
Health & Safety Policy



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Health & Safety Policy

1. Introduction

- 1.1. This section sets out B3's overall health and safety policy, allocates responsibility for safety matters, and explains B3's safety arrangements.
- 1.2. Throughout this document, the term 'staff' applies to permanent, temporary, relief, sessional and volunteer workers.

2. Health & Safety Policy Statement

- 2.1. It is the responsibility of all workers to ensure that all health and safety matters are achieved to a high level within B3. This Policy Statement which is to be observed throughout the organisation reflects the importance to the health, safety and welfare of all workers, other service providers, service users and members of the public.
- 2.2. To achieve continual high standards, it is essential that together, we ensure an environment where the health, safety and welfare of colleagues, service users and others is always at the forefront of our minds. This is accomplished by following the organisation's strategic principals and meeting our legal obligations by maintaining a 'duty of care' to individuals who may be affected by the organisation's activities.
- 2.3. B3 will promote and comply with all relevant health, safety and fire legislation and therefore the co-operation of all staff is essential to attain this.
- 2.4. It is our intention that B3 operates in such a manner so as to achieve the following:
 - 2.4.1. A safe and healthy place to work which has adequate welfare facilities, safe access and exit (where reasonably practicable) to and from the Addaction premises.
 - 2.4.2. To prevent, record and monitor accidents and cases of work related ill health.
 - 2.4.3. Make adequate arrangements for dealing with an emergency.
 - 2.4.4. Ensure machinery and equipment that is maintained and safe to use.
 - 2.4.5. Arrangements for safe handling and use of substances such as chemical cleaning agents.
 - 2.4.6. Removing, reducing and monitoring risks. Controlling any hazards that have been identified following risk assessment.
 - 2.4.7. Providing staff with the information, instruction, training and supervision needed to ensure they carry out their job safely.
 - 2.4.8. Implementation of health, safety management systems by consultation and involvement of staff and volunteers in decisions affecting their

health and safety by means of a bi-monthly BSAFE review meetings, Clinical Governance Committee meetings, and ad-hoc consultation and development groups to be established as necessary.

- 2.5. Compliance with this policy will positively contribute to the performance of the organisation as a whole — by reducing injuries, ill health, unnecessary losses and liabilities.
- 2.6. Excellence in the management of health and safety is an essential element within B3's overall provision of service. It is one of the key elements on which we will build for future progress in providing a consistently high quality service.
- 2.7. In order to ensure the continual improvement to health and safety we should ensure that:
 - 2.7.1. Health and safety objectives form an integral part of the decision making process when setting other service objectives.
 - 2.7.2. Effective systems of communication are implemented and maintained.
 - 2.7.3. Effective consultative arrangements on health and safety matters are in place — this will include all levels of staff and volunteers.
 - 2.7.4. The Board of Trustees support the policy by providing adequate financial and physical resources and ensuring the competence of their staff and volunteers.
 - 2.7.5. B3 secures suitable expert advice when required to enable the policy to be implemented.
 - 2.7.6. All workplace hazards are controlled — this will be achieved by ensuring risk assessments are conducted and control measures are adequately implemented.
 - 2.7.7. Systems are in place to enable workers to make a positive contribution to the implementation of the health and safety policy.
- 2.8. The policy will be monitored for effectiveness and reviewed annually. It will also be reviewed following major organisational changes, major incidents, new legislation and audit recommendations. Any amendments will be brought to the notice of all staff and volunteers.

3. Responsibilities

To ensure the effective implementation of the health and safety policy commitments, it is essential that all staff within the organisation understand their responsibilities and obligations. With this in mind, the following responsibilities have been determined.

3.1. Board Of Trustees

- 3.1.1. The Board of Trustees is ultimately responsible for health and safety in all aspects within B3. These responsibilities are fulfilled through the Service Manager

who has specific responsibilities to ensure compliance with all statutory requirements.

3.1.1.1. Agreeing plans for improving and reviewing progress in developing the health and safety policy and for the implementation within the organisation.

3.1.1.2. Allocating duties and responsibilities to nominated personnel within the policy to enable its requirements to be effectively applied throughout the organisation.

3.2. Service Manager

3.2.1. The Service Manager is responsible for the successful implementation and upkeep of the health and safety policy within B3. They are also responsible for ensuring that objectives are set to maintain and develop standards of health and safety at work and for undertaking performance reviews to ensure these objectives are achieved. Their responsibilities include:

3.2.1.1. Developing health and safety plans and objectives after appropriate consultation with staff, volunteers and specialist advisers.

3.2.1.2. Monitoring achievement of these plans and objectives.

3.2.1.3. Ensuring that clear lines of communication and participation for health and safety matters are implemented at all levels throughout the charity.

3.2.1.4. Monitoring accident and ill health trends and taking appropriate action.

3.2.2. In particular s/he will:

3.2.3. Establish and implement arrangements for health and safety training.

3.2.4. Secure specialist advice where necessary.

3.2.5. Ensure that B3 has in place a comprehensive health and safety policy.

3.2.6. Monitor local compliance with B3's health and safety procedures.

3.2.7. Review accident report forms sent in from projects.

3.2.8. Ensure RIDDOR reports are made as applicable.

3.2.9. Establish and maintain the accident/incident report database and prepare relevant analysis and reports.

3.2.10. Carry out health and safety checks at sites as required.

3.2.11. Ensure workers are fully trained and conversant with procedures.

3.2.12. Take action where required to rectify problems.

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- 3.2.13. Contribute to office management and health and safety sections of the Health and Safety Handbook.

3.3. Employed Staff

- 3.3.1. The key responsibility for staff is to ensure that the health and safety systems and procedures as defined within the Health & Safety Policy and Volunteer Handbook are implemented.
- 3.3.2. Staff should seek to establish a positive approach to health and safety, and to do so they should:
- 3.3.2.1. Ensure that the health and safety policy is observed and that all requirements for compliance are met.
 - 3.3.2.2. Ensure that the health and safety policy is brought to the attention volunteers for whom they are responsible.
 - 3.3.2.3. Ensure there are local arrangements to supplement the requirements of the health and safety policy.
 - 3.3.2.4. Provide the physical information and human resources necessary for health and safety procedures to be implemented.
 - 3.3.2.5. Provide feedback on health and safety performance to workers.
 - 3.3.2.6. Provide feedback on deficiencies in the health and safety plans, standards, procedures and systems to the relevant person.
 - 3.3.2.7. Ensure that health and safety is a standing agenda item at all team meetings.

3.4. Volunteers

- 3.4.1. It is the duty of all volunteers to:
- 3.4.1.1. Take reasonable care of their own health and safety and that of others who may be affected by their actions or omissions during the course of their work.
 - 3.4.1.2. Co-operate in establishing safe and healthy working conditions to enable statutory duties or requirements to be fulfilled.
 - 3.4.1.3. Ensure that they make proper use of health and safety facilities and do not intentionally interfere with, or misuse anything provided for their health and safety.
 - 3.4.1.4. Act in accordance with any health and safety training that has been provided.
 - 3.4.1.5. Report to the Coordinator/Support Worker, any hazard or potential hazard in their working environment, or any existing procedures or arrangements which appear to be defective.

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- 3.4.1.6. Make full and proper use of any personal protective equipment (PPE) provided in accordance with instructions given or training received. Loss of equipment or defective equipment should be reported to their Coordinator so that it can be replaced.
 - 3.4.1.7. Ensure they are familiar with and act in accordance with the B3 health and safety policy and arrangements and local health and safety arrangements. In particular, they must ensure they are familiar and understand:
 - a) Any necessary action concerned with fire and fire drills at their place of work;
 - b) The first aid facilities available at their place of work;
 - c) The accident reporting procedures; and
 - d) Report all accidents, incidents and near misses, no matter how insignificant in accordance with B3 accident/incident reporting procedures.

4. Health & Safety Legislation

4.1. Health And Safety At Work Etc Act 1974

- 4.1.1. This Act sets out general duties that employers have towards their employees and anyone who could be affected by B3's activities. Employers have to ensure so far as is reasonably practicable, the health, safety and welfare both of their employees and of any other people who may use or have access to the workplace.
- 4.1.2. Workers also have a duty to look after their own health and safety and that of others.

4.2. Management of Health and Safety at Work Regulations 1999 (MHSW)

- 4.2.1. These regulations take the concept of risk assessment further than the Health And Safety At Work Etc Act. The main focus is on employers to carry out a risk assessment. Employers with five or more employees also need to record the significant findings. The regulations also mandate health surveillance where there is a need, use of competent assistance and provision of sufficient information for employees and training.

4.3. Health and Safety (Consultation with Employees) Regulations 1996

- 4.3.1. These regulations require the employer to consult non-union employees on health and safety matters. They allow the consultation to be either direct or with elected representatives. They also require the employer to inform employees if the consultation method is to change.

4.4. Workplace (Health Safety and Welfare) Regulations 1992

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- 4.4.1. These regulations set out basic health, safety and welfare requirements and aim to ensure that workplaces meet those needs for all persons at work including people with disabilities.
 - 4.4.2. The Disability Discrimination Act requires employers to address those physical features which make it difficult for disabled people to use their services i.e. make “reasonable adjustments” to their premises or the way they provide the services to ensure they are not unreasonably difficult for disabled people to use.
- 4.5. Health and Safety (First Aid) Regulations 1981
- 4.5.1. These regulations require employers to provide adequate and appropriate equipment, facilities and personnel to enable first aid to be given to employees if they are injured or become ill at work.
 - 4.5.2. What is adequate and appropriate will depend on the circumstances in the workplace and is determined through risk assessment. The regulations do not oblige employers to provide first aid for members of the public. However, the Health and Safety Executive strongly recommends that employers make provisions for them.
- 4.6. The Regulatory Reform (Fire Safety) Order 2005
- 4.6.1. This Order replaces many previous pieces of fire related legislation and means that the approach to the management of fire is now similar to that of other health and safety risks, i.e., through risk assessment and management.
 - 4.6.2. The reform order now requires that a responsible person is appointed for every workplace and that this person ensures the following:
 - 4.6.2.1. A suitable fire risk assessment is carried out by a competent person and that it is kept up to date.
 - 4.6.2.2. Suitable measures for fire-fighting and fire detection are provided and maintained.
 - 4.6.2.3. Sufficient emergency routes and exits are maintained.
 - 4.6.2.4. Procedures for serious and imminent danger are established and communicated.
 - 4.6.2.5. Safety assistance (one or more competent persons are appointed to assist in undertaking preventive and protective measures).
 - 4.6.2.6. Information is provided to employees.
 - 4.6.2.7. Information is provided to employers and the self-employed from outside undertakings.
 - 4.6.2.8. Adequate training is provided.
 - 4.6.2.9. Co-operation and co-ordination takes place (in cases where two or more responsible persons share or have duties in respect of premises).

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- 4.7. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)
- 4.7.1. These regulations require the reporting of certain work-related injuries, diseases and dangerous occurrences (defined in the regulations) to the relevant enforcing authority. The main purpose is to enable the relevant authorities to identify where and how risks arise and to investigate serious accidents. The regulations apply to all work activities.
- 4.8. Control of Substances Hazardous to Health Regulations (COSHH) 2002
- 4.8.1. These regulations require employers to control exposure to hazardous substances to prevent ill health. Employers are required to protect employees and others who could be affected.
- 4.8.2. An assessment to establish preventative and control measures must be undertaken and results implemented.
- 4.9. The Control of Noise at Work Regulations 2005
- 4.9.1. These regulations require the protection of all persons at work from damaging noise levels.
- 4.9.2. The three noise 'action values' which determine the course of action an employer has to take if his/her employees are exposed to noise at or above the levels are: (These exposure limit values take account of any reduction in exposure provided by hearing protection).
- a) Lower exposure action value — daily or weekly noise exposure of 80dB(A)
- b) Upper exposure action value — daily or weekly noise exposure of 85dB(A)
- c) Exposure limit value — daily or weekly noise exposure of 87dB(A)
- 4.10. Health and Safety (Display Screen Equipment) Regulations (DSE) 1992
- 4.10.1. These regulations require employers to minimise the risk to employees arising out of the use of workstation screens. Employers are required to assess all workstations and take appropriate action for all users and operators as defined by the regulations. Employers must also provide the opportunity for eye and eye-sight tests and provide corrective appliances (glasses or contact lenses) where required. Employers must also provide information and training as appropriate.
- 4.11. The Manual Handling Operations Regulations 1992 (as amended in 2002)
- 4.11.1. These regulations require the employer to ensure hazardous manual handling operations are avoided so far as is reasonably practicable. Where these cannot be avoided, re-designing the task to avoid manual movement of the load and mechanisation should be considered. If risk

remains, a suitable and sufficient assessment of the operation must be made and the risk reduced as far as reasonably practicable.

4.11.2. The regulations also require the employer to provide employees undertaking manual handling operations with general indications, and where reasonably practicable to do so, precise information on the weight of each load and the heaviest side of any load whose centre of gravity is not centrally positioned.

4.12. Corporate Manslaughter and Corporate Homicide Act 2007

4.12.1. This Act sets out the conditions under which organisations may be prosecuted following serious systemic management failings in the management of health and safety resulting in a death. The Act creates no additional duties; however, compliance with the existing Acts and regulations should protect an organisation from non-compliance.

4.12.2. Background

4.12.2.1. The Corporate Manslaughter and Corporate Homicide Act 2007 came into force on 6 April 2008. Unlike most new legislation, the Act does not impose any new duties on B3, but it does create a new range of penalties for failing to comply with existing health and safety legislation.

4.12.2.2. The Act is intended to make it easier to prosecute where a death has resulted from the failings of senior management. It is not intended to target junior members of staff following any genuine errors or failings, although it must be remembered that individuals may still be charged with the common law offence of manslaughter or with other health and safety offences.

4.12.2.3. The Act is intended to capture genuine corporate failings in the management of risk and will focus on failings of senior management in the event of a work related death.

4.12.3. Breaches of the Act

4.12.3.1. The Act creates a new criminal offence of “corporate manslaughter” and is applicable only to companies and other organisations (including charities). Contrary to popular belief, it will not apply to individuals thanks to section 18 of the Act.

4.12.3.2. A guilty verdict for B3 under the Act could be reached, if it could be proved in a court that:

- The way in which B3’s activities were managed or organised caused a person’s death and
- It amounted to a “gross breach” of a relevant duty of care to the deceased.

To be classed as a “gross breach” the B3’s conduct must have:

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- “fallen far below what could reasonably have been expected of it in the circumstances” and
 - The contribution of senior management (or lack of) must be deemed to have been a substantial element in the causation of the breach.

From the above, it can be seen that B3 has a duty of care to various parties.

Within B3, a duty of care exists:

- To service users, in connection with the supply of services (via the projects).
- Between B3 and its employees (including volunteers).
- As an occupier of premises to any person using or visiting them.
- In connection with the carrying out of construction or maintenance activities at our premises.
- By B3 (its staff and volunteers) of any plant, vehicle or other thing.

The test of breach of the duty of care is going to be broadly the same as in a civil case i.e. the court examines three areas:

- Was the duty owed?
- Was it breached?
- Did some harm occur as a result of that breach?

So, using an example of an employee killed at work:

- An obvious duty of care exists (employer/employee).
- A breach of that duty would be likely if safety legislation was not complied with and senior management activity (or inactivity) was a substantial cause of the breach.
- If death is a result (obvious harm!) then prosecution under the new Act and other safety legislation is probable, along with prosecution for breach of other acts such as the Health and Safety at Work Act.

4.12.4. Penalties under the Act

If a successful prosecution is brought against B3 under the Act for either manslaughter or homicide, the court has a range of penalties it can impose:

Remedial orders

Upon conviction, the court can impose a remedial order requiring B3 to take specified steps to remedy:

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- The relevant breach.
 - Any matter that appears to the court to have resulted from the relevant breach and to have been a cause of the death.
 - Any deficiency in B3's health and safety policies, systems or practices of which the relevant breach appears to the court to be an indication.

Publicity orders

Following conviction, the court can impose a publicity order, requiring B3 to publicise:

- The fact that it has been convicted of the offence.
- Details of the offence.
- The amount of any fine imposed.
- The terms of any remedial order made.

Fines

- If convicted of an offence under the Act, in addition to a publicity and/or remedial order, the court can impose a potentially crippling fine.
- Although the court would take account of the B3's operating profits when setting the level, sentencing guidelines suggest that fines of between 5 and 10% of turnover (averaged over the last three years) will be a starting point. Remember, turnover, not profit and the potential size of the fine is unlimited.

4.13. Requirements

4.13.1. As the Act introduces no new obligations, B3 needs to introduce no new systems of procedures to comply. However, there is a need, as there is in any safety conscious organisation to continue to remain vigilant; ensuring that all our policies and procedures are commensurate with the level of risks present in the organisation.

4.13.2. The responsibility for compliance falls into distinct areas.

4.13.3. The Board of Trustees has responsibility, as already defined in the health and safety policy for agreeing plans for improving and reviewing progress in developing the health and safety policy and for the implementation within the organisation.

4.13.4. To achieve this, the Health and Safety Policy is regularly reviewed by the organisation and changes are approved at this level after due consideration.

4.13.5. All members of B3/BSAFE are invited to contribute to this process whenever they feel the need.

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- 4.13.6. The Service Manager is key to the achievement of this objective; acting in a coordinating and advisory capacity to help ensure that procedures are implemented consistently across the organisation.
 - 4.13.7. Staff must ensure that every member of the team knows exactly what is required of them at all times in relation to good health and safety practice.
 - 4.13.8. The “local arrangements” are defined following risk assessment; any control measure identified through this route must be implemented without delay. Where this is not possible or practicable, further advice should be sought to find a solution.
 - 4.13.9. All workers must comply with health and safety regulations. Anybody with health and safety concerns or suggestions within the charity, must bring those concerns or ideas to the attention of the Service Manager as soon as possible to enable things to be put right and improved.