incident:
    - Near miss: an event that, while not causing harm, has the potential to cause injury or ill health. (In this guidance, the term near miss will be taken to include dangerous occurrences).
    - Undesired circumstance: a set of conditions or circumstances that have the potential to cause injury or ill health, e.g. untrained staff handling heavy residents / service users.
- Dangerous occurrences as defined within Schedule 2 of RIDDOR 2013 (Appendix 1).

4.3. Who / what should be subject of a report?

The following will apply to:

- An employee of Orkney Islands Council who has an accident at work.
- An employee of Orkney Islands Council who has suffered from work related ill health.
- A member of the public who has had an accident in Council premises and/or as a result of the Council's work activities – members of the public include school pupils, students, clients, service users, residents.
- Any dangerous occurrence as defined within Schedule 2 of RIDDOR 2013.

4.4. Who should not be the subject of a report?

The guidance will not apply to:

- Accidents / incidents to OIC employees not at work at the time of the accident / incident and not in Council premises.
- Accidents / incidents to members of the public, out with the scope of the Council's work activities and / or not in Council controlled premises.

4.5. Reporting Process

Following an adverse event, the employee involved will be responsible for highlighting the event to their Line Manager. The only exception to this will be where the employee is incapacitated by this event and unable to bring this to the attention of their line manager.

The Line Manager will be responsible for the initial assessment of the event. For further guidance on initial investigation and thresholds of investigation, please see para 6.

The Line Manager must ensure that the event is recorded on the Orkney Islands Council Adverse Event form, see Appendix 2.

This form will be used for the recording of all Adverse Events occurring within Orkney Islands Council, with the exception of those occurring within Roads and Environmental Services where, due to the level of detail that is required, this will be recorded on OIC Roads and Environmental Services Adverse Event Form, see Appendix 3.

The Line Manager will forward a copy of the relevant form to the Service Manager and Head of Service. It should also be emailed to the Safety and Resilience Team by email at health.safety@orkney.gov.uk or, where there is no access to email, a hard copy sent to the Council's Safety and Resilience Team.

The form must be sent as soon as reasonably practicable but, in any case, no later than 5 working days from the date of the event. This is to ensure Orkney Islands Council discharges its duty in reporting all events which fall under the definition of RIDDOR, as highlighted in Section 4.1.

5. Action by Safety and Resilience Service

Upon receipt of an adverse event reporting form, the event will be reviewed, and a further determination made on the threshold for investigation. Where further

investigation or clarity is required, the relevant manager will be contacted, and the information sought.

Where the report relates to a member of staff, the copy of the Adverse event form will be stored on the Safety and Resilience Team's file area under: Health and Safety: Accidents: Staff: Accident reports and then by year and service.

The relevant accident or incident details will be stored in the statistical return spreadsheet stored on the Safety and Resilience Team's file area under: Health and Safety: Accidents: Staff: Accident Statistics and then by year and service.

Where the threshold meets the requirement to notify the adverse event to the Health and Safety Executive in terms of Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) 2013 then this will be undertaken by a member of the Safety and Resilience Team.

5.1. Insurance

Where it is evident that an adverse event will result in a subsequent claim against the Council, or where such an event may result in a subsequent claim, this will be notified to the Insurance Officer.

There may be occasions where an adverse event occurs, and it has neither met the criteria for notification nor investigation. In such circumstances, it may be necessary to retrospectively review the event and any action. Such a review will take place between the Insurance Officer and a member of the Safety and Resilience Service and thereafter consideration given to the requirement for an investigation and any report.

5.2. Record Retention

Orkney Islands Council Orkney Islands Council plans to manage its recorded information in a cost effective, efficient and sustainable way that complies with our statutory duties. The Retention and Disposal Schedule can be found on the Council's website at the following link: https://www.orkney.gov.uk/Files/Council/Council-Plans/OIC_Retention_Disposal_Schedule.pdf

The following retention periods will apply to documents associated with this guidance:

Document type.	**Retention period.**	**Eventual Fate.**	**Format.**	**Authority.**
Accident / Incident Reports including RIDDOR forms- adult.	Cy +7.	D.	Electronic.	Statutory.
Accident / Incident Reports including RIDDOR forms – children.	DOB +25.	D.	Electronic.	Statutory.
Accident / Incident Reports – COSHH / Asbestos related.	C+40.	D.	Electronic.	Statutory.

OIC OHAC Incident Reporting Forms.	C+10.	D.	Electronic.	Statutory.

6. Adverse Event Investigation

There are hazards in all of our workplaces; risk control measures are put in place to reduce the risks to an acceptable level to prevent accidents and cases of ill health. The fact that an adverse event has occurred suggests that the existing risk control measures were inadequate.

Learning lessons from near misses can prevent costly accidents. The Clapham Junction rail crash and the Herald of Free Enterprise ferry capsize were both examples of situations where management had failed to recognise, and act on, previous failings in the system.

We need to investigate adverse events for a number of reasons.

Legal – as highlighted in paragraph 3, as an employer**,** Orkney Islands Council has a legal duty to plan, organise, control, monitor and review their preventative and protective health and safety arrangements.

Why things went wrong – How and why the accident happened; a snapshot of what happens and how work is really done; to identify deficiencies in our risk control management, to learn lessons and to share learning across Services.

The benefits – The prevention of similar events; the prevention of losses; improvement in morale and employee safety practices; the development of managerial skills.

6.1. Thresholds for Investigation

The table will assist in determining the level of investigation which is appropriate for the adverse event. Remember, you must consider the worst possible consequence of the adverse event.

Likelihood of recurrence.	Potential worst consequence of adverse event.			
	Minor.	Serious.	Major.	Fatal.
Certain.				
Likely.				
Possible.				
Unlikely.				
Rare.				

6.2. Who will carry out an investigation?

Executive Directors must implement systems through Service Management Teams to ensure that all Adverse Events occurring in relation to their Service's work activities must be recorded in accordance with specified procedures and investigated as appropriate.

Risk.	Investigation Threshold.
Minimal.	The relevant supervisor will review the circumstances of the event and try to learn any lessons which will prevent future occurrences.
Low.	A short investigation by the relevant supervisor or line manager into the circumstances and immediate, underlying and root causes of the adverse event, to try to prevent a recurrence and to learn any general lessons.
Medium.	A more detailed investigation by the relevant supervisor or line manager, consultation with a Safety and Resilience Officer and employee representatives and will look for the immediate, underlying and root causes. In the event of a RIDDOR reportable adverse event, this investigation will be carried out by the Safety & Resilience Service.
High.	An Incident Management Team will convene to examine the immediate, underlying, and root causes.

6.3. The role of the Health and Safety Executive (HSE)

HSE (or another relevant enforcing authority, for example Orkney Islands Council Environmental Health Service) will investigate and, where appropriate, prosecute breaches of health and safety law. The Enforcement Policy Statement emphasises the serious nature of any death resulting from work activities. However, HSE cannot investigate or prosecute individual or corporate manslaughter, or any other criminal offences outside its health and safety remit.

6.4. The role of the Police

The police are responsible for investigating crime in general; and reporting cases to the Crown Office and Procurator Fiscal Service (COPFS) for consideration of prosecution.

Whenever a work-related death occurs and there is an indication that an offence of manslaughter (corporate or individual) or a criminal offence other than a health and safety offence may have been committed, the police will conduct an investigation. The police also have an interest in establishing the circumstances surrounding a work-related death in order to assist any fatal accident inquiry. The police have a power of arrest in relation to all offences, including manslaughter and health and safety offences.

6.5. Incident Management Team

Immediately it becomes known that a high-risk adverse event has resulted in a fatality to any person highlighted in Section 4.5 or that they have received an injury which may be likely to prove fatal, the Head of Service or Executive Director for the Service involved will convene an Incident Management Team.

Membership of the Incident Management Team will be confined to:

- Chief Executive.
- Executive Director.

- Head of Legal Services.
- Head of HR and Performance.
- Relevant Head of Service.
- Relevant Service Manager.
- Head of Executive Support.
- Safety and Resilience Officer.
- Insurance Officer.
- Learning and Development Manager (Staff Welfare).

The Chair may invite other officers to assist the team in the management and investigation of the adverse event.

The Chair of the meeting will determine the strategic objectives for the event which will include:

- To investigate the adverse event that lead to the injury / ill health / near miss / undesired circumstance / dangerous occurrence.
- To produce a report on the causes of the above accident to include immediate causes, root causes and recommendations to prevent recurrence.
- To communicate effectively with external partners and with staff.
- To liaise with the family of the employee.
- To communicate with staff association through Trade Union Representatives.

6.6. Line Managers

All medium - risk adverse events will be co-ordinated by the Manager of the employee involved in the event or holding responsibility for the premises. The Manager will co-ordinate a more detailed investigation into the immediate, underlying and root causes of the event.

The Manager may need to seek assistance from a Safety and Resilience Officer relating to the investigation, legislation or actions arising from the investigation.

6.7. Safety and Resilience

The Safety and Resilience Team will conduct any investigation on the instruction of the Incident Management Team or assist in such an investigation in the event of a high-risk adverse event.

The Safety and Resilience Team will investigate all RIDDOR reportable events.

The Safety and Resilience Team will provide a relevant manager with such advice or assistance as may be required in the investigation of medium risk events.

The Safety and Resilience Team will be a source of information and best practice in relation to all adverse events.

7. The Investigation

There are four stages to an investigation:

Step 1: Gathering the information.

Step 2: Analysing the information.

Step 3: Identifying suitable control measures.

Step 4: The Investigation report, action plan and its implementation.

7.1. Step 1: Gathering the information

Following an adverse incident, it is important that work stops and where necessary unauthorised access is prevented.

The amount of time and effort spent on this stage should be proportionate to the level of the investigation. Collect all available and relevant information, including opinions, experience, observations, sketches, measurements, photographs, check sheets, permits to work, risk assessments, method statements and any other associated paperwork.

In order to assist with this stage, a pro-forma investigation form is included in Appendix 4.

7.2. Step 2: Analysing the information

An analysis involves examining all the facts, determining what happened and why.

All the detailed information gathered should be assembled and examined to identify what information is relevant and what information is missing. The information gathering and analysis are actually carried out side by side. As the analysis progresses, further lines of enquiry requiring additional information will develop.

There are a number of different ways in which the information gathered during an investigation can be analysed to determine immediate, underlying and root causes. The type of analyses used will best suit the individual carrying out the investigation but can include:

What happened and why - this uses a simple technique of asking why over and over until the answer is no longer meaningful. Appendix 5 shows an example of root cause analysis and identification of suitable risk control measures.

Checklist / question analysis of the causes – work through a list of questions contained within the investigation form relating to the place, the plant, the people and the process.

Further information on analysis can be found within HSE HSG245 Investigating accidents and incidents found here https://www.hse.gov.uk/pubns/hsg245.pdf.

7.3. Step 3: Identifying suitable risk control measures

The analysis of the adverse event will have identified a number of risk control measures that either failed or that could have interrupted the chain of events leading to the adverse event, if they had been in place. A list of all the alternative measures to prevent this, or similar, adverse events should be drawn up. Appendix 5 shows an example of root cause analysis and identification of suitable risk control measures.

In deciding which risk control measures to recommend and their priority, you may choose these in the following order:

- Measures which eliminate the risk, e.g. use ‘inherently safe’ products, such as a water-based product rather than a hydrocarbon-based solvent.
- Measures which combat the risk at source, e.g. provision of guarding.
- Measures which minimise the risk by relying on human behaviour, e.g. safe.
- Working procedures, the use of personal protective equipment.

Thereafter, the investigation should consider whether:

- Do similar risks exist within other services?
- Have similar adverse events happened before?

7.4. Step 4: The investigation report, action plan and implementation

In the case of adverse events which result in a RIDDOR notification, Safety and Resilience staff will carry out an investigation into the circumstances surrounding the event. This will include the foregoing steps and will result in a formal investigation report. For further information surrounding the report and its submission please see below.

At this stage, Managers, Heads of Service or Executive Directors will have an opportunity to make decisions and act on the recommendations of the investigation.

The action plan will contain the additional risk control measures. The actions will be SMART based – Specific, Measurable, Agreed, Realistic and Timebound.

The introduction of risk control measures may be subject to financial constraint, however failing to put in place measures to control serious or imminent risks will not be permitted. These risks must either be reduced, or the work practice stopped.

8. Investigation Report

Where an adverse event is received resulting in a RIDDOR notification, Section 4.1, the Safety and Resilience Team will commence an investigation following the aforementioned steps.

At the conclusion of the investigation, a report will be compiled by the investigating officer. The report will include a front-page summary detailing a brief synopsis of the circumstances, key findings and an action plan.

The report will be completed within 28 days of the conclusion of the investigation. Upon its completion, the report will be sent to the relevant manager, Head of Service and Executive Director. Any comments concerning the report or action plan will be returned to the Safety and Resilience Team within 14 days.

The final action plan will be uploaded by the Safety and Resilience Team onto the Council’s Performance Management System.

Once the comments have been reconciled within the report, it will be included within the agenda of the next Health and Safety Committee.

The redacted version of the report, including the action plan will be considered by the Health and Safety Committee.

9. Disclosure

The report will be prepared to allow management and the Health and Safety Committee to consider and discharge its duties under the Health and Safety at Work etc Act 1974 or associated legislation.

It will also be used to allow the Council's insurance services to consider or determine negligence or liability on behalf of the Council.

The report will contain the following paragraph for the purposes of considering any other release:

The legal position with regards documents as part of any investigation should be discussed with the Head of Legal Services.

10. Orkney Islands Council Health and Safety Committee

The role of the Health and Safety committee is contained within the Orkney Islands Council's Health and Safety Policy.

11. Further reading

The undernoted links have been used in this report. These, together with the guidance will give the reader additional information on event recording, reporting or investigation:

Investigating accidents and incidents. A workbook for employers, unions, safety representatives and safety professionals. HSG245.
https://www.hse.gov.uk/pubns/hsg245.pdf

12. Glossary

Accident.	An event that results in injury or ill health.	
Adverse event.	Accident.	An event that results in injury or ill health.
Adverse event.	Incident.	Includes near miss or undesired circumstance.
Consequence.	Fatal.	Work related death.
Consequence.	Major injury / ill health.	(As defined in RIDDOR, Schedule 1), including fractures (other than fingers or toes), amputations, loss of sight, a burn or penetrating injury to the eye, any injury or acute illness resulting in unconsciousness, requiring resuscitation or requiring admittance to hospital for more than 24 hours.
Consequence.	Serious Injury / ill health.	Where the person affected is unfit to carry out his or her normal work for more than three consecutive days.
Consequence.	Minor injury.	All other injuries, where the injured person is unfit for his or her normal work for less than three days.
Consequence.	Damage only.	Damage to property, equipment, the environment or production losses. (This guidance only deals with events that have the potential to cause harm to people).
C.	Current.	
CY.	Current Year.	
D.	Destroy.	
Dangerous occurrence.	One of a number of specific, reportable adverse events, as defined in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).	
Hazard.	The potential to cause harm, including ill health and injury; damage to property, plant, products or the environment, production losses or increased liabilities.	
HSE.	Health and Safety Executive	
Immediate Cause.	The most obvious reason why an adverse event happens, e.g. the guard is missing; the employee slips etc. There may be several immediate causes identified in any one adverse event.	
Likelihood.	Certain.	It will happen again and soon.
Likelihood.	Likely.	It will reoccur, but not as an everyday event.

Likelihood.	Possible.	It may occur from time to time.
Likelihood.	Unlikely.	It is not expected to happen again in the foreseeable future.
Likelihood.	Rare.	So unlikely that it is not expected to happen again.
RIDDOR.	Reporting of Injuries, Diseases or Dangerous Occurrences Regulations 2013.	
Risk.	The level of risk is determined from a combination of the likelihood of a specific undesirable event occurring and the severity of the consequences (i.e. how often is it likely to happen, how many people could be affected and how bad would the likely injuries or ill health effects be?)	
Risk control measures.	Are the workplace precautions put in place to reduce the risk to a tolerable level?	
Root cause.	An initiating event or failing from which all other causes or failings spring. Root causes are generally management, planning or organisational failings.	
Underlying cause.	The less obvious ‘system’ or ’organisational’ reason for an adverse event happening, e.g. pre-start-up machinery checks are not carried out by supervisors; the hazard has not been adequately considered via a suitable and sufficient risk assessment; production pressures are too great etc.	

Appendix 1: Schedule 2 of RIDDOR

SCHEDULE 2

DANGEROUS OCCURRENCES

PART 1

GENERAL

Lifting equipment.

1. The collapse, overturning or failure of any load-bearing part of any lifting equipment, other than an accessory for lifting.

Pressure systems.

2. The failure of any closed vessel or of any associated pipework (other than a pipeline) forming part of a pressure system as defined by regulation 2(1) of the Pressure Systems Safety Regulations 2000(1), where that failure could cause the death of any person.

Overhead electric lines.

3. Any plant or equipment unintentionally coming into-

(a) contact with an uninsulated overhead electric line in which the voltage exceeds 200 volts; or

(b) close proximity with such an electric line, such that it causes an electrical discharge.

Electrical incidents causing explosion or fire.

4. Any explosion or fire caused by an electrical short circuit or overload (including those resulting from accidental damage to the electrical plant) which either-

(a) results in the stoppage of the plant involved for more than 24 hours; or

(b) causes a significant risk of death.

Explosives.

5. Any unintentional-

(a) fire, explosion or ignition at a site where the manufacture or storage of explosives requires a licence or registration, as the case may be, under regulation 9, 10 or 11 of the Manufacture and Storage of Explosives Regulations 2005; or

(b) explosion or ignition of explosives (unless caused by the unintentional discharge of a weapon, where, apart from that unintentional discharge, the weapon and explosives functioned as they were designed to),

except where a fail-safe device or safe system of work prevented any person being endangered as a result of the fire, explosion or ignition.

6. The misfire of explosives (other than at a mine or quarry, inside a well or involving a weapon) except where a fail-safe device or safe system of work prevented any person being endangered as a result of the misfire.

7. Any explosion, discharge or intentional fire or ignition which causes any injury to a person requiring first-aid or medical treatment, other than at a mine or quarry.

8.(1) The projection of material beyond the boundary of the site on which the explosives are being used, or beyond the danger zone of the site, which caused or might have caused injury, except at a quarry.

(2) In this paragraph, “danger zone” means the area from which persons have been excluded or forbidden to enter to avoid being endangered by any explosion or ignition of explosives.

9. The failure of shots to cause the intended extent of collapse or direction of fall of a structure in any demolition operation.

Biological agents.

10. Any accident or incident which results or could have resulted in the release or escape of a biological agent likely to cause severe human infection or illness.

Radiation generators and radiography.

11.(1) The malfunction of:

(a) a radiation generator or its ancillary equipment used in fixed or mobile industrial radiography, the irradiation of food or the processing of products by irradiation, which causes it to fail to de-energise at the end of the intended exposure period; or

(b) equipment used in fixed or mobile industrial radiography or gamma irradiation, which causes a radioactive source to fail to return to its safe position by the normal means at the end of the intended exposure period.

(2) In this paragraph, “radiation generator” means any electrical equipment emitting ionising radiation and containing components operating at a potential difference of more than 5kV.

Breathing apparatus.

12. The malfunction of breathing apparatus—

(a) where the malfunction causes a significant risk of personal injury to the user; or

(b) during testing immediately prior to use, where the malfunction would have caused a significant risk to the health and safety of the user had it occurred during use,

other than at a mine.

Diving operations.

13. The failure, damaging or endangering of—

(a) any life support equipment, including control panels, hoses and breathing apparatus; or

(b) the dive platform, or any failure of the dive platform to remain on station,

which causes a significant risk of personal injury to a diver.

14. The failure or endangering of any lifting equipment associated with a diving operation.

15. The trapping of a diver.

16. Any explosion in the vicinity of a diver.

17. Any uncontrolled ascent or any omitted decompression which causes a significant risk of personal injury to a diver.

Collapse of scaffolding.

18. The complete or partial collapse (including falling, buckling or overturning) of—

(a) a substantial part of any scaffold more than 5 metres in height;

(b) any supporting part of any slung or suspended scaffold which causes a working platform to fall (whether or not in use); or

(c) any part of any scaffold in circumstances such that there would be a significant risk of drowning to a person falling from the scaffold.

Train collisions.

19. The collision of a train with any other train or vehicle, other than a collision reportable under Part 5 of this Schedule, which could have caused the death, or specified injury, of any person.

Wells.

20. In relation to a well (other than a well sunk for the purpose of the abstraction of water)-

(a) a blow-out (which includes any uncontrolled flow of well-fluids from a well);

(b) the coming into operation of a blow-out prevention or diversion system to control flow of well-fluids where normal control procedures fail;

(c) the detection of hydrogen sulphide at a well or in samples of well-fluids where the responsible person did not anticipate its presence in the reservoir drawn on by the well;

(d) the taking of precautionary measures additional to any contained in the original drilling programme where a planned minimum separation distance between adjacent wells was not maintained; or

(e) the mechanical failure of any part of a well whose purpose is to prevent or limit the effect of the unintentional release of fluids from a well or a reservoir being drawn on by a well, or whose failure would cause or contribute to such a release.

Pipelines or pipeline works.

21. In relation to a pipeline or pipeline works -

(a) any damage to, accidental or uncontrolled release from or inrush of anything into a pipeline;

(b) the failure of any pipeline isolation device, associated equipment or system; or

(c) the failure of equipment involved with pipeline works,

which could cause personal injury to any person, or which results in the pipeline being shut down for more than 24 hours.

22. The unintentional change in position of a pipeline, or in the subsoil or seabed in the vicinity, which requires immediate attention to safeguard the pipeline's integrity or safety.

PART 4

DANGEROUS OCCURENCES WHICH ARE REPORTABLE IN RELATION TO A QUARRY

Collapse of storage bunkers.

47. The collapse of any storage bunker.

Sinking of craft.

48. The sinking of any water-borne craft or hovercraft.

Projection of substances outside quarry.

49.(1) Following a blasting operation, the projection of any material beyond the designated danger zone or the projection of any material which caused or might have caused injury.

(2) In this paragraph, "danger zone" means the area determined for each blast under the shot firing rules required by regulation 25(2)(a)(i) and (b) of the 1999 Regulations.

Misfires.

50. Any misfire, as defined by regulation 2(1) of the 1999 Regulations.

Insecure tips.

51. Any event (including any movement of material or any fire) which indicates that a tip to which the 1999 Regulations apply is or is likely to become insecure.

Movement of slopes or faces.

52. Any movement or failure of an excavated slope or face which -

(a) could cause the death of any person; or

(b) adversely affects any building, contiguous land, transport system, footpath, public utility or service, watercourse, reservoir or area of public access.

Explosion or fire in vehicles or mobile plant

53. Any explosion or fire in—

(a) a dump truck with a load capacity of at least 50 tonnes; or

(b) an excavator with a bucket capacity of at least 5 cubic metres,

which results in the stoppage of that vehicle or plant for more than 24 hours, and which affects—

(i)any place where persons normally work; or

(ii)the route of egress from such a place.

Appendix 2: Adverse Incident Form

ORKNEY ISLANDS COUNCIL

Adverse Event Form

Service/Service Area		**Workplace**	
PERSONAL DETAILS			
Full Name		**Date of Birth**	
Home Address		**Tel No.**	
Post Code			
Occupation			
ACCIDENT/INCIDENT DETAILS			
Date		Time	Location
How did the accident/incident/near miss occur?			
Did the accident/incident result in a personal injury?	☐ Yes	☐ No	(Click or Tick appropriate box)
Nature of injury or condition and part of body affected			
Action required to prevent recurrence			
Medical action taken	☐ First Aid	☐ Hospital	☐ Doctor ☐ Other (Click or Tick
FOR ADMIN STAFF USE ONLY			
Did the accident/incident result in the victim being hospitalized for more than 24 hours?	☐ Yes	☐ No	
If the victim was a member of the public (visitor, resident, customer, pupil, student, etc.) was he or she taken immediately to hospital?	☐ Yes	☐ No	
If an employee, is the victim likely to be incapacitated for work for more than 7 days?	☐ Yes	☐ No	
PERSON RECORDING THE ACCIDENT/INCIDENT			
Name		Date	
Job Title			

Forward completed form to the OIC Safety and Resilience Manager, Corporate Services (Telephone 873535 extension 2255) as soon as possible by email to health.safety@orkney.gov.uk

TO BE COMPLETED BY SAFETY AND RESILIENCE TEAM ONLY			
SERIOUS ACCIDENTS/INCIDENTS TO BE REPORTED IMMEDIATELY			
Date received by Safety and Resilience Team		**Date investigated**	
Date Riddor Report sent			
Investigation report completed	☐ Yes	☐ No	**(Click or Tick appropriate box)**

Adverse Event forms should be kept for a minimum of 3 years from the date recorded.

Version 2.10: 02/10/2020

Appendix 3: D&I Incident Form

D&I Incident Form

SITE REPORT OF INCIDENT – TO BE COMPLETED WITHIN 24 HOURS OF INCIDENT

FUNCTION	ROADS OPERATIONS	ROADS SUPPORT	FLEET	QUARRIES	ENVIRONMENTAL SERVICES – OPERATIONS	ENVIRONMENTAL SERVICES - FACILITIES

File references: Roads, Hatston R4.1.21.02, Roads, Council Offices R1.03.22, Environmental Services ES6.1.2

INCIDENT REPORTED BY:
EMPLOYEE NAME ----------

PLEASE ENTER FULL DETAILS OF INCIDENT IN SECTIONS A – F AS APPROPRIATE INCLUDING SKETCH (SECTION G OVERLEAF)

SECTION A
DATE OF INCIDENT ---------- TIME ----------
PLACE OF INCIDENT ----------
BY WHOM NOTIFIED ----------

SECTION B - INCIDENT TYPE (✓) (Tick all that apply)

All Personal Injuries	☐	Complete this form.
All incidents involving vehicles and/or construction plant	☐	Complete this form and QF084c with Fleet Manager
Damage to Underground Utilities (BT, Hydro etc.)	☐	Complete this form and QF084b
All other incidents	☐	Complete this form.
Allegations	☐	Complete this form.
External Road Traffic Accidents	☐	Complete this form.

SECTION C - DETAILS OF INCIDENT (Continue on a separate sheet if necessary)

Estimated cost of repair (if appropriate) ----------

SECTION D – DETAILS OF INJURY
NAME ----------
NATURE OF INJURY ----------
MEDICAL ACTION TAKEN FIRST AID / HOSPITAL / DOCTOR / OTHER

Was the accident victim in hospital for more than 24 hrs? Yes No

Is the accident victim likely to be incapacitated for work for more than 7 days? (RIDDOR reporting) Yes No

First day of sickness (to be completed by the Foreperson/Line Manager ---------- Last day of sickness: ----------

Signed: ---------- Designation: ---------- Date ----------
Foreperson/Line Manager

SECTION E – WITNESSES

SECTION F – THIRD PARTIES

NAME ---

ADDRESS & TEL.NO. ---

SECTION G - SKETCH OF INCIDENT

FOREPERSON/LINE MANAGER SIGNATURE ---------- DATE ----------

LINE MANAGER'S SIGNATURE: ---------- DATE ----------

RETURN COMPLETED FORM TO LINDSEY MCADIE AS SOON AS POSSIBLE AFTER THE INCIDENT

FOR OFFICE USE ONLY

If this involves a Personal Injury please confirm an entry has been made in the Accident Book or an Accident Form has been completed. Yes No
Please enter the date this was sent to Council's Health & Safety Team …… and by whom.

As a result of the accident are any improvements required to be taken by the Service Yes/No

If yes please enter details of improvements to be recommended

---

Authorised by: ---------- Completed (date): ----------
Line Manager
Entered on New Horizon if involving an employee only, on ---------- (date) by ----------
Entered on Excel Spreadsheet on ---------- (date) by ----------

Copies to Insurance Administrator, Line Manager, Health.Safety@orkney.gov.uk (only if personal injury), Head of Legal Services (only if possibility of employers liability legal claims).

Appendix 4: Investigation Information Gathering

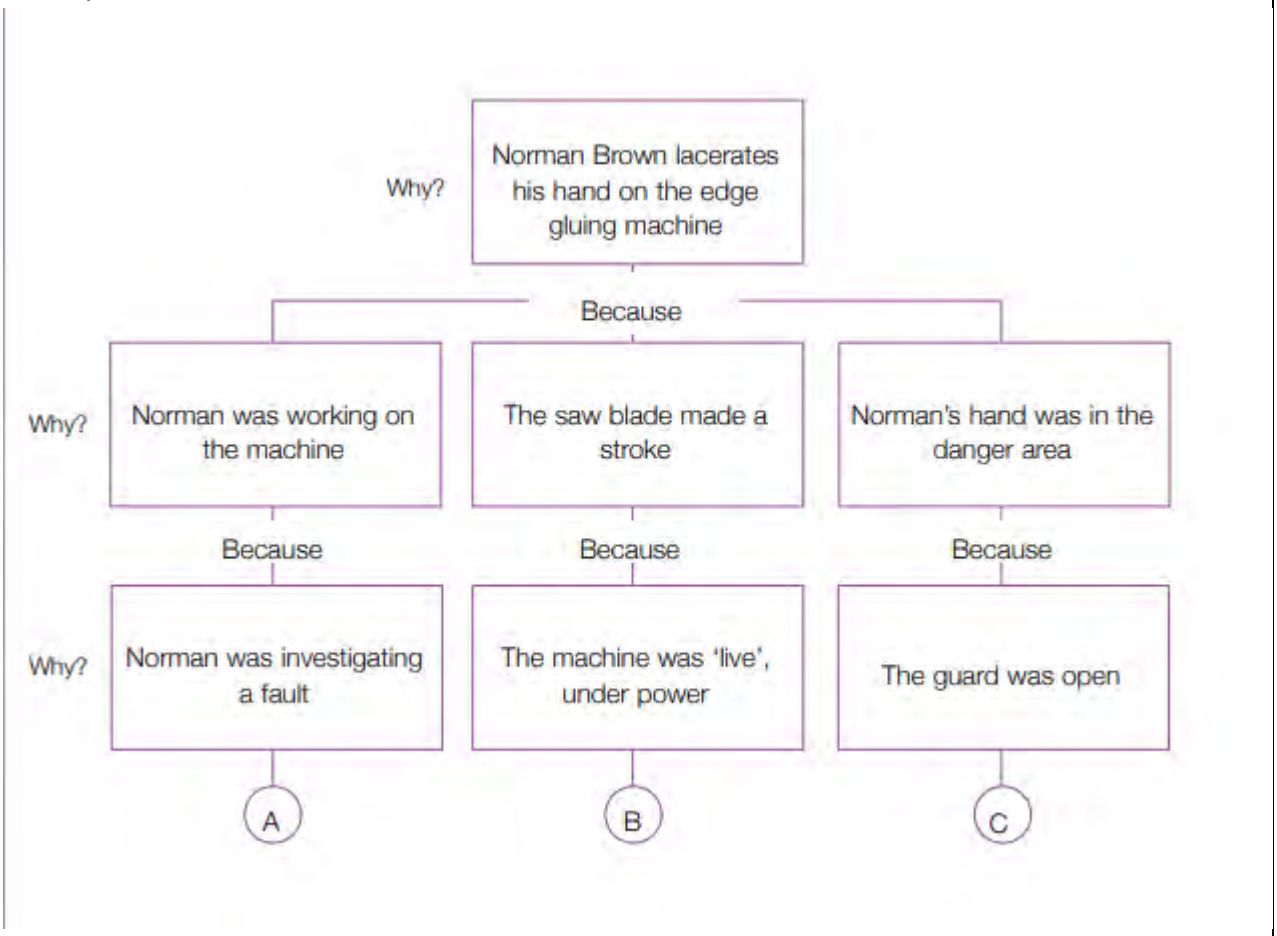
1. Where and when did the adverse event happen?
2. Who was injured/suffered ill health or was otherwise involved with the adverse event?
3. How did the adverse event happen? (Note any equipment involved)
4. What activities were being carried out at the time?
5. Was there anything unusual or different about the working conditions?
6. Were there adequate safe working procedures and were they followed?
7. What injuries or ill health effects, if any, were caused?

8. If there was an injury, how did it occur and what caused it?
9. Was the risk known? If so, why wasn't it controlled? If not, why not?
10. Did the organisation and arrangement of the work influence the adverse event?
11. Was the maintenance and cleaning sufficient? If not, explain why not.
12. Were the people involved competent and suitable?
13. Did the workplace layout influence the adverse event?
14. Did the nature or shape of the materials influence the adverse event?

15. Did difficulties using the plant and equipment influence the adverse event?
16. Was the safety equipment sufficient?
17. Did other conditions influence the adverse event?
18. What were the immediate, underlying and root causes?
Analysis (See “Analysis” under “Step two” of HSG 245.). **How / Why.** **Immediate causes.** **Underlying causes.**

Root causes.
19. What risk control measures are needed / recommended?
1.
2.
3.
20. Do similar risks exist elsewhere? If so, what and where?
21. Have similar adverse events happened before? Give details

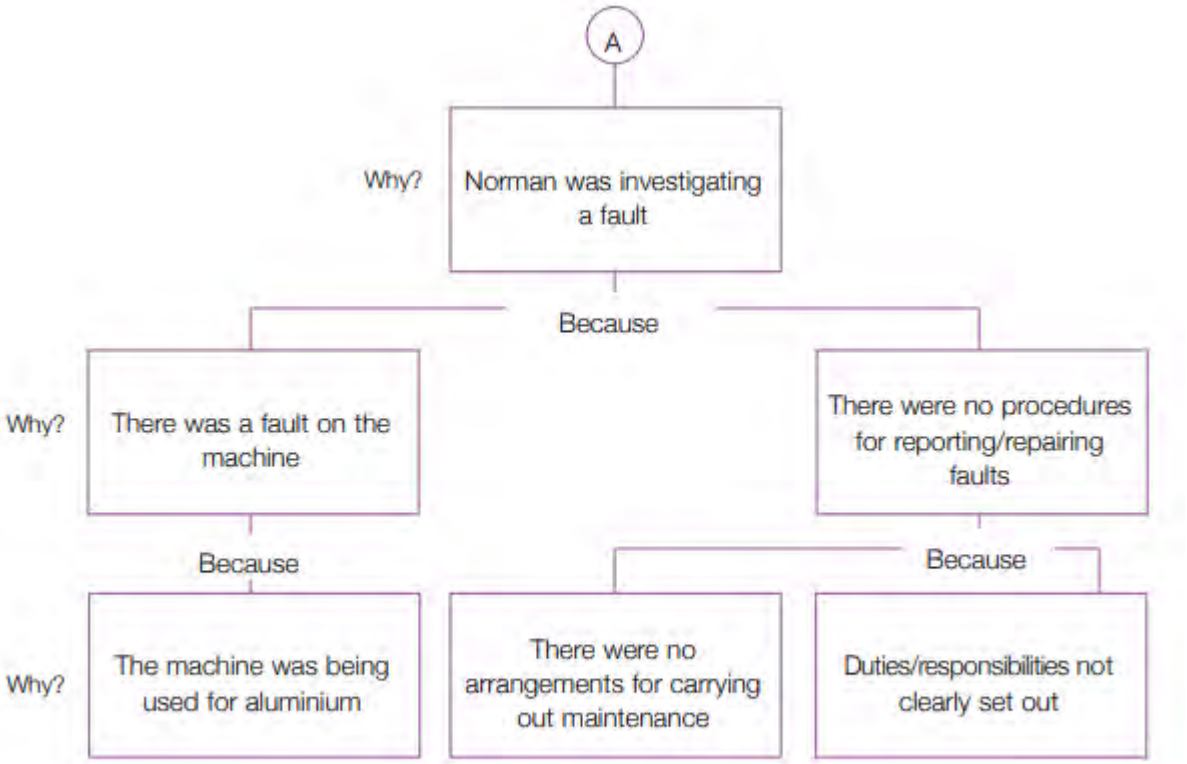
Appendix 5: Example of Root Cause Analysis and control measures

18. What were the immediate, underlying and root causes?
Analysis (See “Analysis” under “Step two” of HSG 245.). Example below: 

18. What were the immediate, underlying and root causes?

Analysis (See “Analysis” under “Step two” of HSG 245.).

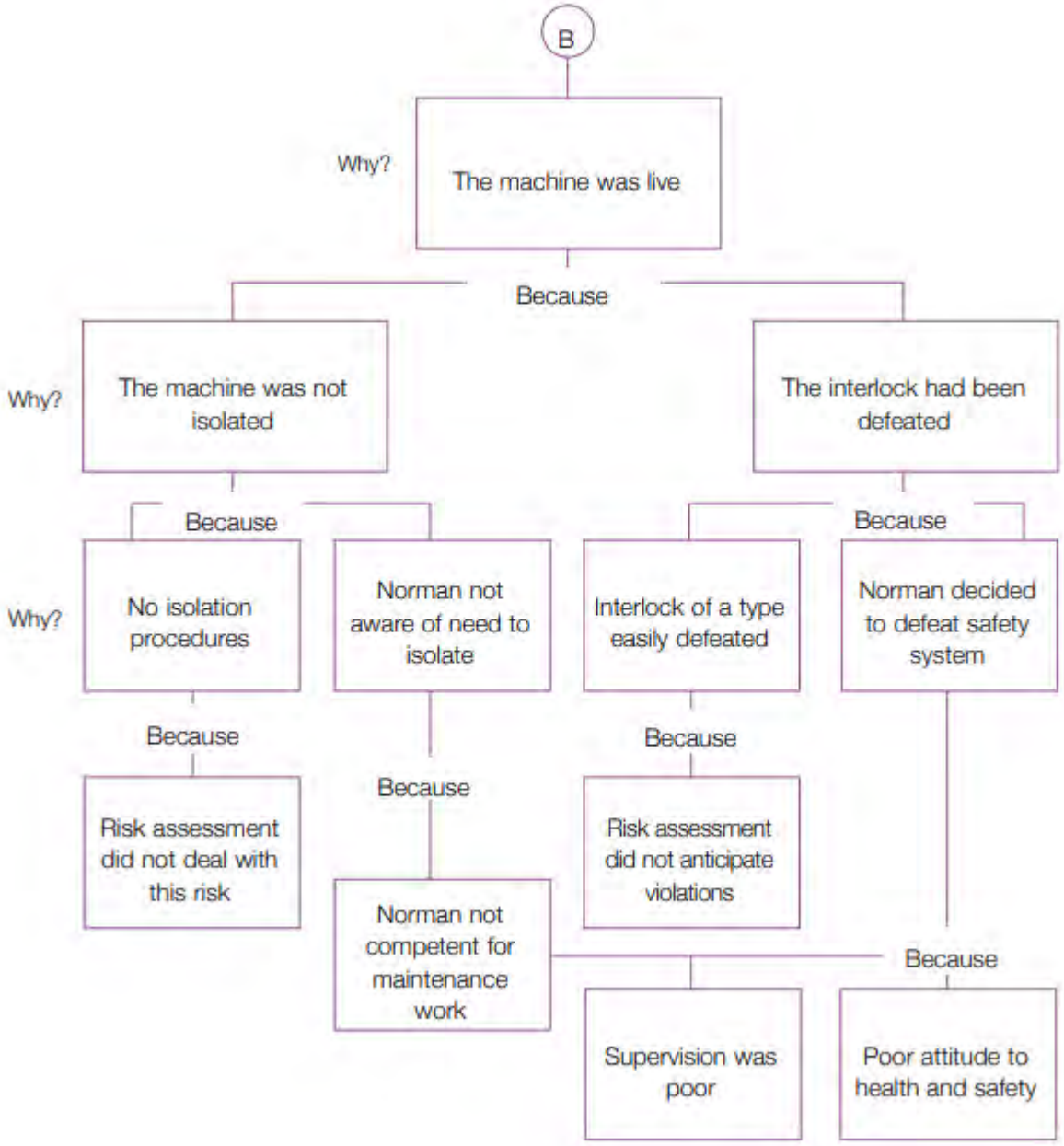
Example below:



18. What were the immediate, underlying and root causes?

Analysis (See “Analysis” under “Step two” of HSG 245.)

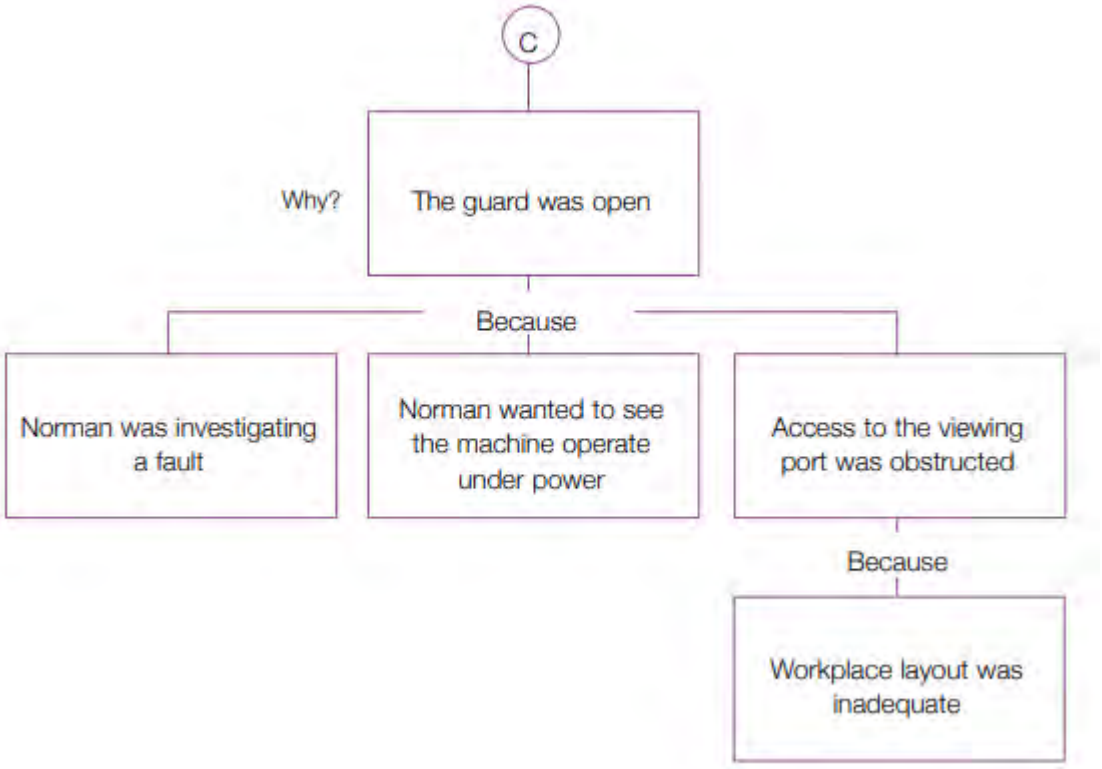
Example below:



18. What were the immediate, underlying and root causes?

Analysis (See “Analysis” under “Step two” of HSG 245.)

Example below:



18. What were the immediate, underlying and root causes?

Analysis (See “Analysis” under “Step two” of HSG 245.).

How / Why.

1. Edge gluer was used for aluminium without adjusting to suit.
2. The saw blade was tearing the end of the sections.
3. The operator decided to investigate the cause.
4. The operator decides that to find the cause he has to run the machine.
5. The operator is unable to see through the viewing port.
6. The operator opens the guards and defeats the interlock.

7. The machine makes a cutting stroke. 8. The operator's hand is cut by the saw blade. **Immediate causes.** 1. Not enough room around the machine to do the job. 2. The saw set up was not suitable for use on aluminium. 3. The interlocks fitted were of a type easily defeated. 4. There were no safe working procedures for the job. 5. Operative not fully competent. **Underlying causes.** 6. Poor workplace layout. 7. No risk assessments for use/maintenance of machine. 8. Risk assessments didn't address use of other materials. 9. Risk assessments didn't address violations. 10. SWPs were not prepared following risk assessments. 11. Operators not trained on machine maintenance and safety devices. 12. Level of supervision not adequate – should have detected violations. 13. All staff to be reminded of their duties and essential health and safety measures. **Root causes.** Management commitment to H&S not communicated to employees. Health and safety assistants not fully competent and resourced. Unclear lines of communication and responsibilities.
19. What risk control measures are needed / recommended? (Please note that 1 to 6 below are examples).
1. Replace interlock switch with tongue type switch.
2. Rearrange machine to allow access to window.
3. Procedures for isolation of machine.
4. Procedures for reporting/repairing defects.
5. Clear allocation of duties.
6. Review risk assessments.