



WRITTEN CONTROL DOCUMENT APPROVAL SUMMARY REPORT HEALTH AND SAFETY AND EMERGENCY PLANNING SUB COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	04 March 2024
TITLE OF WRITTEN CONTROL DOCUMENT:	(Revised) Confined Space and Restricted Access Space Policy 393
ARWEINYDD CYFARWYDDWR: EXECUTIVE LEAD (POLICY ONLY)	Andrew Carruthers, Executive Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER: (CHAIR OF OWNING GROUP)	Simon Chiffi, Head of Operations

ADRODDIAD REPORT

Sefyllfa / Situation

The Health and Safety Committee are asked to approve the Confined Space and Restricted Access Space Policy (attached below) on behalf of the Hywel Dda University Health Board. This report provides the required assurance that Policy 190 – Written Control Documentation (WCD) has been adhered to in the review of this policy and is therefore in line with legislation/regulations, available evidence base and can be implemented within the Health Board.

This policy has no revisions from the last approval on 06 March 2023. The Operations and Compliance Group has approved the policy on the 09 February 2024.

Cefndir / Background

1. Brief summary of the WCD:

This policy clearly sets out instructions and expectations for management to fulfil its responsibilities to effectively manage work in confined spaces and restricted access spaces within the Health Board.

2. Scope of the WCD:

This policy applies to all staff, contractors and visitors at all Confined Space and Restricted Access Space locations owned or occupied by the Health Board.

3. Reason(s) for reviewing the Policy:

This policy required reviewing as it had reached its annual review period. As there have not been any major regulatory updates or significant issues arising a three yearly review is now requested.

4. Aim(s) of the Policy:

A review of Policy 393 has been undertaken by the Estates Operations Compliance Group, ensuring the document is in line with current legal and other requirements. There have been no changes to the original policy.

Assurance

- Equality Impact Assessment (EqIA)

In consultation with the Equality Diversity and Inclusion team, it was requested that all male and female pronouns be eliminated and replaced with gender neutral pronouns.

The previous Role of 'Top Man' has been replaced with Entry Control (EC) on page 29 with the explanation that the EC is the Top Person at the entry point; known in the industry as 'Top Man' which is the 'Competent Person' for the purpose of permit to work receipt and completion.

- **Privacy Impact Assessment:** – Not Applicable for this document.
- **Evidence base:**

The following primary reference sources have been used in the compilation of the Confined Space and Restricted Access Space Policy:

- The Confined Spaces Regulations 1997.
- 'Safe work in confined spaces' (HSE ACOP, Regulations and Guidance L101, 2nd Edition).
- City and Guilds 6160 Competency Assessment Scheme.

Other reference sources include.

- The Management of Health and Safety at Work Regulations 1999.
- Dangerous Substances Explosive Atmosphere Regulations 2002 (DSEAR).
- The Control of Substances Hazardous to Health Regulations 2002 (COSHH).
- The Construction (Design and Management) Regulations 2015 (CDM).

*This is not an exhaustive list – ref p32-33

4. Compliance with Legislation/Regulations:

Full adherence with the content of this policy will demonstrate that as far as reasonably practicable the Health Board has complied with the necessary guidance documents such as Health and Safety Guidance (HSG) / Health Technical Memorandums (HTM) for health care purposes.

5. Consultation:

The document has been circulated to all Estates Operations teams as part of internal consultation.

6. Implementation:

The policy will be made available to all Estates Teams internally and will feature in upcoming management training.

The policy will be made available to all staff within the Health Board via the intranet policy page. Review of the Policy and its implementation will take place in three years.

7. Monitoring:

It is essential that continued monitoring is carried out to establish the effectiveness of this policy. The outcome of this monitoring will determine what measures are required to improve specific aspects of non-compliance or lack of adherence to the policy.

Monitoring and review this will be the responsibility of the Estates Compliance Team with the assistance of the Fire Safety Team and the Health, Safety and Security Department in line with the multidisciplinary approach highlighted within the policy.

The Estates Compliance Team will determine what actions will be necessary. If necessary, this will then be further escalated to the Health and Safety Committee.

Argymhelliad / Recommendation

The Health and Safety Committee is requested to:

- Approve the Confined Space and Restricted Access Space Policy - 393 for the Health Board for the next 3 years.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.16 Approve organisational Health and Safety Policies, Procedures, Guidelines and Codes of Practice (policies within the scope of the Committee)
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks have been scored and identified on the Datix system. 1105 502
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	3. Striving to deliver and develop excellent services
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services
Amcanion Cynllunio Planning Objectives	3. Striving to deliver and develop excellent services

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	3. Striving to deliver and develop excellent services
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The Confined Spaces Regulations 1997. 'Safe work in confined spaces' (HSE ACOP, Regulations and Guidance L101, 2nd Edition). City and Guilds 6160 Competency Assessment Scheme.
Rhestr Termau: Glossary of Terms:	EC= Entry Control CP= Competent person CSRAS= Confined Space and Restricted Access Space TP=Top Peron HSG= Health and Safety Guidance HTM=Health Technical Memorandums
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	The Operations and Compliance Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There may be financial implications if the issues identified require monetary rectification.
Ansawdd / Gofal Claf: Quality / Patient Care:	There is a positive impact on staff safety, health and wellbeing through compliance.
Gweithlu: Workforce:	Potential for adverse future staffing impacts if this legislation is not complied with as it relates to employee safety
Risg: Risk:	Risk to health and safety management
Cyfreithiol: Legal:	Potential for enforcement action including Improvement Notices/prosecutions and claims due to breaches in legislation.
Enw Da: Reputational:	Potential for enforcement action including Improvement Notices/prosecutions and claims due to breaches in legislation.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Has EqIA screening been undertaken? Yes as part of HB Policy.

CONFINED SPACE AND RESTRICTED ACCESS SPACE POLICY

Procedure information

Procedure number: 393

Classification:
Corporate

Supersedes:
3

Version number:
4

Date of Equality Impact Assessment:
12/02/2024

Approval information

Approved by:
Health & Safety Committee

Date of approval:
Enter approval date

Date made active:
Enter date made active (completion by policy team)

Review date:

12/02/2027

Summary of document:

This policy contains the protocol for appropriate control and management of Confined Spaces, and Restricted Access Spaces for the Health Board.

Scope:

The HDUHB acknowledges its general responsibilities under the Health and Safety at Work Act 1974 and other specific legislation relevant to this discipline, primarily, the Confined Space Regulations 1997 (CSR) and approved code of practice and guidance L101 'Safe work in Confined Spaces'. The Management of Health and Safety at Work Regulations 1999 apply to all work locations.

To be read in conjunction with:

[010 - Health and Safety Policy](#) – opens in a new tab
[608 - Risk Management Framework](#) – opens in a new tab
[156 - Risk Management Strategy & Policy](#) – opens in a new tab
[674 - Risk Assessment Procedure](#) – opens in a new tab
[242 - Fire Safety Policy](#) – opens in a new tab
[541 - Contractor Control Policy](#) – opens in a new tab
[144 - Operational Maintenance Policy](#) – opens in a new tab
[703 - Control of Substances Hazardous to Health \(COSHH\) Policy](#) – opens in a new tab
[020 - Asbestos Policy](#) – opens in a new tab
[273 - Manual Handling Policy](#) – opens in a new tab
[258 - Waste Management Policy](#) – opens in a new tab
[170 - Lone worker Policy](#) – opens in a new tab
[696 - First Aid at Work Procedures](#) – opens in a new tab
[145 - Electrical Safety Policy LV](#) — opens in a new tab
[434 - Medical Gas Policy](#) – opens in a new tab
[382 - Estates Ventilation Policy](#) – opens in a new tab
[565 - Decontamination Policy](#) – opens in a new tab
[403 - Water Safety Policy](#) – opens in a new tab
[982 - Incident, Near Miss, and Hazard reporting](#) – opens in a new tab
[830 - RIDDOR Reporting Decision Flowchart](#) – opens in a new tab

Owning group:

Compliance and Operations Group
09/02/2023

Executive Director job title:

Andrew Carruthers, Director of Operations

Reviews and updates:

- 1 19.6.2014 – new policy
- 2 17.7.2019 – fully revised
- 3 9.2.2023 – fully revised

4 9.2.2024 – review (altered to review every three years)

Keywords

Confined Space, Restricted Access Spaces, Risk Assessments, Safe Systems of Work, Control of Contractors, Maintenance, Emergency, health and safety, Construction Design Management, City & Guilds Competency Assessment Scheme.

Glossary of terms

All abbreviations contained within brackets on first being used in the document

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Introduction

There are many classified Confined Spaces at each Hywel Dda University Health Board (HDUHB) acute hospital and subsidiary sites. These are hazardous environments and range in size and nature from large Subterranean, and Inter-floor service ducts to small water tanks, and underground sewage pits. There are also numerous Restricted Access Spaces (RAS) whose environments are similarly hazardous and require the Estates Department to control access e.g., Boiler Houses and Plant Rooms. This Policy and related procedures are primarily aimed at the Estates Directorate but will also apply to other directorates and departments who have Confined and RAS spaces within the buildings that they occupy; refer to [Appendix 1- Process flow chart for Restricted Access Spaces](#).

Policy Statement

The HDUHB acknowledges the dangers from working in Confined Spaces and RASs, and is committed to ensuring the health, safety, and welfare of its own staff, and of anyone else working in these areas, or of anyone else who could be affected by this work.

The HDUHB aims to ensure that in delivering patient care/public care and other services that the health, safety, and welfare of everyone is not harmed in any way. Health and Safety law requires the HDUHB to implement arrangements as necessary, to ensure effective planning, organisation, control, monitoring, and review of safety control measures.

This Policy has been produced to provide advice and guidance to:

- Service managers and other persons with responsibility for the management of buildings including repairs and maintenance.
- Managers and supervisors directly responsible for organising work in confined spaces, and RAS.
- Staff, and contractors undertaking work in confined spaces and RAS's

Scope

The HDUHB acknowledges its general duty under the Health and Safety at Work Act 1974 to ensure the health, safety, and welfare of all employees and anyone affected by their work, so far as is *reasonably practicable. This policy has been created in accordance with this general duty, and with other Health and Safety Regulations relating to working in confined spaces including the Management of Health and Safety at Work Regulations 1999, and the Confined Space Regulations 1997. The Policy is in accordance with the Welsh Health Technical Memoranda (WHTM) series.

*Reasonably Practicable is a judgement made on the level of safety control required. It involves weighing the level of risk against the cost in terms of money, time, and effort needed to control the risk.

Aim

The aim of this policy is to ensure compliance with the Confined Space Regulations 1997, and all related Health and Safety legislation to reduce the risk of injury or ill health, so far as is reasonably practicable to all employees or any other person including contractors, surveyors and any other persons that enters a HDUHB confined space, or who may be affected by the activities undertaken within these confined spaces.

Objectives

In relation to work in Confined Spaces and RAS's, to ensure that:

- The HDdUHB Confined Space and RAS policy is fit for purpose, reviewed periodically, and in response to legislative, WHTM, or operational changes.
- The identification, assessment, and control of risk is in line with the HDdUHB's Risk Management procedure.
- Risk assessments and safe systems of work are developed.
- Staff are consulted in the development of risk assessments and safe systems of work.
- Equipment, premises, and systems of work are safe, so far as is reasonably practicable.
- Information, instruction, and training is provided to staff and others as appropriate.
- Accidents, and incidents, are investigated and reported with appropriate corrective action taken to prevent recurrence.
- Health and Safety performance is subject to monitoring and review.

What is a confined space?

Many people die each year in the UK when working in or around confined spaces, and many people are seriously injured. These confined spaces range from complex buildings and plant to simple storage vessels. Those killed or injured include individuals who attempt rescue without proper training and equipment.

The Confined Space Regulations 1997 (CSR) define a 'confined space' as:

"...any place, including any chamber, tank, vat, silo, pit, trench, pipe, sewer, flue, well or other similar place in which, by virtue of its enclosed nature, there arises a reasonably foreseeable specified risk".

The CSR Regulations go on to define a 'specified risk' as the risk of:

- (a) *serious injury to any person at work arising from a fire or explosion;*
- (b) *without prejudice to paragraph (a)-*
 - (i) *the loss of consciousness of any person at work arising from an increase in body temperature;*
 - (ii) *the loss of consciousness or asphyxiation of any person at work arising from gas, fume, vapour or lack of oxygen;*
- (c) *the drowning of any person at work arising from an increase in the level of a liquid; or*
- (d) *the asphyxiation of any person at work arising from a free flowing solid or the inability to reach a respirable environment due to entrapment by a free flowing solid.*

A confined space can therefore be any space of an enclosed nature where there is a risk of death or serious injury arising from one or more of these specified risks. Some confined spaces are easily identified because they are hazardous environments with limited openings for example:

- Service ducts and tunnels
- Storage tanks
- Sewage Pits
- Boilers

Other examples may be less obvious but can be equally dangerous e.g., a Medical Gas Cylinder store with leakage from a cylinder.

What are the dangers from confined spaces?

Dangers can arise in confined spaces because of:

- Fire and explosions e.g., caused by dust known as a Fuel Air Explosion, or from flammable vapours, or excess oxygen. In a hospital environment, a build-up of excess oxygen could be caused by the escape of piped medical gases within a service duct or a clinical area.
- A lack of oxygen caused by the build-up of other gases that displace oxygen from normal air or displaces oxygen inside steel tanks and vessels when rust forms.
- Poisonous gas, fume, or vapors can build-up in sewers and in service ducts connected to the system. They can enter tanks or vessels from connecting pipes and can leak into trenches and pits.
- Liquids and solids which can suddenly fill the space, or release gases into it, when disturbed. Free flowing solids such as grain or wood pellets can also partially solidify and 'bridge' in silos causing blockages which can collapse unexpectedly.
- Residues left in tanks, vessels etc., or remaining on internal surfaces which can give off gas, fume, or vapor.
- Hot conditions leading to a dangerous increase in body temperature e.g., working near steam pipes.
- This is not an exhaustive list.

What is a Restricted Access Space?

The HDUHB definition of a RAS is 'a hazardous room or area whose access must be strictly controlled and which under certain circumstances could become a classified Confined Space'. Examples include.

- Boiler Houses and Plant Rooms
- Electrical substations
- Service Risers
- Air Handling Units
- Sterilization Units
- Kitchens
- Refrigeration systems as used in Radiography, Mortuary, and Catering departments
- Fire Suppression systems as used in electrical and IT Hub rooms.
- Roof Voids

It is important to note that any room or space can become a confined space under certain circumstances e.g., an office will change into a confined space on the outbreak of fire, or release of a toxic gas. However, this is not normally envisaged if the area is suitably managed therefore an office is neither a Confined Space nor a RAS.

RAS's represent hazardous areas where there is greater potential for introduction of one of the specified risks converting a RAS into a higher risk e.g., the leakage of gas cylinders within a hazardous substance storage room or an attic space to an office block used to store records would normally be considered a RAS but could become a confined space during a heat wave which would make the conditions in the attic intolerable to work in.

Directorates and Departments outside of Estates should contact the Health, Safety and Security Department if they are in any doubt as to whether areas under their control should be subject to

restrictions of access or could potentially be classified as a Confined Space. This is the subject of a separate procedure; refer to [Appendix 1- Process flow chart for Restricted Access Spaces](#).

What does the law say?

Regulation 3 of the **Management of Health and Safety at Work Regulations 1992** states that a suitable and sufficient assessment of the risks must be undertaken for all work activities for the purpose of deciding what measures are necessary to ensure safety.

For work in Confined and Restricted Access Spaces the assessment will include consideration of:

- the task.
- the working environment.
- any hazardous substance in the environment e.g., dust, biological agents, gases, or vapors etc.
- working materials and tools e.g., Hot cutting, freezing equipment for plumbing work, paints, solvents etc.
- any hazardous products being used.
- the suitability of those carrying out the task.
- arrangements for emergency rescue.

If a space is of an enclosed nature and contains one or more of the specified risks detailed in Section 7, **the Confined Space Regulations 1997** apply.

The hierarchy of control contained in the Confined Spaces Regulations 1997 requires duty holders to consider the following:

- avoid entry to confined spaces, e.g., by doing the work from outside.
- if entry to a confined space is unavoidable, follow a safe system of work, including a permit-to-work, and Risk Assessment.
- put in place adequate emergency arrangements before the work starts.

Avoid entering confined spaces

Regulation 4(1) of the Confined Space Regulations 1997 (CSR) states:

‘No person at work shall enter a confined space to carry out work for any purpose unless it is not reasonably practicable to achieve that purpose without such entry’.

Therefore, the first question must always be - Can the work be done another way to avoid the need to enter a confined space? Better work-planning or a different approach can reduce the need for working in a confined space.

Is the work necessary? Could the task be modified so that entry is not necessary? Could the work be done from outside i.e., remotely or with specialist tools?

Paragraph 35 of the CSR ACOP L101 ‘Safe work in confined spaces’ states:

‘Where it is not reasonably practicable to avoid entering a confined space to undertake work, the employer or self-employed person is responsible for ensuring that a safe system of work is used. In designing a safe system of work, they should give priority to eliminating the source of any danger before deciding what precautions are needed for entry’.

Future design of Confined Spaces and Restricted Access Spaces

All Estates Engaging managers and Project Managers must ensure that the duties of the Health Board acting as 'Client' under the Construction Design Management Regulations (CDM) 2015 are fulfilled according to the **Estates CDM 2015 Procedures Manual**. All designers must consider eliminating or minimising the need to enter a confined space, e.g., by positioning drainage rodding eyes so they can be accessed without confined space entry into service ducts or eliminate the risk altogether by positioning the pipes outside of the service duct and in doing so ease the constrictions within the service duct.

Contractors working in confined spaces and RAS should adhere to the Estates Department **Code of Safe Practice and Procedures Manual**.

Health and Safety File - This is to ensure that those who may carry out works on a structure or site (such as cleaning, repairs, maintenance, construction, or demolition), are made aware of the significant health and safety risks which may be encountered. The residual risks on completion of the project and how to control them are contained in the Health and Safety File.

Regulation 11 of the Construction (Design and Management) Regulations 2015 (CDM) places a duty on the Principal Designer to ensure that the design includes adequate regard to the need to avoid foreseeable risks to the health and safety of any person on the structure at any time.

CDM Regulation 12 (5) states that the Health and Safety file should be 'appropriate to the characteristics of the project'. In other words, it should contain a sufficient depth and breadth of health and safety information to **allow maintenance, cleaning, alterations, refurbishment, or demolition to be carried out safely**.

It is vital that Project Managers acting as the Client under CDM during the lifespan of the project report safety concerns and other areas of non-compliance to Senior Managers, the Estates Compliance Team, Fire Safety Team, and to the Health, Safety and Security Department as appropriate. It is equally important that on completion and handover they ensure that any 'Residual Risks' are captured in the Health and Safety File and the Operational Maintenance Manuals.

Risk assessments

Paragraph 48 of the CSR Approved Code of Practice L101 requires that if it is not reasonably practicable to avoid the need to work in a confined space, a risk assessment (RA) must be made to assess the risks connected with entering or working there, and the risks to any others for example other workers including contractors and the public in the vicinity who could be affected by the work to be undertaken. The RA must be carried out by someone competent to do so.

Each of the known confined spaces and RAS within the areas controlled by the Estates department or where it provides a service has been surveyed by independent confined space industry experts, and assessed in relation to the 5 specified risks, and with respect to the tasks that are generally undertaken within. This does not represent all areas within the HDUHB Property portfolio therefore Directorates and Departments outside of Estates should contact the Health, Safety and Security Department, or Estates Operations Compliance Team if they are in any doubt as to whether areas under their control should be subject to restrictions of access or could potentially be classified as a Confined Space.

Confined Space Classification

The **City and Guilds 6160** competency assessment scheme uses a risk-based approach to classify Confined Spaces since the classification of the space may change depending upon the task that is taking place. All tasks undertaken in Confined Spaces and RAS must therefore be risk assessed at the point of work since the classification may change depending on the work carried out.

General Principles

The City and Guilds competency assessment scheme enables direct mapping to competency requirements.

Low Risk entries do not require the use of escape breathing apparatus, either because the risk of a hazardous atmosphere is very low, or the time taken to get out of the space would be less than the time taken to don an escape set.

Generally, these entries will be made by a single entrant, have simple and unobstructed entry/exit, have adequate natural ventilation, have no likely risk of flooding, and may involve lone working.

Medium Risk entries require the use of escape breathing apparatus, because there is a realistic expectation of encountering a specified risk which may be either due to the intrinsic hazards or introduced / task hazards, or the time taken to evacuate increases the risk to entrants, e.g., distance travelled, where there is more than one entrant, or where the layout of the area is complicated. There will always be one or more people - positioned outside the confined space - who have designated responsibilities for controlling the entry and dealing with emergencies.

High Risk entries are generally those where full working breathing apparatus is required, either because there is a known hazardous atmosphere or because the risks of a hazardous atmosphere occurring is significant. This may be due to intrinsic hazards within the space or introduced / task hazards.

Other hazards including the presence of heat, physical hazards i.e., awkward/complex access, size restrictions, or other hazards may also necessitate classifying the entry as high risk. High risk entries require the presence of competent persons who have designated responsibilities for dealing with high risk emergencies.

HDdUHB staff are not permitted to enter Confined Spaces where due to the nature of the work the risk of exposure to one of the specified risks is high. In such circumstances the services of competent outside contractors complete with professional rescue teams trained for High-Risk entries, with breathing apparatus rescue capability may be required.

Any alteration in Risk Classification for any area within the HDdUHB Confined Spaces must be subject to Risk Assessment, and ONLY with the express written approval of the Estates Compliance Team.

Confined Space classification is reinforced by the following regulations and supporting assessments.

Fire Risk Assessment

This is a requirement under the Regulatory Reform Fire Safety (2005) Order. Fire and explosion are a key Confined Space Specified Risk under the CSR 2007. Fire Risk assessments identify whether a DSEAR assessment is required and will provide essential information in support of the DSEAR assessment.

Dangerous Substances Explosive Atmosphere Regulations 2002 (DSEAR)

DSEAR requires employers to assess the risks of fires and explosions that may be caused by dangerous substances in the workplace. From June 2015 DSEAR also covers the risk caused by gases under pressure and substances that are corrosive to metals.

Control of Substances Hazardous to Health Regulations 2002 (COSHH)

COSHH assessment concentrates on the hazards and risks from hazardous substances in the workplace. It will help inform the DSEAR Assessment as well as information in support of specified risks relating to asphyxiation from toxic and irrespirable atmospheres.

Heat Stress

Heat stress can result in illnesses such as heat stroke, heat exhaustion, as well as causing heat cramps, or heat rashes. Heat can also increase the risk of injuries to workers as it may result in sweaty palms, fogged-up safety glasses, and dizziness. Burns may also occur because of accidental contact with hot surfaces or steam. Many areas within service ducts as well as other locations have increased ambient temperatures with some recorded temperatures more than 36 °C.

Where there is a substantial risk of incapacitation a specific Heat Stress Risk assessment is required. Other associated Health and Safety regulations requiring risk assessment include.

- Working at Height Regulations 2005
- Control of Asbestos Regulations 2012
- Gas Safety (Installation and Use) Regulations 1998
- Pressure Systems Safety Regulations 2016
- Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)
- Provision and Use of Work Equipment Regulations 1998 (PUWER)
- Respiratory Protective Equipment at Work 2013.
- And PPE REGS 1992.

*Most of the Confined Spaces at HDUHB sites are under the control of the Estates Department or are in joint control with the department where the confined space is located.

Other departments with RAS and known Confined Spaces should liaise with the Health Safety and Security Department to ensure that their arrangements for managing the risks are suitable and sufficient.

RA's undertaken by Estates Site Operations Teams

All tasks conducted within Confined Spaces identified by the Estates Department must be subject to a written RA for the activity being undertaken because the work itself may produce the hazard(s) and alter the classification. RAs conducted by the HDdUHB Estates Site Operations Team fall into the following categories.

- **Generic Risk Assessments (GRA)**
These are generally undertaken by the Compliance Team for generic risks associated with locations, and for tasks that are common to all four acute hospital sites, and subsidiary sites. GRA's may suffice where the confined spaces are broadly the same in terms of conditions, activities, and control measures. However, any difference in particular cases that alter the conclusion of the GRA must be identified and recorded by Maintenance Team managers or supervisors in charge of the activity.
- **Task Specific Risk Assessments (TSRA)**

These are undertaken by managers and supervisors where the risks are not identified in the GRA, or not adequately addressed by GRA i.e., not considered 'suitable and sufficient'.

- **Dynamic Risk Assessments (DRA)**

These are undertaken by maintenance operative for all activities according to a DRA checklist. Where the risk is not adequately controlled, they are prompted to liaise with the Site Operations Team Manager or supervisor.

- **Point of Work Risk Assessments (POWRA)**

These are undertaken by managers and supervisors in consultation with the maintenance operative where an activity is considered too hazardous by the maintenance operatives according to their DRA, and there is no GRA or TSRA in place which adequately controls the risk. This assessment is designed to be completed quickly but identifies the key risks and control measures in a simplified format.

RA Summary

An array of risk assessments may be in place for any Confined Space or RAS location which added together contain a great deal of complex information. RAs in support of Confined Space Classification requires a systematic multidisciplinary approach involving the Health Safety and Security Department, Estates Fire Safety and Compliance Teams.

- **For Entry into a Confined Space** a specific task or location specific RA is required. Where this is not in place at the time of permit issue a POWRA is required. The RA must be agreed by the Confined Space Permit Issuer in consultation with the Entry Control (Top Person) before a Confined Space Permit is issued.
- **For entry into a Restricted Access Space**, a Confined Space Permit is not normally required. However, for any work other than a low-risk activity a suitable risk assessment in an easily understandable format must be provided to staff e.g., GRA or TSRA. If these RAs are not suitable or sufficient, or are too complex, then a POWRA must be completed.

Safe systems of work

A safe system of work must be in place for working in Confined and Restricted Access Spaces. The control measures will depend on the classification of the space and the inherent risks within. The essential elements of the safe system of work are contained within the following documents.

- Entry Control Procedures (ECP).
- Safe System of Work Procedural Guidance for working in Confined Spaces, and RAS.
- Confined Space Permit to Work system.

Entry Procedures

The '**Entry Control Procedure**' (ECP) document identifies the classification of all HDUHB Confined Space entries, together with the basic control measures required for these entries. The classification is in accordance with the **City and Guilds 6160** competency assessment scheme Low, Medium, and High together with RAS for Restricted Access Space. The type of the entry is like that of the Water UK Entry Classification, but this is for the purpose of description only. Therefore, an NC3 for working in Service Ducts under the HDUHB methodology becomes an EC3 Medium Risk Entry

The 'Entry Procedure' (EP) document can be found electronically on the Estates Health and Safety folders on the F Drive Server.

Safe System of Work Procedural Guidance

Safe Systems of Work are derived from RA, which should be undertaken at the point of work for all tasks conducted within confined spaces and RAS.

The Safe Systems of Work Procedural guidance document will further assist managers and supervisors in the identification of risk and implementing the necessary control measures specific to the tasks undertaken.

The Safe Systems of Work Procedural guidance document can be found electronically on the Estates Health and Safety folders on the F Drive Server.

Permits-to-Work

The permit-to-work system incorporates the dedicated Confined Space Permit and separate Confined Space RA for the task to be undertaken. This ensures a formal check that all the elements of a safe system of work are in place before people are allowed to work in confined spaces and RAS.

The Confined Space Permit-to-Work ensures that all the Confined Space 'Specified Risks' are controlled with appropriate communication between the Authorised Confined Space Permit Issuer, Entry Control (Top Person), and those carrying out the work within the confined space, and that in the event of an emergency rescue arrangement are instigated immediately.

The RA ensures that all the other inherent risks within Confined Space are controlled. This is necessary because, for example changing light bulbs in an office environment requires nothing more than the maintenance operative undertaking a DRA. The risks in a Service duct are magnified for the same basic task and will potentially include the risk from heat stress, burns, working at height, manual handling injury and exposure to dust etc.

A Permit-to-Work is not required for a RAS or for simple tasks within a confined space such as performing an inspection provided that.

- No *work is carried out, and
- The duration of entry is for no more than 30 minutes.

* 'Work' – Invasive work using tools

In all these circumstances entry is subject to a RA and must be in accordance with the ECP's. All entries must be authorised to ensure that everyone concerned, including rescue team members, are fully briefed on the risk and control measures.

A Permit-to-Work is always required when contractors enter HDUHB confined spaces including when entry is for the purpose of inspection or survey.

Features of the HDUHB Confined Space Permit-to-Work system include:

- Who is responsible for specifying any necessary/special precautions e.g. isolation, air testing, and emergency arrangements.
- Ensuring that all entrants have received the requisite training.
- Identification of specific plant being worked upon.
- Hazard identification, including any residual hazards associated with the work.
- Precautions necessary and actions to be taken in the event of an emergency.
- Provisions for ensuring that contractors engaged to carry out work are included.

- Personal Protective Equipment (PPE), and Respiratory Protective Equipment requirements are met.
- Minimum staffing levels.
- Permit acceptance, where the person receiving the permit confirms that they have read and understood the hazards and controls and will work in accordance with the permit conditions.

Other Permits to Work associated with Work in Confined Spaces and RAS

- Hot Work e.g., Welding, brazing.
- Isolation of Automatic Fire Alarm, Detection, and Suppression Systems.
- High Voltage and Low Voltage Electrical systems.
- Piped Medical Gases.
- Working at Height.
- Excavations.

Limitation of Access (LAS)

Some healthcare facilities may contain specialised units that are subject to access restrictions (for example pharmacy aseptic suites). Estates or contract staff requiring access may need additional training or be accompanied when entering the unit.

LAS is a form of declaration issued by an Authorised Person to a person in charge of the work to be carried out in an area or location which is under the control of another Authorised Person, and for which a Specific Permit to Work may not be appropriate; examples include IT Hub Rooms, HSDU and Radiography Departments.

PTW Application

This form should be completed by the Estates Engaging Manager or the Contractors Competent Person and forwarded to the Estates Site Operations Team at least 7 days before the commencement of the proposed work.

The Approved Confined Space Permit Issuer (ACSPI) can decline to issue a permit-to-work for the work activity if they do not believe that adequate controls are in place, or that sufficient notice has not been provided to make a proper assessment.

Safety Equipment

The City and Guilds 6160 Series competency assessment scheme uses a risk-based approach that maps directly across to the competency requirements required for essential safety equipment for work in confined spaces.

For confined space and all other associated formal training, the accreditation status of the training provider must be confirmed.

Low Risk - requires the use of personal gas monitors.

Medium Risk - requires the use of personal gas monitors and escape breathing apparatus equipment.

High Risk - requires the use of Self-Contained Breathing Apparatus for entry and/or for rescue purposes.

HUHB staff are not permitted to enter Confined Spaces where due to the nature of the work the risk of exposure to one of the specified risks is high. In such circumstances the services of competent outside

contractors complete with professional rescue teams trained for High-Risk entries and breathing apparatus rescue capability would be required.

Personal Protection Equipment (PPE) and general safety equipment used in HDUHB confined spaces and RAS include rescue harnesses, lanyards, tripods, winches, gas monitors and escape sets.

Fixed Safety assets include vertical ladders, fixed anchors, and Davit Arms.

Safety equipment should always be made available for immediate use, and in accordance with a robust inspection regime. An inventory with records of inspection, maintenance, and servicing of all safety equipment should be available at all maintenance departments. Other safety equipment used in confined spaces will be determined by task risk assessment, and could include e.g., FFP3 masks for use in areas where there is a risk of inhaling construction or wood dust, and Coverall Suits, plastic gloves, and wellington boots for use when unblocking foul water drains.

Training for working in confined spaces, RAS's

Training Provision for HDUHB Staff

Training should be delivered by organisations approved to deliver.

- City and Guilds Confined Space 6160 series.
- City and Guilds Level 3 Award in Understanding, Planning, Supervising, and Managing Work at Height
- City and Guilds Rooftop Safety Access 0018-02

This venue must provide the features, and assessment characteristics required of a medium risk entry compliant with the City and Guilds 6160 Centre Requirement.

Confined Space Medium Risk Entrant

All HDUHB Staff who enter confined spaces or act as Entry Control (Top Person) for Confined Space work must be trained to 'Medium Risk' confined space entry in accordance with the City and Guilds 6160 series, or equivalent.

Contractors shall not be permitted to enter a confined space unless they are competent and can provide certificated and traceable evidence showing that they have undertaken suitable training in confined spaces and work at height.

Training for all persons entering a confined space must cover the risk of bacterial infection from contaminated water and sewage, and from other sources of animal diseases e.g., Leptospirosis, in particular Weil's disease from rats' urine, and Psittacosis from bird droppings and feathers. Training should include how the disease can be contracted, the symptoms, and how the risk of infection can be prevented. Staff must be trained in decontamination, and conversant with its importance to the safety of all hospital occupants.

No formal training is required for external surveyors who enter the Subterranean and Inter-floor service ducts where the entry is for the purpose of inspection or survey, and the duration of entry is no more than 30 minutes. In such circumstances and subject to RA external surveyors are permitted entry provided they are accompanied by a trained HDUHB Confined Space entrant and provided with a 'safety brief' prior to entry on the hazards within the confined space, and the necessary precautions. The safety brief should include instructions on how to activate the Breathing Apparatus Escape set and don the Escape Hood on activation of the gas monitor alarm. In all such circumstances entry is subject to a Permit to Work and RA.

Under no circumstance should a person enter a confined space to undertake work, or enter a confined space whilst work is being carried out without formal certificated training.

Working at Height Training

A key risk for Estates Staff across the Health Board is working at height which includes work in Confined Spaces since entry in most cases is by ascent or decent, therefore.

All Estates Staff who enter Confined Spaces must also attend a bespoke Working at Height Course; this is a prerequisite of the Confined Space Medium Risk Entrant course.

Course content should provide the student with the knowledge and skills to ensure that the safe systems of work involving working at height are adequate and to implement or suggest further control measures where appropriate.

Rescue training

A compliment of Estates Rescuers is available at each acute site. A prerequisite to Rescue training is certification in the WAH, and Confined Space Entrant Medium Risk course.

Rescue training is a one-day (Rescue) course along with a one-day Emergency First Aid course or suitable Casualty Care course with Automatic External Defibrillator (AED). Training is focused on the risks associated with an entrant being incapacitated because of injury or an illness. It includes how to assess and treat the casualty in situ, as well as how to extract a casualty from a confined space should the need arise.

Competent Persons for PPE and Safety Equipment Checks

A compliment of a minimum of 3 maintenance operatives at each site should undertake suitable training to undertake visual inspections of PPE and other Safety equipment, and that this equipment is available for statutory inspection and servicing by outside contractors.

Arrangements should also be in place for selected Maintenance Operatives to receive training in;

- Ladder and Step Ladder inspection.
- PSMA course for Mobile Scaffolds.
- IPAF course for MEWP – Mobile Elevated Working Platforms.

All **Estates Managers** and those who supervise work in confined spaces and work at height, as well as those who undertake or scrutinize RAs for these areas should undertake the following training.

- Managing Work in Confined Spaces and Restricted Access Spaces.
- Managing Working at Height.

Contractors planning work within HDUHB confined spaces must supply Risk Assessment and Method Statements (RAMS) for approval, with evidence of staff competencies including evidence of training. Contractors working within HDUHB confined spaces must be trained to a minimum standard of 'Medium Risk' confined space entry in accordance with the City and Guilds 6160 series, or equivalent. Contractors who according to their RAMS will be engaged in high-risk activity must be trained accordingly i.e., 'High Risk' Confined Space Entry, and Rescue in accordance with the City and Guilds 6160 series, or equivalent.

Training Frequency

All formal training courses should be repeated every 3 years by an accredited and competent and City and Guilds training provider with suitable refresher training undertaken annually.

Where required this should be supplemented by in-house information, and instruction provided by the

- Estates Compliance Team.
- Estates Fire Safety Team.
- Health, Safety and Security Department.

Training for work in Confined Spaces should be supplemented with annual onsite training exercises for entry and rescue, with lessons learnt promulgated to all interested parties.

The Director of Estates and Senior Estates Managers should be provided with information, instruction and training by the Health, Safety, and Security Department and the Estates Compliance function e.g., Director Briefing document.

Competence and Competency

Competence and competency vary by their meanings when referencing a level of skill.

Competence means the basic ability of someone to perform actions.

HSE Definition, '**the combination of training, skills, experience, and knowledge that a person has and their ability to apply them to perform a task safely**'. Other factors, such as attitude and physical ability, can also affect someone's competence'.

Competency means the more advanced ability and skills of a person when they perform a task.

Training can be either formal, informal, or a combination of both and is determined by training needs analysis.

Formal training consists of accredited and bespoke courses but must in all cases be delivered by an individual or an organisation which is accredited by an awarding body and receives regulated approval.

Informal training consists of information and instruction by way of the following.

- Induction, including Contractor Induction
- Presentations.
- Staff Team Briefs.
- Toolbox Talks.
- Supervised work
- Mentoring
- Continuing Professional Development (CPD), and CPD events.

All training must be recorded, and information stored for ease of access.

Are persons fit, and suitable for the work?

Confined space work requires employees to be physically and mentally fit. Employees must be mobile and of the correct build to get through restricted spaces. They must be able to communicate effectively and not be at high foreseeable risk of sudden incapacitation, or at risk of acute psychological ill-health. The initial training will identify any significant communication difficulties, and health problems including psychological ill health e.g., acrophobia (fear of heights) when descending a ladder, or claustrophobia (fear of enclosed spaces).

The Occupational Health Department will provide a 3 yearly assessment by questionnaire to ascertain the employee's likely annual risk of incapacitation; This assessment is used to coincide with the 3 yearly Typhoid vaccinations for immunisation from contaminated sewage.

Universal precautions and good hand hygiene will be expected to reduce the risk of work-related disease. Staff will be offered vaccination against biological agents in faecal material where there is a safe and effective vaccine i.e., Hepatitis A and Typhoid, and vaccination against blood borne viruses which may be transmitted through sharps injuries and immunity checked i.e., Hepatitis B. Given the large patient areas potentially covered, Staff will also be offered vaccination against other common vaccine preventable conditions which are relatively common in a healthcare setting, MMR, Varicella and Tuberculosis. Although immunisation is strongly recommended, it is not mandatory for any work within the NHS and can only be given with consent.

It is the line manager's responsibility to identify staff that require confined space training and to refer staff to the occupational health department if they have not had an assessment of their risk of incapacitation. It will remain the line manager's responsibility to ensure Staff are assessed every 3 years. There is no legal requirement to have a medical. Should an employee decline an assessment, the manager will assume the worker is at greater than 20% risk of sudden incapacitation within a given year.

Workers at greater than 20% risk of sudden incapacitation should not be considered for work within HDUHB confined spaces

Out of hours entry into Confined Spaces and RAS's

Whenever possible, work within confined spaces should be undertaken within normal working hours. There may however be occasions where emergency maintenance issues require confined space or restricted access space entry out of hours. The staffing arrangements, whether during or out of hours, should be such that a complement of fully trained and competent staff is available to satisfy the staffing requirements for confined space entry for all reasonably foreseeable events. The staffing requirements are contained in the ECP and SSW Procedural Guidance documents. If these entry requirements cannot be assured, Site Management should engage the services of an external contractor(s), competent in confined space entry and rescue as well as competent to undertake the normal range of tasks required within the sites confined spaces.

Emergency Arrangements

Regulation 5 of the CSR requires that no one should enter or work in a confined space unless there are emergency arrangements in place that are appropriate for the level of risk involved in the task/space. These should include making provision for extracting workers from the confined space and making provision for first-aid equipment (including resuscitation equipment) where the need can be foreseen. Risk assessment will identify the control measures necessary to reduce the risk to as low as reasonably practicable. However, if things were to go wrong, people could be exposed to serious and immediate danger. Effective arrangements for raising the alarm and carrying out rescue operations in an emergency are therefore essential. Contingency plans will depend on the nature of the confined space, the foreseeable risks, and consequently the likely nature of an emergency rescue. The ECP document details the specific emergency arrangements for each HDdUHB confined space entry; additional guidance is contained within the Safe System of Work Procedural Guidance document.

HDdUHB Staff do not undertake tasks where there is a foreseeable high risk of exposure to one of the Specified Risks; consequently, Breathing Apparatus Rescue does not feature in the HDdUHB internal

rescue arrangements. However, it is considered that there are foreseeable risks of incapacitation through injury or illness where the resultant rescue attempt would be problematical because of the complicated nature and layout of service ducts. The internal emergency first aid and rescue arrangements are in response to these considerations and are not reliant on the public emergency services.

The CSR 1997 also requires no reliance on the public emergency services. The public emergency services in this context include the Hospitals Medical and Trauma team as well as the Ambulance Service and local authority Fire and Rescue Service. Rescue arrangements have therefore been developed internally independent of external assistance whilst at the same time acknowledging that external emergency assistance would be advantageous and therefore summoned immediately.

No formal training is required by the HDUHB for the public emergency services to enter the Subterranean and Inter-floor service ducts where the entry is for the purpose of medical treatment and rescue. In such circumstances and subject to a risk assessment, members of the public emergency services are permitted entry provided they are accompanied by a trained HDdUHB Confined Space entrant and provided with a 'safety brief' prior to entry. The safety brief should include instructions on how to activate the Breathing Apparatus Escape set and don the Escape Hood on activation of the gas monitor alarm. Emergency services personnel will have to adhere to their own policy and procedure which may not align with HDdUHB procedures. Close liaison by the EC (Top Person) and officer in charge of the emergency service attending is critical to the outcome of the incident.

Entry into the confined space by the Hospital Medical and Trauma Team cannot be mandated, and therefore entering a confined space to treat a casualty will be a personal decision for individual members of the team. The team will however be positioned at the duct entrance and in radio communication with the rescuers inside the confined space where they will be able to provide guidance in the first aid treatment and extrication of the casualty from the confined space.

Internal Emergency and Rescue Arrangements

Actions in an emergency is taught on the Confined Space Medium Risk Entrant Course and on the Working at Height Course and can often be facilitated by the working party e.g., a simple winch rescue can be undertaken by the EC (Top Person) winching the entrant out of the confined space, or where the entrant is incapacitated near the entrance of a horizontal entry the co-worker can lead or drag the casualty out of the space to the care of estates first aiders and hospital medical team.

In other situations where the entrant is situated some distance from the entry point an Estates rescue team should be on hand to enter the space to render first aid and to extract the casualty from the confined space should the need arise. A compliment of Estates Rescuers is available at each site who have received training based on an entrant being incapacitated because of injury or an illness and include(s) how to extract a casualty from a confined space. The decision as to whether to extract the casualty or treat in situ is made in consultation with the Hospital Medical and Trauma Team. It is critical that all rescue team members are made aware of, and suitably briefed on any confined space entries and are readily available to respond should they be needed.

Reporting of accidents and near miss events

Confined spaces are hazardous environments therefore all incidents of personal injury or illness to HDUHB staff and contractors, and all 'near-miss' events must be reported immediately to the ACSPI, and as soon as possible using the Datix online reporting system.

Accidents and near miss events in RAS must be reported immediately to the Site Operations Team.

Some incidents are reportable to the HSE in accordance with the requirements of the Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013 (RIDDOR). All RIDDOR incidents should be reported to the HSE by the Health, Safety and Security Department. If an incident is, or could be, reportable under RIDDOR, contact should be made with a member of the Health, Safety and Security Department at the earliest opportunity.

A 'Near Miss' is an unplanned event that had the potential to cause, but did not actually result in injury, or ill health. A 'near-miss event under RIDDOR is a 'Dangerous Occurrence' which could have resulted in serious injury or death; this includes a failure of plant, safety equipment, or of safe systems of work. The Health, Safety and Security Department will determine if the incident is reportable under RIDDOR, once they are notified of the incident by the relevant manager.

The EC (Top Person) must report the incident to the ACSPI immediately using the radio. Where there is no Top Person then entrants must report to the ACSPI using the radio at the earliest opportunity.

Contractors must report the accident or incident to the ACSPI at the earliest opportunity and report these incidents using their internal reporting protocols.

The ACSPI in conjunction with Site Operation Team colleagues should ensure that the incident is managed, the emergency response is coordinated, and casualties receive first aid treatment. The ACSPI should then secure the scene in readiness for the investigation, and report to the Estates Compliance Team and Health, Safety, and Security department as appropriate so that an investigation is undertaken at the earliest opportunity.

Learning From Events. The findings of the investigation can form the basis of action to prevent the accident or incident from happening again and to improve overall risk management. This will also point to areas of risk assessment that need to be reviewed.

Investigations must be impartial and undertaken by individuals who are not directly involved in the work that is being investigated.

MONITORING, REVIEW, AUDIT

Monitoring and Review Monitoring and review of health and safety performance is a Service Director and departmental responsibility.

Audits, inspections, site monitoring, including frequency arrangements will be determined by the Estates Compliance Team according to a set criterion.

Audits, Inspections, risk assessments and their reviews using 'Checklists' will be organised by the Estates Compliance Team in cooperation with the Estates Fire Safety Team, and the Health, Safety and Security Department.

Internal Audit of HDUHB Safety Performance

This is a multidisciplinary approach led by the Estates Compliance Team with the aim of measuring;

- the effectiveness of management arrangements.
- Safety training, communication, and information issues.
- Safety strategy implications.
- Risk assessment.

Internal Audits and Inspections should involve participation by Managers and Supervisors for the work area and staff Safety Representatives.
Results of this audit shall be made available to the Health & Safety and Emergency Planning Sub Committee.

External Audit of HDUHB Safety Performance

Other organisations/authorities may also audit the HDdUHB's management of health and safety. These include.

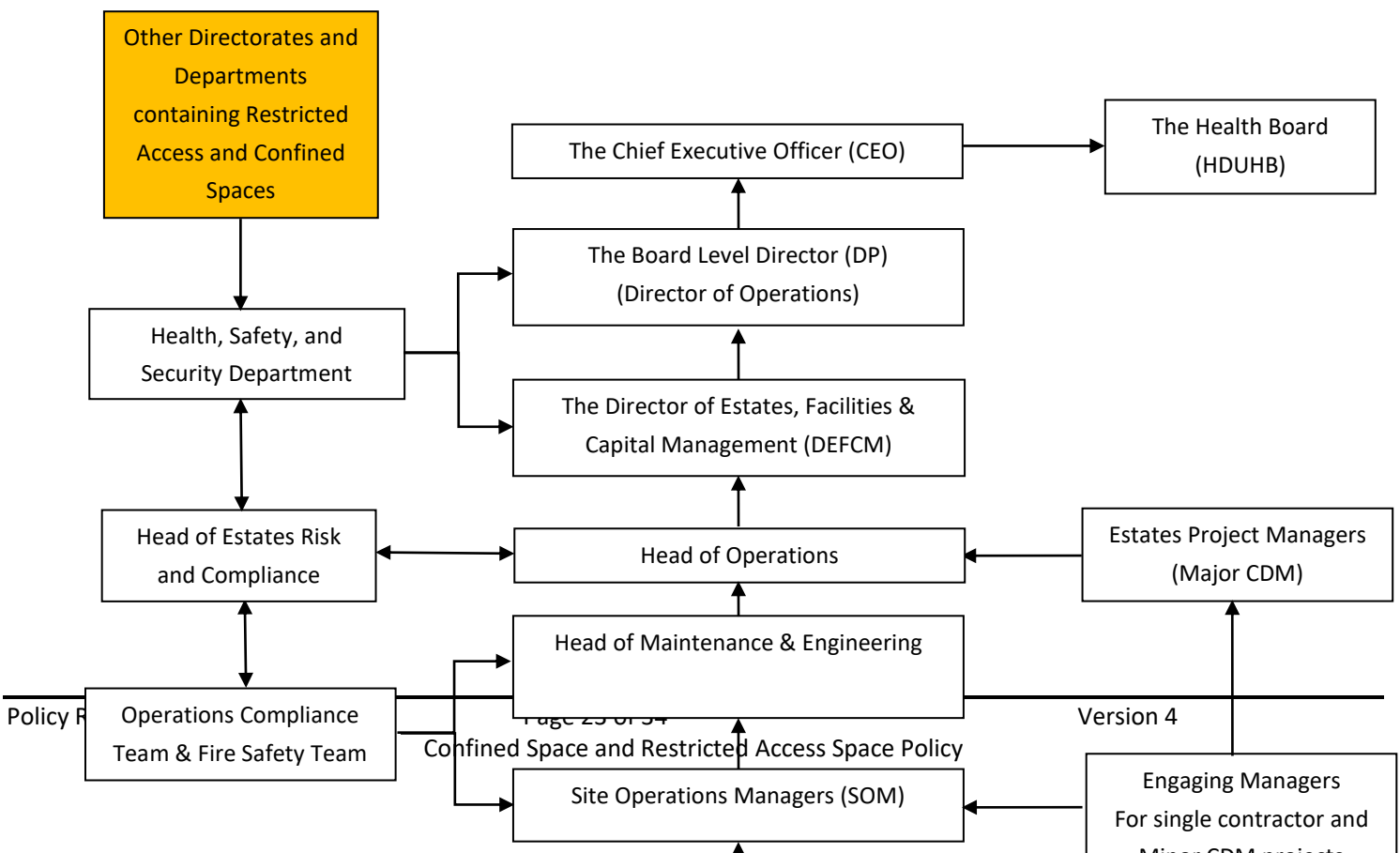
- Health and Safety Executive
- Environment Agency
- Fire Authority.
- External Health and Safety Consultants

A Review of Confined Space and RAS Management should be undertaken at periodic intervals every three years.

Confined space management structure

The organisational chart below is aligned to the Corporate Health, Safety, and Security Policy together with the Fire Safety Policy. Also included are the operational specific elements of CS and RAS controlled at the gateway using permit to work system.

It demonstrates clear lines of responsibility at strategic and operational levels for the safe completion of all work undertaken within HDUHB confined spaces and RAS's.



Responsibilities:

STRATEGIC MANAGEMENT

The Health Board (HDdUHB)

The HDdUHB is the body responsible for ensuring compliance with health and safety legislation. The Board will monitor health and safety performance and will be informed of current issues by the Chief Executive.

The Chief Executive Officer

Has an overall responsibility to ensure that HDdUHB complies with health and safety legislation and guidelines and for the organisational arrangements necessary to achieve these aims and will keep the Board assured of health and safety compliance. The Chief Executive will delegate strategic health and safety management to the Executive Director. The Chief Executive also delegates to General Managers and Service Heads, the effective day to day management of health and safety within their areas of responsibility

The Board Level Director (Director of Operations)

Director of Operations is appointed by the HDdUHB to take the lead on all operational and estates governance issues, under his/her control.

The main responsibility of the role is to determine overall policy including organisational development needs of the HDdUHB. Included in this role is monitoring and reviewing of the health and safety status and the taking of appropriate action where deficiencies are identified.

The Director of Estates, Facilities and Capital Management (DEFCM)

The DEFCM is the Service Head for Estates, Facilities and Capital Management with overall responsibility for the health and safety of staff, patients, and others in the areas where the Directorate provides a service or is under its control.

- The implementation of HDdUHB policies and the development and implementation of health and safety/risk management arrangements for their departments.
- The identification, assessment, and control of risk, in line with the HDUHB's Risk Management Procedure.
- Ensuring that equipment, premises, and systems of work are safe; so far as is reasonably practicable.
- The provision of information, instruction, training and supervision to staff and others, as appropriate.
- The investigation of accidents and incidents, taking appropriate corrective action to prevent a recurrence and reporting details promptly.
- The prompt contacting of a member of the Health, Safety and Security Team should an accident or incident within their area of control require reporting under RIDDOR.
- Monitoring and review of health and safety performance.

Head of Operations

Is responsible for ensuring that the Health and Safety responsibilities of the Director of the DEFCM are discharged by liaising with the Head of Estates Risk and Compliance so that all matters relating to Health and Safety are communicated to the DEFCM and all other senior estates managers, and any resultant actions communicated to staff.

Estates Project Managers (Major CDM)

Major CDM refers in the main to large infrastructure projects managed by the Estates Major Capital or the Discretionary Projects teams but can also include any project led by other Estates Teams where there are more than two contractors working in the same location. These projects are managed according to the Estates CDM 2015 Procedures Manual. In relation to Service Ducts and other Confined Spaces it is important to avoid placing services within these areas wherever possible, but where it is unavoidable careful consideration must be given to their future management. The involvement of SOTs from the outset is essential for safe management of the work during the construction phase right through to future maintenance.

They must.

- Undertake the Confined Space and WAH for managers training, and as a prerequisite the Confined Space Medium Risk Entrant Training, and WAH course. There is no requirement to participate in the physical aspects of training and this is noted in the course records.
- Report project safety concerns and other areas of non-compliance on Datix and to Senior Managers, Estates Compliance Team, Fire Safety Team, and to the Health, Safety and Security Department as appropriate.
- Ensure that 'Residual Risks' are captured in the Health and Safety File and the Operational Maintenance Manuals.

OPERATIONAL MANAGEMENT

Head of Maintenance and Engineering

Is responsible for ensuring that the responsibilities of the DEFCM are discharged within the Estates Operations Maintenance function and ensuring that the management of health and safety for maintenance staff and others working in Confined Spaces and RAS's.

Responsibilities include.

- Liaising with the Estates Operations Compliance Team, Fire Safety Team, and Health Safety and Security department on all matters concerning legislation, governance, policy, and procedures.
- Oversee and coordinate the activities of SOTs to ensure so far as is 'reasonably practicable' compliance with the Management of Health and Safety in Confined Spaces and RAS's according to policy and procedures.
- Ensure that Estates Maintenance Procedures and Pre Planned Maintenance Schedules are cognizant of Health and Safety requirements.
- Ensure that Accidents and Near Miss events are reported, investigated, and lessons learnt adopted.

Engaging Managers for Single Contractor and Minor CDM Projects

MINOR CDM refers to single contractor control or smaller projects where there are no more than two contractors at work in the same area. These are in the main managed by the SOT's but can also be managed by other estates teams including as advanced works for Major Capital and Discretionary projects. In relation to Service Ducts and other Confined Spaces it is important wherever possible to avoid work within confined spaces, but where it is unavoidable careful a safe system of work must be in place with consideration for the future management and maintenance of these areas. The involvement of SOTs on all projects is essential from both safe management of the work during the construction phase right the way through to future maintenance.

They must.

- Undertake the Confined Space and WAH for managers training, and as a prerequisite the Confined Space Medium Risk Entrant Training, and WAH course. There is no requirement to participate in the physical aspects of training and this is noted on the course records.
- Report project safety concerns and other areas of non-compliance on Datix and to Senior Managers, Estates Compliance Team, Fire Safety Team, and to the Health, Safety and Security Department as appropriate.
- Ensure that 'Residual Risks' are captured in the Health and Safety File and the Operational Maintenance Manuals.

Site Operations Managers (SOM)

SOMs are responsible managerially and operationally for the effective delivery of operations at HDUHB premises without hazard to staff, contractors, patients, and members of the public. Duties may be discharged through their deputies i.e., Operational Support Officer, and Site Works Supervisor, and Estates Officer. Together with the SOM, they are known as the Site Operations Team (SOT).

The SOTs are principal guardians of HDdUHB buildings and gate keepers to work in Confined Spaces using the Confined Space Permit to Work system. They must ensure that.

- Every effort is made to avoid entry into confined spaces.
- Where entry into confined spaces cannot be avoided, a suitable and sufficient assessment of the risks to health and safety has been carried out.
- Safe systems of work are in place for all work undertaken in confined spaces.
- Risk Assessments and Safe Systems of Work are communicated to staff before they undertake the task and during Team Brief meetings, and Toolbox Talks.
- Ensuring that contractors Risk Assessment and Method Statements (RAMS) are suitable and sufficient.
- Ensure contractors qualifications are current with valid qualification by an accredited training provider.
- Employees and their representatives are consulted when assessing risks connected with entering and working in a confined space.
- All staff who work in confined spaces must be competent to undertake the allocated task and must have attended the requisite confined space training every 3 years.
- Adequate supervision to ensure adherence with a Safe Systems of work for all confined space entries
- All relevant permits to work are issued according to policy and procedures.
- Consideration is given to whether staff entering a confined space are physically capable or suitable to undertake the task.
- The procurement of safety equipment to support safe access, and work in confined space areas, and liaise with the Operations Compliance Team where equipment purchases are required.
- Safety equipment and systems are maintained in accordance with a robust statutory inspection and servicing regime according to the manufacturer's instructions.
- Report safety concerns and other areas of non-compliance to Senior Managers, the Estates Compliance Team, and on Datix as appropriate.
- For serious or potentially serious incidents, Instigate accident investigation procedures immediately, and report to Estates Operations Compliance Team, and or the Fire Safety Team and the Health Safety and Security Department as appropriate.

- All staff who work in confined spaces are referred to Occupational Health for an assessment of their risk of incapacitation, and that this assessment is repeated at 3 yearly intervals or following the reporting of health issues that could affect their ability to work in confined spaces.
- All staff who work in confined spaces have been referred to Occupational Health for appropriate vaccinations

Authorised Confined Space Permit Issuers (ACSPI)

The ACSPI is normally a member of the SOT for the Acute Site where confined space work is to be undertaken. They must be competent and have a working knowledge of the confined spaces for which the permit is issued. They must also be experienced in confined space work and have attended the requisite Confined Space Medium risk entry course within the last 3 years.

It is the responsibility of the ACSPI to issue and cancel all permits to work for entry into confined spaces, both to HDdUHB staff and contractors.

Responsibility for the Confined Space Permit and other High-risk permits that can affect the running of the hospital cannot be transferred to a Principal Contractor or any other person from outside the Estates Department.

To issue a permit, the ACSPI is required to confirm that a safe system of work is in place, and all the necessary safety checks have been satisfactorily completed prior to any works commencing in a confined space.

The ACSPI must ensure that:

- Every effort is made to avoid entry into a confined space.
- All the risks involved in confined space entry have been assessed, and a safe system of work is in place.
- Entrants are competent to undertake the task, and both entrants and Rescuers have attended the requisite confined space and rescuer training in the last 3 years.
- Consideration is given to whether staff entering a confined space are physically suited to undertake the task.
- Entrants confirm understanding and adhere to a safe system of work, including Entry Control Procedures (ECP's).
- Safety equipment has been inspected according to the manufacturer's instructions and is within inspection date.
- Rescuer(s) are available on site and briefed on the confined space entry in advance.
- Radio or mobile phone communication is maintained with Entry Control (Top Person) for the duration of the Permit to Work.
- Safety checks and isolations are in place and checked before entry.
- Task specific safety checks are undertaken at each stage of the work.
- Immediate action is taken following any report of an activity or defect likely to endanger safety.
- The cancelation of permits, including declaration that the work described in the permit has been satisfactorily completed or stopped, and the site has been returned to a safe condition and is safe to operate.
- A record is made by the EC of any action that has been taken, or any further action that is necessary.
- A record is made of any changes that have occurred within the confined space because of the work, or the reason for stopping the work (if applicable),

Entry Control (EC)

- Is the Top Person at the entry point; known in the industry as 'Top Man'

Is the 'Competent Person' for the purpose of permit to work receipt and completion. The EC must report to the Estates Department of the acute hospital to which the confined space entry relates and liaise with the ACSPI. The ACSPI can have a dual role as both ACSPI and EC.

- Undertake Confined Space Risk Assessment in liaison with the ACSPI.
- To complete the issue of a permit by the ACSPI, the EC must complete the receipt section.
- Prior to the cancellation of a permit by the ACSPI, the EC must complete the completion section to declare that the work described in the permit has been satisfactorily completed or stopped, and
- Confirm that all persons, equipment, tools and instruments under their control have been withdrawn from the confined space and that the area has been made safe.
- Record details of any changes that have occurred within the confined space because of the work, or record the reason for stopping the work (if applicable),
- Record any action that has been taken or any further action that is necessary for the acknowledgement of the ACSPI.
- Record pre-entry gas monitor readings to confirm it is safe to make an entry into the space.
- Must attend Confined Space and WAH even if they don't participate in the physical aspects of training. This is noted on the course training records.

Confined Space Entrants

Staff have a duty to take care of their own health and safety and that of others who may be affected by their actions at work. They must co-operate with their employer and co-workers to ensure they follow the safe system of work provided.

The working party is usually led by an Estates Team Leader. They are responsible for:

- Undertaking a DRA.
- Complying with the requirements of the safe system of work including control measures identified through risk assessment.
- Informing their managers if they suspect that the system of work in place is ineffective or inadequate.
- Attending prearranged Confined Space and other training courses related to work undertaken in confined spaces, and RAS, and other training as directed by the SOM.
- Ensuring they are fit and well to enter confined spaces.
- Ensuring they are fully equipped and familiar with the correct level of PPE, RPE for the type of entry.
- Ensuring pre-use checks of safety equipment.
- Reporting gas monitor readings to the top person at agreed intervals and whilst moving from one area to another.
- Ensuring periodic inspection, servicing, and testing of safety equipment if nominated and trained as 'Competent Person for Personal Protective Equipment.'
- Reporting all incidents (including near misses), and any defects in equipment using the HDUHB electronic Datix Reporting System.

Contractors

Contractors should liaise with their HDdUHB employing or Project Manager when planning work in Confined Space and RAS's. They must be suitably trained to work in these areas and produce a Plan of Work with Risk Assessment and Method Statements RAMS.

Contractors or their HB Engaging Managers should apply for a Permit to Work in Confined Spaces at least 48 hours in advance of the work, supplying the appropriate documents for scrutiny at this time. All contractors planning to carry out work in confined spaces should be informed that they must comply with this policy, follow the correct ECP and safe system of work documentation, and use the same permit system as HDdUHB staff. Responsibility for the operation of the HDUHB Confined Space Permit to Work involving contractors remains with the acute hospital Estates Department, with the ACSPI being a HDdUHB staff member responsible for issue and cancellation of the permit.

HDdUHB policies and procedures should be used as a minimum standard to be complied with.

Because of the complex nature of working in confined spaces the Estates Department should exercise an appropriate level of supervision of contractor activity to ensure compliance with these minimum standards.

Work in Confined Spaces and RAS's is covered in the Contractors Induction training

GOVERNANCE AND PROVISION OF PROFESSIONAL ADVICE AND GUIDANCE

This requires a multidisciplinary approach involving the Estates Operations Compliance Team, Fire Safety Team, and Health Safety and Security Department.

Head of Estates Risk and Compliance

Is responsible for ensuring that the Health and Safety responsibilities of the DEFCM are discharged by liaising with the Head of Operations and all other senior managers and escalating areas of noncompliance.

Has responsibility for the direction and control of the Estates Operations Compliance and Fire Safety Teams

Estates Operations Compliance Team

- Formulation of HDdUHB Confined Space and RAS policy and associated Estates procedural documents.
- Adopt a multidisciplinary approach in collaboration with the Estates Fire Safety Team and the Health, Safety and Security Department.
- Liaise with industry experts and Shared Services Authorising Engineers.
- Provide information and guidance to all interested parties on request.
- Provide appropriate degree of information, instruction, training, and guidance on work in Confined Spaces to all Estates Teams Managers, Supervisors, and Staff.
- Provide Asbestos Management advice and guidance to all duty holders.
- Provide information for the procurement of equipment for confined space working.
- Provide Contractor Control (CDM) advice and guidance
- Provide WHTM advice and guidance on Electricity, Medical Gas, Decontamination, Water Safety, and Specialist Services.
- Report safety concerns and other areas of non-compliance to those who manage and supervise work in Confined Space and RAS's, when required report on Datix and to the Head of Estates Risk and Compliance.
- Assist in the investigation of accidents, and incidents and taking appropriate corrective action to prevent recurrence and reporting details promptly.
- Monitoring and reviewing health and safety performance within confined spaces.

- Investigate incidents of low or moderate severity, including near miss incidents.
- Identify areas and locations where DSEAR assessments are required, in conjunction with the Estates Fire Safety Team, and Health Safety and Security Department.
- Lead multidisciplinary Audits and Inspections.

Estates Fire Safety Team

- Conducting and reviewing suitable and sufficient fire risk assessments and agreeing action plan with the respective managers, and that they reflect investment, infrastructure changes or change in circumstances.
- Providing expert advice on the application and interpretation of fire legislation and fire safety guidance, including Firecode.
- Assisting with the development of fire precautions systems and fire safety procedures.
- Liaising with the Authorising Engineer (Fire) at NHS Welsh Shared Services Partnership – Specialist Estate Services (NWSSP - SES).
- Carrying out annual fire audit and agreeing action planning with the respective managers.
- Assisting with the development of suitable fire training.
- Maintaining site specific fire management plans and manuals.
- Report safety concerns and other areas of non-compliance to those who manage and supervise work in Confined Space and RAS's, when required report on Datix and to the Head of Estates Risk and Compliance.
- Carry out Fire Investigations and Fire related Near miss events.
- Identify areas and locations where DSEAR assessments are required, in conjunction with the Estates Operations Compliance Team, and Health, Safety and Security Department.
- Participate in multidisciplinary Audits and Inspections led by the Estates Operations Team.

Health, Safety and Security Department

- Provide corporate level Health and Safety information, instruction, training, and guidance.
- Provide specific COSHH Risk Assessment training and advise managers on the completion of COSHH assessments.
- Work with departments to develop safe working procedures for confined space and RAS's that are outside of the control of the Estates Department, and provide information, instruction, training, and guidance in support.
- Identify areas and locations where DSEAR assessments are required, in conjunction with the Estates Operations Compliance and Fire Safety Teams
- Undertake DSEAR Assessments assisted by the Estates Operations Compliance and Fire Safety Teams.
- Undertake COSHH Assessments in support of DSEAR.
- Investigate incidents of a severe or catastrophic severity level.
- Report RIDDOR events to the HSE.
- Participate in multidisciplinary Audits and Inspections led by the Estates Operations Team

Safety Advice

For advice on Plans of Work, RAMS, and Permits to Work contact the Site Operations Teams via the Estates Department Help Desks direct on:

- BGH - Bronglais General Hospital, Aberystwyth on 01970 635770
- PPH - Prince Philip Hospital, Llanelli on 01554 783689
- GGH - Glangwili General Hospital, Carmarthen on 01267 227942
- WGH - Withybush General Hospital, Haverfordwest on 01437 773463

Management Advice

- Head of Health, Safety and Security Department based WGH – 01437 773771
- Health and Safety Manager based at GGH – 01267 227334
- Health and Safety (DSEAR) and COSHH based at PPH
- Estates Operations Compliance Manager based at PPH
- Estates Operations Compliance Officer (Confined Space and RAS Lead) based at GGH
- Estates Operations Compliance Officer (HTM Lead) based at PPH
- Estates Operations Compliance Officer (Asbestos and Contractor Management Lead) based at WGH
- Fire Safety Manager based at PPH
- Fire Safety Advisers based at each Acute Hospital Site (one/site)

Occupational Health Department provide advice on Occupational Exposure and health surveillance, etc. at the following sites:

- BGH 01970 635811
- PPH 01554 783518
- GGH 01267 227429
- WGH 01437 773215

Confined Space and RAS Policy and Procedures

For advice or for further explanation / clarification on the content of this Policy, contact the Estates Operations Compliance Lead Officer for Work in Confined Spaces on 01267 227942 ext. 2271.

Relevant Law

- The Health and Safety at Work Act 1974.
- The Management of Health and Safety at Work Regulations 1999.
- The Confined Spaces Regulations 1997.
- Workplace (Health, Safety, and Welfare) Regulations 1992.
- The Regulatory Reform (Fire Safety) Order 2005 (RRO).
- The Fire Safety Act 2021
- Dangerous Substances Explosive Atmosphere Regulations 2002 (DSEAR).
- The Control of Substances Hazardous to Health Regulations 2002 (COSHH).
- The Working at Height Regulations 2005
- The Construction (Design and Management) Regulations 2015 (CDM).
- The Personal Protective Equipment Regulations 2002
- The Provision and Use of Work Equipment Regulations 1998 (PUWER).
- Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).
- Electricity at Work Regulations 1989.
- The Manual Handling Operations Regulations 1992

Reference Material

The following reference sources have been used in the compilation of this policy:

- 'Safe work in confined spaces' (HSE ACOP, Regulations and Guidance L101, 2nd Edition).
- 'Confined spaces, A brief guide to working safely' (HSE Guidance INDG258 - rev1).

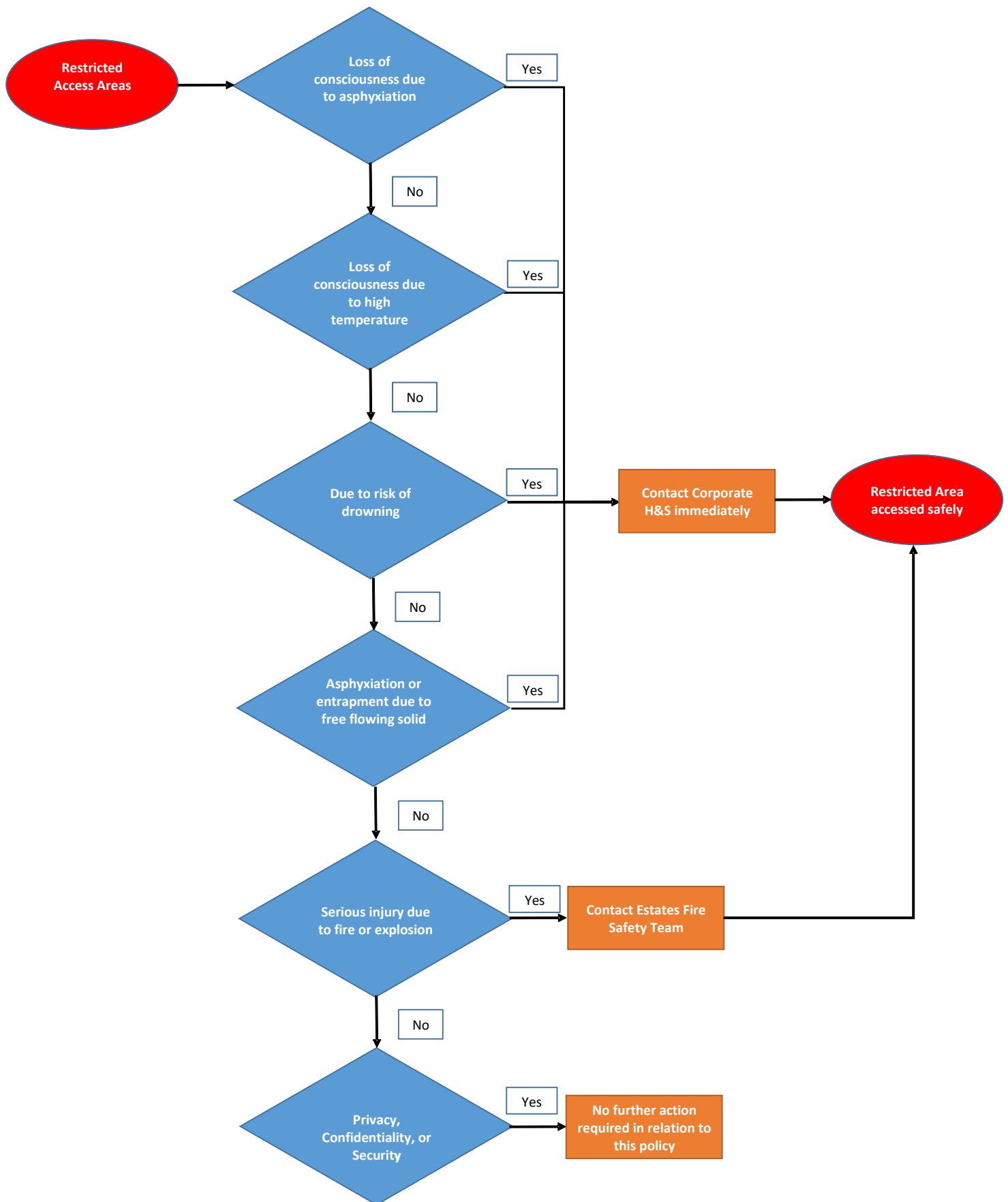
- Water UK National Classifications for Confined Spaces, taken from the Occasional Guidance Note (OGN) Industry Guidance’.
- City and Guilds 6160 Competency Assessment Scheme.
- Health Technical Memorandum 05: Firecode.
- EH40/2005 Workplace Exposure Limits (Fourth edition, published 2020).
- *Estates CDM (2015) Procedures Manual.
- Estates Safe Code of Practice (Contractors).

*At the time of writing, this document is in DRAFT

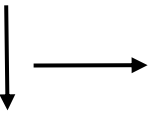


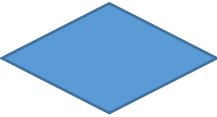
Acknowledgements

- Steve Cooper and the Instructional Team at Outreach Rescue.
- Owen Griffiths of Total CDM.

Appendix 1- Process flow chart for Restricted Access Spaces



Process flow chart Keys;

ANSI/ISO Shape	Name	Description
	Flow line	Shows the process's order of operation. A line coming from one symbol and pointing at another.
	Terminal	Indicates the beginning and ending of a program or sub-process. Represented as an oval. They usually contain the word "Start" or "End", or another phrase signalling the start or end of a process, such as "submit inquiry" or "receive product".
	Process	Represents a set of operations that changes value, form, or location of data. Represented as a rectangle.
	Decision	Shows a conditional operation that determines which one of the two paths the process can take. The operation is commonly a yes/no question or true/false test. Represented as a diamond (rhombus).

Equality Impact Assessment (EqIA) Screening Template

The Equality Impact Assessment Screening Template is a short exercise that involves looking at the overall proposal and deciding if it is relevant to the Public Sector Equality Duty, and other key areas.

The questions in the Screening Template below will help you to decide if the proposal is relevant to the Equality Act 2010 and whether a detailed EqIA is required. The key question is whether the proposal is likely to have an impact (either positive or negative) on any of the protected characteristics.

Quite often, the answer may not be obvious, and staff, service-user or provider information will need to be considered to make a preliminary judgment.

There is no one size fits all approach, but the screening process is designed to help fully consider the circumstances and to inform evidence-based decisions.

Note: If the proposal is of a significant nature and it is apparent from the outset that a full Equality Impact Assessment (EqIA) will be required, then it is not necessary to complete the Screening Template and you can proceed to complete the full EqIA.

What to do:

In general, the following questions all feed into whether an EqIA is required:

- How many people is the proposal likely to affect?
- How significant is its impact?
- Does it relate to an area where there are known inequalities?

At this initial screening stage, the point is to try to assess obvious negative or positive impacts.

You will need to provide sufficient information within the template to justify the assessment of impact.

If a negative/adverse impact has been identified (actual or potential) during completion of the screening tool, a full EqIA must be undertaken.

If no negative / adverse impacts arise from the proposal, it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded.

On completion of the Screening Template, staff should:

- Check that all sections of the template are fully completed.
- Ensure that the Project/Policy owner has signed off the Screening Template.
- Send a copy of the completed template along with the related policy to the Diversity & Inclusion Team for them to review – email this to Inclusion.hdd@wales.nhs.uk

Date of commencement of Screening Assessment:	12/02/2024
Screening conducted by (name and email address):	Alun Rees Alun.rees2@wales.nhs.uk
Title of programme, policy or project being screened:	Confined Spaces and Restricted Access Space Policy

Description of the programme/policy/project being screened (including key aims and objectives)

The aim of this Policy is to establish mandatory requirements for the management of Confined Spaces within HB's premises.

The Policy has been developed to ensure compliance with existing legislation helping ensure that good practice standards are applied to all Confined Spaces in use within the organisation.

The Policy will ensure the organisation complies with the law and fosters confidence amongst both public and staff that the organisation takes its responsibilities regarding Confined Spaces seriously.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

Everyone that utilizes Confined spaces is affected by this policy.
Only staff that have received training in confined spaces are permitted to enter into such areas this equates to below 100 staff in the HB.

Staff Data

	Headcount	%
<= 20 years	323	2.46%
21 to 25	882	6.71%
26 to 30	1,353	10.29%
31 to 35	1,551	11.79%
36 to 40	1,488	11.31%
41 to 45	1,479	11.24%
46 to 50	1,515	11.51%
51 to 55	1,693	12.87%
56 to 60	1,561	11.86%
61 to 65	978	7.48%
66 to 70	254	1.93%
>= 71 years	72	0.55%
Total	13,149	100%

The following reference sources have been used in the compilation of this policy:

- 'Safe work in confined spaces' (HSE ACOP, Regulations and Guidance L101, 2nd Edition).
- 'Confined spaces, A brief guide to working safely' (HSE Guidance INDG258 - rev1).

Assess which protected characteristics will potentially be affected by the proposal: (please ✓ which impact)

Group	Positive Impact	Negative Impact	No Impact
Age Is it likely to affect older and younger people in different ways or affect one age group and not another?			✓
Disability Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes			✓
Gender Reassignment Consider the potential impact on individuals who either: <ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 			✓
Marriage / Civil Partnership Marriage and Civil Partnership means someone who is legally married or in a civil partnership.			✓
Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave			✓
Race / Ethnicity People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.			✓

Religion or Belief The term 'religion' includes a religious or philosophical belief.			✓
Sex Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?			✓
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.			✓

Consider the potential impacts of the programme/policy/project on the following wider determinants:

Additional Determinants	Positive Impact	Negative Impact	No Impact
<p>Armed Forces Community Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'</p> <p>For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance</p>			✓
<p>Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.</p> <p>For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see: more-equal-wales-socio-economic-duty</p>			✓
<p>Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.</p>			✓

Summary of Potential Impacts Identified

Positive Impacts

None have been identified.

Negative Impacts

None have been identified.

Has the screening identified any negative impacts? If yes, a full Equality Impact Assessment will need to be undertaken.		No
---	--	----

If No negative impacts were identified, please give full justification here

The Confined Space policy has been deemed as having no impact across all protected groups.

A person's fitness levels are to be considered prior to working to confined spaces and restricted access areas, this is accounted for in the policy with regard to a risk assessment.

All tasks within Confined Spaces must be Risk Assessed. Some tasks in Confined Spaces can be physically demanding therefore the risk assessment should include the individual's suitability to undertake the task.

There is no evidence to indicate a negative impact. Managers and supervisors are aware of the need for Risk assessments in relation to tasks within confined spaces and of the need for reasonable adjustments where necessary.

No complaints, issues or concerns were raised with regard to Equality diversity and Human Rights since the implementation of this policy.

A full EQIA will be undertaken at any stage where evidence to the contrary arises.

Screening Completed by:	Name	Alun rees
	Title	WHTM Compliance Officer
	Contact details	Alun.rees2@wales.nhs.uk
	Date	12/12/2024
Screening Authorised by: (Project / Policy Owner)	Name	Paul Evans
	Title	Head of Estates Risk & Compliance, Estates & Facilities
	Contact details	paul.evans@wales.nhs.uk
	Date	12/02/2024
Seen by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	12/02/2024