

HEALTH & SAFETY COMMITTEE PWYLLGOR IECHYD A DIOGELWCH

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 September 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Policy 010 - Health & Safety Policy (Version 4)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Tim Harrison, Head of Health, Safety and Security Adam Springthorpe, Health and Safety Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Health and Safety Committee (HSC) is requested to approve Policy 010 - Health & Safety Policy (Version 4). This report provides the required assurance that Policy 190 – Written Control Documentation (WCD) has been adhered to in the review of the written control document and is therefore in line with legislation/regulations, available evidence base and can be implemented within Hywel Dda University Health Board (HDdUHB).

Cefndir / Background

1. Brief summary of the WCD:

The Chief Executive provides a general statement and outlines the organisational arrangements for the management of health and safety within HDdUHB.

2. Scope of the WCD:

This policy is applicable to all HDdUHB staff, agency staff, locums, volunteers, contractors and others.

3. Reason(s) for reviewing the WCD: 3 yearly review.

4. Owning group: Health & Safety Committee.

Asesiad / Assessment

1. Equality Impact Assessment:

An equality impact assessment has been completed (Appendix 1) with no evidence gathered to indicate a negative impact on any protected group(s).

2. Privacy Impact Assessment: Not applicable.

3. Evidence base:

The following reference sources have been used in the compilation of this updated and revised Health & Safety Policy:

- The Health and Safety at Work etc. Act 1974;
- All subordinate health and safety legislation (see relevant law below for examples of law relevant to this policy);
- Health & Safety Executive (HSE) Approved Codes of Practice;
- HSE Guidance;
- European Union (EU) Directives.

This Health and Safety Policy complies fully with the chosen evidence base.

4. Compliance with legislation/regulations/alerts

This document is compliant with the identified legislation and regulations, as identified in section 3 above. A selection of the law relevant to this policy would include:

- Control of Substances Hazardous to Health Regulations 2002 (as amended);
- Management of Health and Safety at Work Regulations 1999;
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013;
- Safety Representatives and Safety Committees Regulations 1977;
- Health and Safety (Consultations with Employees) Regulations 1996;
- Workplace (Health, Safety and Welfare) Regulations 1992;
- Health and Safety (First Aid) Regulations 1981;
- Provision and Use of Work Equipment Regulations 1998;
- Lifting Operations and Lifting Equipment Regulations 1998;
- Personal Protective Equipment at Work Regulations 1992;
- Construction (Design and Management) Regulations 2015;
- Health and Safety (Safety Signs and Signals) Regulations 1996;
- Manual Handling Operations Regulations 1992;
- Ionising Radiation Regulations 2017;
- Work at Height Regulations 2005;
- Confined Spaces Regulations 1997;
- Control of Asbestos Regulations 2012.

5. Interested Parties: Consultation has been undertaken locally with the membership of the Health and Safety Advisory Group whose membership includes Health, Safety and Security, Occupational Health, Operational Compliance, Manual Handling, PAMOVA and Infection Prevention.

6. Key stakeholders: Same as interested parties above.

7. Consultation:

- Consultation has been undertaken with the membership of the Health and Safety Advisory Group, with the Policy agreed on 12/08/2021.
- It was agreed with the Policy Co-ordination Officer that given there were only minimal changes made, it did not necessitate the full global consultation process.

8. Patient Information: Not applicable.

9. Monitoring and Review: The monitoring and review of health and safety performance is the responsibility of Service Director and at departmental level and will be undertaken by the appropriate managers.

Internal Audit of HDdUHB Safety Performance

The Executive Lead will audit the overall health and safety performance of HDdUHB, in conjunction with Departmental Managers. This audit will consider:

- The overall health and safety performance;
- The effectiveness of management arrangements;
- Safety training, communication and information issues;
- Safety strategy implications;
- Risk assessment.

Results of the audit will be made available to the HDdUHB Board and the HSC.

External Audit of HDdUHB Safety Performance

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

- Health and Safety Executive;
- Environment Agency;
- Healthcare Inspectorate Wales;
- Fire Authority.

Audit

Although safety representatives are permitted to undertake periodic audits and inspections of the workplace, this does not relieve a manager from their responsibilities. If safety representatives work locally, it is recommended that managers should perform audits in conjunction with these representatives. Where such arrangements exist, these audits should be performed at an appropriate frequency, with the results of these audits and any follow-up action appropriately recorded. Results of these audits may also be made available for consideration by the HSC.

Where practicable, the safety audit may consider the overall safety performance of the area under examination or specific safety issues such as compliance with legislation i.e. Control of Substances Hazardous to Health (COSHH), manual handling, accident reporting procedures, etc.

Other Methods

Incident/accident statistics for HDdUHB will be collected and made available to departmental managers, the HSC and safety representatives on a regular basis.

Argymhelliad / Recommendation

The Health and Safety Committee is requested to approve Policy 010 - Health & Safety Policy (Version 4) and to recommend for uploading by the Policy Co-ordination Officer onto the HDdUHB internet.

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:	Not applicable.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement 2.1 Managing Risk and Promoting Health and Safety
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	Focus On What Matters To Patients, Service users, Their Families and Carers, and Our Staff
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Living and working well.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	<ul style="list-style-type: none"> • The Health and Safety at Work etc. Act 1974; • All subordinate health and safety legislation (see relevant law below for examples of law relevant to this policy); • HSE Approved Codes of Practice; • HSE Guidance; • EU Directives.
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	Health and Safety Advisory Group
Effaith: (rhaid cwblhau) Impact: (must be completed)	

Ariannol / Gwerth am Arian: Financial / Service:	None directly from the Policy.
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable.
Gweithlu: Workforce:	Not applicable.
Risg: Risk:	Not applicable.
Cyfreithiol: Legal:	Breaches of Health and Safety at Work etc. Act 1974 have the potential for fines for non-compliance.
Enw Da: Reputational:	Potential for political or media interest breaches of the Health and Safety at Work etc. Act 1974.
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	<ul style="list-style-type: none"> • Has EqIA screening been undertaken? Yes • Has a full EqIA been undertaken? Yes

Appendix 1

Form 1: Preparation

1.	What are you equality impact assessing?	Policy 010 - Health and Safety Policy – Review August 2021
2.	Brief Aims and Description	<p>This policy outlines the management of health and safety arrangements within Hywel Dda University Health Board (HDdUHB) through the policy statement and detailed responsibilities. The Policy is designed to minimise the health and safety risks to all staff, patients and others under the remit of HDdUHB. It aims to:-</p> <ul style="list-style-type: none"> • Secure the health, safety and welfare of people at work; • Protect patients and people other than those at work against risks to their health and safety as a result of work activities; • Minimise the number of occupational accidents and incidents of ill health; • Establish a culture of co-operation, communication, competency and control for health and safety.
3.	Who is responsible for the work?	Adam Springthorpe – Health & Safety Manager Tim Harrison – Head of Health Safety & Security
4.	Who is involved in undertaking this EqIA?	Adam Springthorpe – Health and Safety Manager Jackie Hooper – Equality and Diversity Advisor

Appendix 1

<p>5.</p>	<p>Is the Policy related to other policies/areas of work?</p>	<ul style="list-style-type: none"> • The Health and Safety at Work etc. Act 1974; • All subordinate health and safety legislation; • Health & Safety Executive (HSE) Approved Codes of Practice; • HSE Guidance; • European Union (EU) Directives; • Policy 156 - Risk Management Strategy & Policy; • Policy 514 – Management and Investigation of Incidents Policy; • Policy 608 – Risk Management Framework; • Policy 674 – Risk Assessment Procedure; • All HDdUHB Health and Safety policies and procedures.
<p>6.</p>	<p>Stakeholders – who is involved with or affected by this Policy</p>	<p>All staff, including volunteers, contractors, staff on honorary contracts, agency staff and locums. The policy also covers out-patients, in-patients, patients receiving community-based services, carers, relatives, visitors and members of the general public.</p> <p>Other stakeholders include partner organisations, e.g. HSE inspectors, police, fire service personnel, etc.</p>
<p>7.</p>	<p>What might help/hinder the success of the Policy?</p>	<p>A lack of awareness and understanding of the policy and a lack of adherence may hinder the success of the policy. Other obstructions include breakdowns in communication, inadequate risk assessments and inadequate staffing levels / resources / finances.</p> <p>Positive contributory factors may include:-</p> <ul style="list-style-type: none"> • Adequate and relevant risk assessments; • Safe systems of work;

Appendix 1

- Appropriate staff training;
- Competent advice from advisors and trainers;
- Staff actively reporting incidents;
- Multi-disciplinary teamwork and effective communication;
- Adequate staffing levels / resources / finances;
- Positive peer pressure.

Appendix 1

Form 2: Information Gathering

	Age	Disability***	Gender	Gender Reassignment	Pregnancy and Maternity	Race/Ethnicity or Nationality	Religion or Belief	Sexual Orientation	Welsh Language	No Differences Either Position or Negative
<p><i>Is the Policy you are considering relevant to the public duties relating to each Protected Characteristic (listed to the right)?</i></p> <p>Place a Tick ✓ or a Cross ✗ as appropriate</p>										
<p>In other words, does the Policy:</p> <ul style="list-style-type: none"> eliminate discrimination and eliminate harassment in relation to... 	✓	✓	✓	✓	✓	✓	✓	✓		
<ul style="list-style-type: none"> promote equality of opportunity in relation to... 	✓	✓	✓	✓	✓	✓	✓	✓		
<ul style="list-style-type: none"> promote good relationships and positive attitudes in relation to... 	✓	✓	✓	✓	✓	✓	✓	✓		
<ul style="list-style-type: none"> encourage participation in public life in relation to... 	✓	✓	✓	✓	✓	✓	✓	✓		
<p>*** In relation to disability only, as part of your assessment you MUST consider whether there is a need to make reasonable adjustment(s). The law requires this even if it involves treating some individuals more favourably in order to meet their needs</p>										

Appendix 1

Form 2: Information Gathering (Human Rights)

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below.

Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.

Consider, is the Policy relevant to:	Yes	No
<p>Article 2 : The right to life</p> <p>Example: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control</p>	√	
<p>Article 3 : The right not be tortured or treated in an inhuman or degrading way</p> <p>Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control</p>	√	
<p>Article 5 : The right to liberty</p> <p>Example: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control</p>	√	

Appendix 1

<p>Article 6 : The right to a fair trial</p> <p>Example: issues of patient choice, control, empowerment and independence</p>	√	
<p>Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control</p> <p>Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life</p>	√	
<p>Article 11 : The right to freedom of thought, conscience and religion</p> <p>Example: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers</p>	√	

SCREENING

Protected Characteristic	List Information Gathered in relation to different protected characteristics	List Information Gathered in relation to multiple protected characteristics
Age	See workforce profile.	People with any one or multiple protected characteristics are traditional targets and therefore are more vulnerable to harassment, physical / sexual abuse / assault because of their particular protected characteristics. This could result in them experiencing stress in the workplace.
Disability	<p>See workforce profile. Being visibly disabled may make individuals more vulnerable to harassment/physical abuse.</p> <p>Health and safety information is not automatically published in braille or languages other than English. The primary source of circulation is via the internet or intranet. Software which will read the policy for the reader is now very common therefore documents should generally be accessible to people with a visual impairment.</p>	The protected characteristics of individuals are required be taken into account when undertaking risk assessments as their risk of being discriminated against/harassed or abused in the workplace is higher because of their particular protected characteristic/s.
Gender	Nurses/carers who are predominantly female have twice the back injuries of most other occupations (Leighton D Reilly 1995). Females of child-bearing age have special considerations in relation to handling hazardous substances, moving and handling etc.	
Gender Reassignment	No in-house information is available, however transgender staff who have disclosed their status or who may be visibly undergoing/have undergone gender reassignment may be more vulnerable to discrimination and harassment and stress in the workplace	

SCREENING

Human Rights	See in relation to Health and Safety at Work Act.	
Pregnancy and Maternity	There is specific legislation relating to the health and safety of pregnant women and those returning from maternity leave. Individual risk assessments are completed for pregnant staff.	
Race/Ethnicity or Nationality	See workforce profile. Being visibly of a different race/ethnicity may make individuals more vulnerable to abuse/harassment and stress in the workplace. Health and safety Information is not normally published in languages other than English.	
Religion or Belief	See workforce profile. Assumptions made about or knowledge of a person's religion may make them more vulnerable to abuse/harassment and stress in the workplace.	
Sexual Orientation	See workforce profile. Assumption made about or knowledge of a person's sexual orientation may make them more vulnerable to abuse/harassment and stress in the workplace.	
Welsh Language	Welsh speakers may face discrimination and stress within the workplace.	

SCREENING

Form 3: Assessment of Relevance and Priority

Protected Characteristic	Evidence: Existing Information to suggest some groups affected. Gathered from Step 2. (See Scoring Chart A)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C)
Age	3	+3	+9
Disability	3	+3	+9
Gender	3	+3	+9
Gender Reassignment	3	+3	+9
Human Rights	3	+3	+9
Pregnancy and Maternity	3	+3	+9
Race/Ethnicity or Nationality	3	+3	+9
Religion or Belief	3	+3	+9
Sexual Orientation	3	+3	+9
Welsh Language	3	+3	+9

SCREENING

Scoring Chart A: Evidence Available	
3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

Scoring Chart B: Potential Impact	
-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

Scoring Chart C: Impact	
-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)

FULL EQUALITY IMPACT ASSESSMENT

Form 4: Examine the Information Gathered So Far

1.	Do you have adequate information? (Refer to Form 2 : Information Gathering for assistance if necessary)	Yes
2.	Can you proceed with the Policy whilst the EqIA is ongoing?	Yes
3.	Does the information collected relate to all protected characteristics?	Information on sexual orientation and gender reassignment may not be accurate due to low levels of disclosure. However, these groups should not be impacted on differentially in comparison with the population as a whole.
4.	What additional information (if any) is required?	None
5.	How are you going to collect the additional information needed? State which representative bodies you will be liaising with in order to achieve this	Not applicable

FULL EQUALITY IMPACT ASSESSMENT

Form 5: Judge/Assess the Potential Impact of the Policy across the Protected Characteristics

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
Age					
Disability					
Gender					
Gender Reassignment					
Human Rights					
Pregnancy and Maternity					
Race					
Religion/Belief					
Sexual Orientation					
Welsh Language					

FULL EQUALITY IMPACT ASSESSMENT

Form 6: Consider Any Alternatives which will Reduce or Eliminate any Negative Impact

1.	Describe any mitigating actions taken to reduce negative impact	
2.	Is there a handling strategy for any unavoidable but not unlawful negative impacts that cannot be mitigated?	
3.	Describe any actions taken to maximise the opportunity to promote equality, ie: changes to the Policy, regulation, guidance, communication, monitoring or review	
4.	What changes have been made as a result of conducting this EqlA?	

OUTCOME

Form 7: Outcome Report

Organisation:	Hywel Dda University Health Board
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Proposal Sponsored by:	Name:	Sian Passey
	Title:	Assistant Director of Nursing for Quality, Assurance and Professional Regulation
	Department:	Nursing

Policy Title:	Policy 010 - Health and Safety Policy
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Brief Aims and Objectives of Policy:	<p>This policy outlines the management of health and safety arrangements within HDdUHB through the policy statement and detailed responsibilities. The Policy is designed to minimise the health and safety risks to all staff, patients and others under the remit of HDdUHB. It aims to:-</p> <ul style="list-style-type: none">• Secure the health, safety and welfare of people at work;• Protect patients and people other than those at work against risks to their health and safety as a result of work activities;• Minimise the number of occupational accidents and incidents of ill health;• Establish a culture of co-operation, communication, competency and control for health and safety.
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Was the decision reached to proceed to full Equality Impact Assessment?:		No ✓
	Record Reasons for Decision:	

OUTCOME

	<p>The policy aims to protect the health and safety of all staff.</p> <p>There was no evidence to indicate that the policy would have an adverse effect on any group or individual with any one or multiple protected characteristics that could not be mitigated. It is more likely to have a positive impact in that it protects the health and safety of staff in the workplace and this will have more relevance to those with protected characteristics who are more frequently targets of abuse / discrimination / harassment. This will also apply to any of the stakeholders identified above including patients, members of the public, etc.</p> <p>It is acknowledged that much has been invested in areas such as manual handling policy and procedures and risk management training and equipment to reduce the incidence and severity of manual handling injuries to staff and patients.</p> <p>A fresh trawl of EqlAs on similar policies across other NHS organisations did not identify any negative impacts on protected groups that could not be mitigated.</p> <p>https://www.google.co.uk/search?source=hp&ei=eTsaXJW4F8OCagDbnLgB&q=Health+and+Safety+Policy+NHS+Wales+Equality+Impact+Assessment&btnK=Google+Search&og=Health+and+Safety+Policy+NHS+Wales+Equality+Impact+Assessment&gs_l=psy-ab.3...5391.24266..33214...0.0..6.650.13920.4j27j18j4j5j3.....0....1..gws-wiz.....0..0j0i131j0i22i30j33i22i29i30j33i160j33i21.uD5tx3KuOnM</p> <p>No complaints have been received in relation to equality, diversity or human rights following implementation of the original policy.</p> <p>There is no evidence at this stage that these changes will impact negatively in relation to equality, diversity, human rights or Welsh Language.</p>				
<p>If no, are there any issues to be addressed?</p>	<table border="1"> <tr> <td data-bbox="466 1218 886 1289"> <p>Yes ✓</p> </td> <td data-bbox="886 1218 1822 1289"></td> </tr> <tr> <td colspan="2" data-bbox="466 1289 1822 1456"> <p>Record Details:</p> <p>There is an impact on service users whose first language is not English and those with visual impairment.</p> </td> </tr> </table>	<p>Yes ✓</p>		<p>Record Details:</p> <p>There is an impact on service users whose first language is not English and those with visual impairment.</p>	
<p>Yes ✓</p>					
<p>Record Details:</p> <p>There is an impact on service users whose first language is not English and those with visual impairment.</p>					

OUTCOME

	<p>Needs of individuals in relation to their protected characteristics need to be taken into account when providing associated training – e.g. assistance with accessibility, language, learning and literacy skills.</p> <p>The needs of individuals in relation to their protected characteristics need to be taken into account when undertaking risk assessments. Staff will need to cross-reference with the Risk Management Procedure.</p>
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Is the Policy Lawful?	Yes ✓	<p>The policy has been written in line with the following:-</p> <p>The Health and Safety at Work etc. Act 1974, subordinate health and safety legislation, Approved Codes of Practice, Guidance, EU Directives, etc. Risk Management Strategy and Policy Risk Management Procedure</p>
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Will the Policy be adopted?	Yes ✓	
If no, please record the reason and any further action required: N/A		

Are monitoring arrangements in place?	Yes ✓	
Refer to Action Plan (Form 8)		
Any complaints received in relation to equality, diversity and human rights following implementation of the policy will be addressed and investigated on an individual basis and appropriate action taken.		

OUTCOME

Who is the Lead Officer?	Name:	Sian Passey
	Title:	Assistant Director of Nursing for Quality, Assurance and Professional Regulation
	Department:	Nursing
Review Date of Policy:	3 Years	

Signature of all parties:	Name	Title	Signature
	Adam Springthorpe	Health and Safety Manager	19/12/2018
	Douglas Wells	Risk, Health and Safety Manager	21/5/13 – Updated 07/01/2016
	Jackie Hooper	Equality and Diversity Advisor	21/5/13 – Updated 07/01/2016 & 20/12/2018
	Adam Springthorpe	Health and Safety Manager	04/08/2021

Please Note: An Action Plan should be attached to this Outcome Report prior to signature
Not applicable

OUTCOME

Form 8: Action Plan

You are advised to use the template below to detail any actions that are planned following the completion of EQiA. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research. **This Action Plan should be completed in combination with the Outcome Report.**

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
1. Will the Policy be adopted?	Yes / No				
2. If No please give reasons and any alternative action(s) agreed: (If the Policy is not to be adopted please proceed to Step 9).					
3. How will the affects of the Policy be monitored?					
4. What monitoring data will be collected?					

OUTCOME

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
5. How will this data be collected?					
6. When will the monitoring data be analysed?					
7. Who will analyse the data?					
8. What changes have been made as a result of this EqIA?					
9. Where a Policy may have differential impact on certain groups, state what arrangements are in place or are proposed to mitigate these impacts					

OUTCOME

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
10. Justification: for when a policy may have a negative impact on certain groups, but there is good reason not to mitigate, state those reasons here					
11. Provide details of any actions planned or taken to promote equality					
12. Describe the arrangements for publishing the EqIA Outcome Report					
13. When will the EqIA be subject to further Review?					

HYWEL DDA UNIVERSITY HEALTH BOARD



Health & Safety Policy

Policy Number:	010	Supersedes:	V3	Classification	Corporate
Version No	Date of EqlA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V3	20/12/18	H&S EPC	6/3/2019	7/5/2019	6/3/2022
V4	04/08/21	H&S Assurance Committee			

Brief Summary of Document:	The Chief Executive gives a general statement and outlines the organisational arrangements for the management of health and safety within Hywel Dda University Health Board.
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Scope:	This policy is applicable to all HDUHB staff, agency staff, locums, volunteers, contractors and others.
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To be read in conjunction with:	<p>156 - Risk Management Strategy & Policy</p> <p>514 – Management and Investigation of Incidents Policy</p> <p>608 – Risk Management Framework</p> <p>674 – Risk Assessment Procedure</p> <p>All HDUHB Health and Safety Policies and Procedures</p>
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Owning Committee	Health & Safety Advisory Group
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Executive Director:	Mandy Rayani	Job Title	Director of Nursing, Quality and Patient Experience
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HYWEL DDA UNIVERSITY HEALTH BOARD

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	21.1.2014
2	Revised	25.8.2015
3	Full Review	6.3.2019
4	Full Review	TBC

Glossary of terms

Term	Definition

Keywords	Health, Safety, Risk Management
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HYWEL DDA UNIVERSITY HEALTH BOARD

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HYWEL DDA UNIVERSITY HEALTH BOARD

1. SECTION 1

1.1. INTRODUCTION AND POLICY STATEMENT

It is the policy of the Hywel Dda University Health Board (H DUHB) to make sure 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 H DUHB to implement arrangements as necessary, to ensure effective planning, organisation, control, monitoring and review of safety control measures. However, the H DUHB is not just concerned with preventing accidents and ill health but also with positive health promotion for its staff, patients and general public.

The H DUHB recognises its duty to its employees and will do everything that is reasonably practicable, in relation to:

- Providing and maintaining machinery, equipment and appliances that are safe;
- Providing and maintaining safe systems of work (procedures);
- Safe arrangements for handling, storage and moving objects and substances;
- Providing information, instruction, training and supervision necessary for their health and safety;
- Maintaining a safe place of work and access to and exit from it;
- Providing and maintaining a safe and healthy working environment.

Employees must take reasonable care of themselves and others who may be affected by what they do, or do not do. They must also co-operate with the H DUHB so that the organisation can comply with all health and safety duties placed upon it.

Section 2 of this policy deals with the organisation/structure and Section 3 deals with its general arrangements. This policy will be reviewed every three years (or when required by changes in health and safety law or working practices).

1.2. SCOPE

This policy is applicable to all H DUHB staff, agency staff, locums, volunteers, contractors and others.

1.3. AIMS

The policy aims are to:

- Outline the management of health and safety within H DUHB through the written statement, the organisation and the arrangements.
- To minimise the Health and Safety risks to all staff, patients and others.
- Recognise the obligation imposed under the Health and Safety at Work etc. Act 1974, Section 2(3), to prepare an appropriate policy.

1.4. OBJECTIVES

- To secure the health, safety and welfare of people at work.
- To protect patients and people other than those at work against risks to their health and safety arising out of work activities.
- To minimise the number of occupational accidents and incidents of ill health.
- To establish a culture of co-operation, communication, competency and control for health and safety.

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2. SECTION 2 – ORGANISATION FOR HEALTH AND SAFETY (RESPONSIBILITIES)

2.1. ORGANISATION

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

2.2. CHIEF EXECUTIVE

The Chief Executive has overall responsibility to ensure that HDUHB 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 an 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.

2.3. DIRECTOR OF NURSING, QUALITY AND PATIENT EXPERIENCE

The Director of Nursing, Quality and Patient Experience is the Executive Lead with responsibility for Health and Safety. The main responsibilities of this post are to determine overall policy including the organisational development needs of HDUHB. Included in this role is monitoring and review of the health and safety status and the taking of appropriate action where deficiencies are identified.

This post shall not have specific responsibility for the management of health and safety within each Service but will be responsible to the Chief Executive for:

- Determining overall health and safety strategy including the organisation arrangements, policies and instructions necessary to produce high standards of health and safety performance and compliance with legislation, guidelines and strategies;
- The co-ordination of health and safety arrangements for the HDUHB;
- The dissemination of relevant safety information to General Managers or Service Heads as appropriate;
- Advising on suitable provision for training required by managers and staff where health and safety issues affect the whole HDUHB;
- The provision of advice as necessary to General Managers or Service Heads and Senior Managers on aspects of health, safety and welfare;
- Assisting the HDUHB in co-ordinating and targeting its health and safety budget;
- The monitoring and review of the overall health and safety performance and activities of the HDUHB and reporting the situation to the Chief Executive.

2.4. HEAD OF HEALTH, SAFETY AND SECURITY

The Head of Health, Safety and Security is accountable to the Senior Manager with delegated responsibility for Health and Safety and has other responsibilities including:

- Assisting the HDUHB in maintaining and further developing its health, safety and welfare policies;
- Providing support and advice to all members of staff on matters relating to health and safety;
- The review of safety legislation, guidelines and information sources to maintain the health and safety knowledge of the HDUHB.
- Ensuring regular health and safety audits of the HDUHB are undertaken and a report is presented to the Executive Lead with any necessary recommendations.

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- Notifying the Health and Safety Executive (HSE) when accidents or incidents occur that are deemed reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

The Head of Health, Safety and Security is assisted in the completion of his duties by the Health and Safety Manager and the wider Health, Safety and Security team.

2.5. GENERAL MANAGERS AND SERVICE HEADS

General Managers and Service Heads are responsible for all aspects of health and safety of staff, patients and others in areas where they provide a service or under their control. This includes compliance with legislation and the following:

- The effective management of health, safety and welfare;
- The implementation of HDUHB 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.

2.6. EMPLOYEE'S DUTIES

All employees are required to:

- Take reasonable care to ensure their own health and safety and that of others who may be affected by what they do, or do not do;
- Observe all instructions applicable to the work being performed or area where they are working. Where staff or trainees are required to work away from their wards/departments; the local rules of the area visited and any codes of practice appropriate to the work performed, must be observed;
- Co-operate with the HDUHB in complying with all health and safety duties placed upon it;
- Bring to the attention of persons in charge all incidents, including accidents, occupational ill health, assaults and hazards in the workplace, including any defects and/or deficiencies that they become aware of in buildings, equipment, plant, machinery or furniture and systems of work;
- Use equipment provided in the interests of health, safety and welfare and ensure that this equipment is not misused;
- Use any personal protective equipment supplied, keep it in good order and request replacements or repair when necessary.

2.7. DUTIES OF 'OTHERS'

Others may include contractors and volunteers etc. who must:

- Take reasonable care to ensure their own safety and that of others, who may be affected by what they do, or do not do;
- Observe all the instructions applicable to the work being performed or area where they are working, including local rules and codes of practice;

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- Co-operate with the HDUHB in complying with all health and safety duties placed upon it;
- Bring to the attention of persons in charge all incidents, including accidents, occupational ill health, assaults and hazards in the workplace, including any defects and/or deficiencies that they become aware of in buildings, equipment, plant, machinery or furniture and systems of work;
- Use equipment provided in the interest of health, safety and welfare and ensure that this equipment is not misused;
- Use any personal protective equipment supplied and keep it in good order and request replacements or repair, when necessary.

The HDUHB also values the health and safety concerns which are raised by others, such as patients, visitors, volunteers, the public etc. This input will assist the HDUHB to comply with its health and safety responsibilities.

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3. SECTION 3 – ARRANGEMENTS FOR HEALTH AND SAFETY

3.1. ARRANGEMENTS AND GENERAL PROVISIONS

Publicity of this Document

Copies of the Health & Safety Policy shall be kept on the HDUHB's internet site and the Health and Safety Webpage will have a link to this document. General Managers and Service Heads will be responsible for informing all staff within their areas of responsibility, as to its location and ensure that staff are aware of their responsibilities.

Health & Safety Policies, Procedures and Guidance Documents

Where practicable, specific Corporate Health and Safety Procedures will be developed for use throughout the HDUHB and will be subordinate to this Health & Safety Policy. These will be kept on the Approved Corporate Written Control Documentation page of the HDUHB Internet site. For example, the Health and Safety approved policies and procedures include:

- Manual Handling;
- Display Screen Equipment and Workstation Assessment;
- Lone Workers;
- Violence and Aggression;
- CCTV;
- Workplace Slips, trips and falls;
- Control of Substances Hazardous to Health (COSHH);
- New and Expectant Mothers;
- First Aid at Work;
- Latex.

Many Estates and Facilities Management and Infection Prevention policies and procedures are also closely linked to Health and Safety including:

- Asbestos;
- Confined Spaces;
- Fire Safety;
- Electrical (LV);
- Exposure Management including Needlestick (Sharps) Injuries;
- Personal Protective Equipment (PPE) Policy;
- Water Safety;
- Severe Weather Gritting;
- Smoke Free Policy.

3.2. RISK ASSESSMENT/PROFILING

The continuing assessment of the risk to the health and safety of all persons is an important part of the management of health and safety. General Managers and Service Heads are responsible for ensuring that suitable and sufficient assessment of risks are undertaken and appropriate control measures implemented, whenever risk cannot be eliminated.

Information on the prioritisation of risk is given in the HDUHB's Risk Management Written Control Documentation including:

- 156 Risk Management Strategy & Policy;
- 608 Risk Management Framework;
- 674 Risk Assessment Procedure.

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3.3. HEALTH SURVEILLANCE

The HDUHB has access to an Occupational Health Department whose function is to provide a range of services for employees including pre-employment health checks.

The Occupational Health Service also provides health surveillance for specific work activities and can be arranged via the individual's line manager or self-referral procedures. The Occupational Health Department has its own policies, which are available for reference.

3.4. CONSULTATION – COMMUNICATION OF SAFETY INFORMATION

A Health and Safety Assurance Committee (see 3.8) exists to not only formally provide assurance of health and safety compliance to the Board, but also, to formally consult and communicate with staff side Trade Union organisations with regard to health and safety arrangements.

Any alteration in work practice, environment or other features which may change the risk must be brought to the attention of all persons who may be affected. In addition, legislation requires that Safety Representatives must be given information which would assist them in discharging their functions. Depending upon the circumstances this may be achieved by providing them with a copy of documentation, verbal communication or by discussion in a formal situation such as the Health and Safety Assurance Committee.

3.5. INFORMATION, INSTRUCTION, TRAINING & SUPERVISION

Safety Information and Documentation

All instructions and documentation (including risk assessments) will be reviewed on a periodic basis to confirm that they are still valid.

Information

Managers will provide employees with comprehensible and relevant information on:

- The risks to their health and safety as identified in risk assessments;
- The preventative and protective measures needed to be used;
- The procedures for serious and imminent danger e.g. fire emergencies.

Training

It is recognised that training and awareness plays a vital role in achieving high standards of safety performance. All staff joining the HDUHB will be given a brief introduction to health and safety as part of their corporate induction programme.

Managers and persons with supervisory responsibility must ensure that their staff receive sufficient training as to the hazards and risks of the activities that they perform and environments where they work. This training must include the protective and preventative measures to be taken. Care must be taken to confirm with the employee that any training or information received has been understood and where practicable this information must be recorded.

Training will include action to be taken in the event of serious or imminent danger.

Where there have been changes in working arrangements, equipment or anything that could create new or different risks, then a new risk assessment should be undertaken to determine any requirement for additional training.

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Appropriate refresher training for staff should be undertaken, as required. This may not necessarily require formal training sessions but may be facilitated by managers or persons with supervisory responsibility discussing safety issues with their staff.

Where training is given the training must take account of the competence and capabilities of the employee with regard to health and safety including the employee's physical and mental capabilities and their level of training, knowledge and experience.

Health and safety training shall normally be given during normal working hours for the employee.

Manager's Health and Safety Induction

All managers, whether newly appointed or promoted internally into a managerial position, must undertake the Manager's Health and Safety Induction training course. The purpose of the course is to provide managers with an understanding of their responsibilities under the Health and Safety at Work Act 1974 and associated statutory instruments (regulations), ACOPs and guidance and their practical application in the workplace. Upon completion of the course managers will be competent to:

- Apply the principles of risk assessment to all aspects of their area(s) of responsibility;
- Complete Workplace Inspections to identify the hazards within their workplace;
- Undertake suitable and sufficient investigations into incidents.

"Day One" Induction Training

Managers must ensure that "Day One" general health and safety information is given to all new and temporary employees, agency, bank staff and contractors etc. on their first day working in a particular area i.e. a specific ward.

3.6. EMPLOYEES AND OTHERS

Employees Working in the Community or Areas Not Controlled by HDUHB

There are many circumstances where employees of the HDUHB work in environments in which the HDUHB cannot exercise direct control over the actual working conditions or the risks that may be present to health, safety and welfare. This may occur where the premises are owned by a different employer or by a third party such as is the case with staff working in the community. Staff must take special care for their own health and safety and comply with guidance issued applicable to the work performed or location where they become aware of any risks to their own health and safety or other persons such as the patient being visited.

Though there is more emphasis on employees protecting themselves this does not relieve the Manager of the person concerned from taking appropriate action to minimise any risks that may be present. After evaluation, these risks may require additional training needs, provision of equipment etc. These arrangements must be recorded in health and safety documents issued by the Directorates or Departments involved.

It should be noted that under the Management of Health and Safety at Work Regulations employees shall be permitted to leave their place of work in the event of serious or imminent danger unless there are adequate written arrangements to deal with the circumstances. For instance, staff working in the community may not be in a position to visit certain patients due to the condition of their premises or other risks that may be present. Where it is necessary for employees to cease work appropriate arrangements must be made to ensure that all persons are not placed in danger due to other factors (such as the withdrawal of that service) and the

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reason for the failure to perform normal duties must be brought to the attention of the Manager responsible immediately. This should also include situations where employees of HDUHB work in premises owned by another employer. In general, policies must be prepared by specific Departments giving general guidance on the action to be taken by the employee in these situations.

Temporary Workers

Temporary workers shall be given sufficient information on the risks that may be present in the area(s) in which they may be employed and steps to be taken to minimise those risks, including information on health surveillance if necessary. They should be given adequate instruction for safe methods of work and the correct use of protective clothing. Steps must be taken to ensure that temporary workers have the necessary training and expertise required to work without significant risk to themselves or any other persons.

Contractors

All contractors engaged by the HDUHB shall abide by their own health and safety statutory obligations.

Contractors and others will be given sufficient information about the risks that working in the HDUHB may create. This information would also include incident reporting procedures and action to be taken in the event of serious or imminent danger (including details of designated HDUHB staff with specific responsibilities in these situations). In the same way they are obligated to inform the HDUHB of any risks that they may create, or become aware of, which may affect contractors/HDUHB employees, premises or persons using our services.

Safety of Other Persons

A prime concern of the HDUHB is the duty of care that it has to persons who come into contact with our services such as patients and those who use our premises, including visitors, volunteers and others who may be affected by its acts or omissions. Care must be taken at all times to ensure that appropriate action is taken to eliminate or minimise the risks (to an acceptable level) to all persons.

3.7. CO-ORDINATION BETWEEN EMPLOYERS

Where staff are required to work in premises owned or operated by another employer, there must be adequate co-ordination between the parties involved. This could include:

- Joint risk assessments;
- Exchange of information on risk;
- Training;
- Joint procedures.

Similar arrangements also apply where other employers' staff work on HDUHB premises.

3.8. HEALTH AND SAFETY ASSURANCE COMMITTEE

The Health and Safety Assurance Committee is responsible for assuring the HDUHB that the organisation is in compliance with health and safety legislation and guidance and that the safety of patients, staff and others is managed effectively.

Additionally, the purpose of the Health and Safety Assurance Committee (HSAC) is to:

- Provide assurance around the HDUHB arrangements for ensuring the health, safety, welfare and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers, contractors etc.
- Provide advice on compliance with all aspects of health and safety legislation.

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For the operational responsibilities of the HSAC please refer to the Committee's Terms of Reference.

3.9. ROLE AND FUNCTION OF SAFETY REPRESENTATIVES AND THE HSAC

Staff Safety Representatives include trade union appointed Safety Representatives and Employee Representatives. The HDUHB shall treat both categories on an equal basis to satisfy the requirements of the Safety Representatives and Safety Committee Regulations 1977 and the Health and Safety (Consultations with Employees) Regulations 1996.

Staff Safety Representatives and the HSAC function to assist the HDUHB to improve safety performance and are used as a method of communication and consultation on health and safety issues. Safety Representatives and the HSAC are encouraged to participate in all areas of safety including safety audits of defined areas. The aims and the objectives of the committee are to promote co-operation between the HDUHB and its employees and to provide consultation on a range of health and safety matters. Where appropriate, the committee will make recommendations to senior management with a view to improving health and safety performance.

The main function of Safety Representatives is to help to maintain high standards of health, safety and welfare for staff and compliance with legislation. Their function is advisory and the key management responsibility for safety remains with each Service Director.

Safety Representatives must be given sufficient time and facilities for them to be able to efficiently discharge their functions.

The functions of the Staff Safety Representatives include:

- To investigate potential hazards and dangerous occurrences in the workplace;
- To examine the causes of accidents;
- To investigate complaints relating to health, safety and welfare;
- To make representations to the employer about (i) and (ii) above, and about general matters affecting health, safety and welfare at the workplace;
- To carry out inspections;
- To represent employees in consultations with enforcing authority's inspector;
- To receive information from inspectors;
- To attend safety committee meetings;
- To have time off with pay to perform his functions and to attend training.

3.10. REPORTING OF INCIDENTS

The HDUHB has a comprehensive policy detailing the method for reporting accidents and dangerous occurrences, near misses etc. Employees are required to report all accidents, incidents including assaults, occupational illness and dangerous occurrences etc. in order to protect both the safety of staff and all persons who may be affected by HDUHB activities. Managers and supervisory staff must take appropriate steps to eliminate hazards or control risks to an acceptable level. Refer to 514 Management and Investigation of Incidents Policy.

3.11. COMPETENT PERSONS

HDUHB Sources for Professional Advice include:

- Head of Health, Safety and Security;
- Health & Safety Manager;

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- Violence and Aggression Case Manager;
- Security and Case Manager;
- Health, Safety & Security Officers;
- Occupational Health and Wellbeing Service;
- Infection Prevention Team;
- Moving and Handling Team;
- PAMOVA Team (including PBM);
- Estates Operational Compliance Manager & Officer;
- Head of Fire Safety Management and Fire Safety Advisors.

Other Bodies able to give advice:

Other bodies are also able to give advice, both inside and outside the National Health Service such as:

- NSW Shared Services Partnership – Facilities, Legal & Risk, Welsh Risk Pool;
- Welsh Government;
- Health and Safety Executive;
- Employment Medical Advisory Service;
- Local Authorities;
- Medical Physics - Radiation Protection and Laser Safety Advisers.

3.12. MONITORING, REVIEW, AUDIT

Monitoring and Review

Monitoring and review of health and safety performance is a Service Director and departmental responsibility and will be undertaken by the appropriate managers.

Internal Audit of HDUHB Safety Performance

The Executive Lead shall audit the overall health and safety performance of the HDUHB. This shall be in conjunction with the Departmental Managers. This audit will consider:

- the overall health and safety performance;
- the effectiveness of management arrangements;
- Safety training, communication and information issues;
- Safety strategy implications;
- Risk assessment.

Results of this audit shall be made available to the Health and Safety Assurance Committee.

External Audit of HDUHB Safety Performance

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

- Health and Safety Executive;
- Environment Agency;
- Health Inspectorate Wales;
- Fire Authority.

Audit

Though Safety Representatives are permitted to undertake periodic audits and inspections of the workplace this does not relieve a manager from his responsibilities. If Safety Representatives work locally it is recommended that managers should perform audits in conjunction with these persons. Where such arrangements exist these audits should be

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performed at an appropriate frequency and the results of these audits and any follow-up action recorded. Results of these audits may also be made available for consideration by the Health and Safety Assurance Committee.

Where practicable the safety audit may consider the overall safety performance of the area under examination or specific safety issues such as compliance with legislation i.e. COSHH, manual handling, accident reporting procedures etc.

Other Methods

Incident/Accident statistics for the whole HDUHB will be collected and made available to Departmental Managers the Health and Safety Assurance Committee and Safety Representatives on a regular basis.

3.13. FURTHER INFORMATION

The following reference sources have been used in the compilation of this Health & Safety Policy:

- The Health and Safety at Work etc. Act 1974;
- All subordinate health and safety legislation (see relevant law below for examples of law relevant to this policy);
- HSE Approved Codes of Practice (ACOPs);
- HSE Guidance;
- EU Directives.

Selection of relevant law:

- Control of Substances Hazardous to Health Regulations 2002 (as amended)
- Management of Health and Safety at Work Regulations 1999
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- Safety Representatives and Safety Committees Regulations 1977
- Health and Safety (Consultations with Employees) Regulations 1996
- Workplace (Health, Safety and Welfare) Regulations 1992
- Health and Safety (First Aid) Regulations 1981
- Provision and Use of Work Equipment Regulations 1998
- Lifting Operations and Lifting Equipment Regulations 1998
- Personal Protective Equipment at Work Regulations 1992
- Construction (Design and Management) Regulations 2015
- Health and Safety (Safety Signs and Signals) Regulations 1996
- Manual Handling Operations Regulations 1992
- Ionising Radiation Regulations 2017
- Work at Height Regulations 2005
- Confined Spaces Regulations 1997
- Control of Asbestos Regulations 2012

Further information is available on the HSE website:

<http://www.hse.gov.uk/>