

Borough Council of  
**King's Lynn &  
West Norfolk**



# **CABINET**

## **Agenda**

**MONDAY, 1 JULY 2013  
at 5.30pm**

in the

**Committee Suite  
King's Court  
Chapel Street  
King's Lynn  
PE30 1EX**



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Borough Council of  
**King's Lynn &  
West Norfolk**



King's Court, Chapel Street, King's Lynn, Norfolk, PE30 1EX  
Telephone: 01553 616200  
Fax: 01553 691663

**CABINET AGENDA**

**DATE: CABINET – MONDAY, 1 JULY 2013**

**VENUE: COMMITTEE SUITE, KING'S COURT, CHAPEL STREET, KING'S LYNN**

**TIME: 5.30 pm**

There are no items to be considered in private on this agenda - as required by Regulations 5 (4) and (5) of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012

**1. MINUTES**

To approve the Minutes of the Meeting held on 17 June 2013.

**2. APOLOGIES**

To receive apologies for absence.

**3. URGENT BUSINESS**

To consider any business, which by reason of special circumstances, the Chairman proposes to accept, under Section 100(b)(4)(b) of the Local Government Act 1972.

**4. DECLARATION OF INTEREST**

Please indicate if there are any interests which should be declared. A declaration of an interest should indicate the nature of the interest (if not already declared on the Register of Interests) and the agenda item to which it relates. If a

disclosable pecuniary interest is declared, the member should withdraw from the room whilst the matter is discussed.

These declarations apply to all Members present, whether the Member is part of the meeting, attending to speak as a local Member on an item or simply observing the meeting from the public seating area.

**5. CHAIRMAN'S CORRESPONDENCE**

To receive any Chairman's correspondence.

**6. MEMBERS PRESENT PURSUANT TO STANDING ORDER 34**

To note the names of any Councillors who wish to address the meeting under Standing Order 34.

**7. CALLED IN MATTERS**

To report on any Cabinet decisions called in.

**8. FORWARD DECISIONS LIST**

A copy of the Forward Decisions List is attached (Page <sup>4</sup> )

**9. MATTERS REFERRED TO CABINET FROM OTHER COUNCIL BODIES**

To receive any comments and recommendations from other Council bodies some of which meet after the dispatch of this agenda. Copies of any comments made will be circulated as soon as they are available.

Resources and Performance Panel – 25 June 2013  
Regeneration and Environment Panel – 26 June 2013

**10. REPORTS**

**1 Revised Health, Safety & Welfare General Policy (Page 7 )**

The report outlines the Authority's statutory obligation to have an appropriate Health Safety & Welfare policy. It sets out for approval a revised policy for the Authority which reflects, current legislation, best practice and the responsibilities for managing health & safety. In addition this report sets out a revised process for the future annual revision of the policy to be delegated to the Chief Executive, in consultation with the Portfolio Holder and the Joint Safety & Welfare Committee

**2 Local Plan: Publication Of Detailed Policies And Sites Plan  
'Preferred Options' For Consultation** (page 57)

The Borough Council is a considerable way through preparing a new plan document to give effect to the already adopted Core Strategy. There is a need to publish a draft document ('Preferred Options') to consult the public, statutory bodies and interested parties in advance of the Borough Council finalising its formal proposals for the document.

To: Members of the Cabinet

Councillors N J Daubney (Chairman), A Beales, Lord Howard,  
A Lawrence, B Long, Mrs E A Nockolds, D Pope and Mrs V Spikings.

Cabinet Scrutiny Committee

For further information, please contact:

Samantha Winter  
Democratic Services Manager,  
Borough Council of King's Lynn & West Norfolk  
King's Court, Chapel Street,  
King's Lynn PE30 1EX  
Telephone: (01553) 616327 Email: [sam.winter@west-norfolk.gov.uk](mailto:sam.winter@west-norfolk.gov.uk)

## FORWARD DECISIONS LIST

Date of meeting	Report title	Description of report	Key or Non Key Decision	Decision Maker	Cabinet Member and Lead Officer	List of Background Papers	Public or Private Meeting
17 June 2013	Closure of Accounts 2012/13 1) Revenue & 2) Capital	2 reports on Year end of Accounts	Non	Cabinet	Leader	Previous report	Public
	Annual Treasury report for 2012/2013	To consider the annual report	Key	Council	Leader Deputy Chief Executive	Previous reports	Public

Date of meeting	Report title	Description of report	Key or Non Key Decision	Decision Maker	Cabinet Member and Lead Officer	List of Background Papers	Public or Private Meeting
1 July 2013 (changed from 2 July)	Health Safety and Welfare Policy Review	Review of the Policy	Non	Cabinet	Leader		Public
	LDF Site Specific Allocations and Policies Documents	Document to outline preferred options for development sites within the Borough	Key	Council	Development Exec Director, G Hall		Public

Date of meeting	Report title	Description of report	Key or Non Key Decision	Decision Maker	Cabinet Member and Lead Officer	List of Background Papers	Public or Private Meeting
30 July 2013	King's Lynn Town Centre Plan	Report setting out proposed	Non	Cabinet	Regeneration Chief Executive		Public

		town centre plan.										
	Town Heritage Initiative		Key		Council		Regeneration Chief Executive				Public	
	Discharge Of Homelessness Duty – Private Rented Sector		Non		Cabinet		Community Chief Executive				Public	
	Asset Management: Residential Property Investment	Consideration of the use of the Council's assets to invest in residential property.	Key		Council		Resources Deputy Chief Executive				Public	
	Major Housing Investment	Consideration of the Council building and/or acquire market housing	Key		Council		Community & Regeneration Chief Executive and Deputy Chief Executive	None as yet			Public	
	Materials Recycling Facility (MRF) Contract	Report on the outcome of the MRF contract negotiations	Key		Cabinet		Dep Leader Exec Director - C Bamfield				Private - Contains exempt Information under para 3 – information relating to the business affairs of any person (including the authority)	
	Empty Property Strategy	Update to Strategy	Non		Council		Community Chief Executive				Public	
	Call Recording Policy	New policy	Non		Council		Leader Exec Director – D Gates				Public	

	Car Parking Promotions	Report detailing options for the use of the £100,000 budget the Council has allocated to Car Park Promotions	Non	Cabinet	Leader & Health & Wellbeing Exec Director – C Bamfield		Public
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Date of meeting	Report title	Description of report	Key or Non Key Decision	Decision Maker	Cabinet Member and Lead Officer	List of Background Papers	Public or Private Meeting
3 September 2013							

Date of meeting	Report title	Description of report	Key or Non Key Decision	Decision Maker	Cabinet Member and Lead Officer	List of Background Papers	Public or Private Meeting
16 September 2013	Statement of Accounts			Council	Deputy Chief Executive Leader		Public
	Annual Governance Statement		Non	Council	Exec Director – D Gates Leader		Public



## REPORT TO CABINET

<b>Open</b>		Would any decisions proposed :		
<b>Any especially affected Wards</b>	Mandatory/	Be entirely within Cabinet's powers to decide	NO	
	Operational	Need to be recommendations to Council	YES	
		Is it a Key Decision	NO	
Lead Member: Cllr Nick Daubney E-mail: cllr.Nick.Daubney@west-norfolk.gov.uk		Other Cabinet Members consulted:		
		Other Members consulted:		
Lead Officer: Dave Clack E-mail: dave.clack@west-norfolk.gov.uk Direct Dial: 6368		Other Officers consulted: Senior Management Team		
Financial Implications NO	Policy/Personnel Implications NO	Statutory Implications YES	Equal Impact Assessment NO If YES: Pre-screening/ Full Assessment	Risk Management Implications YES

Date of meeting: 1 July 2013

### 1 REVISED HEALTH, SAFETY & WELFARE GENERAL POLICY

#### **SUMMARY**

The report outlines the Authority's statutory obligation to have an appropriate Health Safety & Welfare Policy. It sets out for approval a revised policy for the Authority which reflects, current legislation, best practice and the responsibilities for managing Health & Safety. In addition this report sets out a revised process for the future annual revision of the Policy to be delegated to the Chief Executive, in consultation with the Portfolio Holder and the Joint Safety & Welfare Committee.

#### **Recommendation**

1. That Cabinet endorse the draft policy.
2. That Cabinet to endorse the changes to the process of policy revision.
3. That a Health & Safety Action Plan to be developed.

#### **Reason for Decision**

To ensure that the Authority is compliant with the legislative requirements in relation to Health & Safety.

## **1. Background**

- 1.1 There is a legal obligation under the Health & Safety at Work Etc Act 1974 for organisations that employ five or more persons to have a written Health & Safety Policy and for to ensure that the policy is subject to regular review and updated where necessary.
- 1.2 The current policy, dated June 2011 has been reviewed and updated as a draft for consultation and adoption. This will be subject to consultation with the Joint Safety & Welfare Committee on the 19<sup>th</sup> June 2013. Any feedback from this committee will be fed into the Cabinet process. A copy of the draft policy is attached at Appendix A.
- 1.3 The revised Policy updates our existing Policy to reflect both the reorganisation of the management structure of the authority and changes in legislation.
- 1.4 The only addition to the Policy in this revision is the inclusion of a section on Event Safety requiring that, where significant events are undertaken, the event organisation team includes or takes advice from one of the officers now trained in Event Safety Management.
- 1.5 A Health & Safety Action plan will be developed, with Management Team approval to ensure circulation and implementation of the updated Policy.
- 1.6 Where our Policy currently states that this will be subject to annual review, where the revisions are predominantly operational we are seeking the authority to delegate this annual review to the Chief Executive, in consultation with the Portfolio Holder and the Joint Safety & Welfare Committee.
- 1.7 Where the Portfolio Holder and the Joint Safety & Welfare Committee determine that the revisions are changes to Policy then the approval will be deferred to Full Council via Cabinet.

## **2. Options Considered**

- 2.1 With the requirement to keep the policy current and the changes to the management structure the only option for us is to revise the policy accordingly.
- 2.2 The option to keep the authority to adopt the policy via the Full Council route has been considered, but it is felt that more minor and operational changes to the Policy will be dealt with appropriately by Chief Executive in consultation with the Portfolio Holder and the Joint safety & Welfare Committee.

## **3. Policy Implications**

- 3.1 Health, Safety & Welfare General Policy.

## **4. Financial Implications**

- 4.1 Within Service and existing Budgets.

**5. Personnel Implications**

5.1 None

**6. Statutory Considerations**

6.1 This revision of the policy is in order for the authority to meet the legal requirements of the Health & Safety at Work etc Act and other related legislation.

**7. Equality Impact Assessment (EIA)**

7.1 Pre screening report attached – full impact assessment not required.

**8. Risk Management Implications**

8.1 The significant purpose of the policy and its implementation is to manage the risks to both employees and to non employees who may be affected by our undertaking.

**9. Declarations of Interest / Dispensations Granted**

9.1 None

**10. Background Papers**

10.1 All Health & Safety legislation and HSE guidance is available online.

Borough Council of  
**King's Lynn &  
West Norfolk**



Draft  
**HEALTH, SAFETY  
& WELFARE GENERAL  
POLICY**

**April 2013**

## SECTION 1

### STATEMENT OF GENERAL HEALTH, SAFETY AND WELFARE POLICY

#### 1 GENERAL STATEMENT

- 1.1 The Borough Council of King's Lynn and West Norfolk recognises and accepts its responsibility as an employer *to ensure the health safety and welfare at work of all our employees.*
- 1.2 The Council further recognises its responsibility to *consider the Health and Safety of non employees either attending our premises or otherwise affected by our undertaking.*
- 1.3 The Council will endeavour to meet this responsibility, *so far as is reasonably practical*, paying particular attention to: -
- (a) Plant, equipment and systems of work that is *safe and without risks to health.*
  - (b) *Arrangements for the use, handling or storage of articles or substances in a manner which is safe and without risks to health.*
  - (c) Sufficient information, instruction, training and supervision to *ensure the health and safety at work of our employees* and to enable all employees to contribute positively to their own safety and health at work.
  - (d) *A place of work which is maintained in such a condition to be safe and without risks to health* including with safe access and egress to and from it.
  - (e) A working environment that is safe and without risks to health including adequate provision of welfare facilities.
- 1.4 Without detracting from the primary responsibility of managers and supervisors for ensuring safe conditions of work, the Council will provide competent technical advice on Health, Safety and Welfare matters to support line management in its task.
- 1.5 Consultation with employees will be an essential aspect in the effective implementation of this policy. To achieve this, the Council will support the appointment of both trade union and non-trade union safety representatives.
- 1.6 This policy will be reviewed on an annual frequency and its implementation externally audited to ensure that all service areas are audited within a three year cycle.

**Signed**

**Position:** Chief Executive

**Name:** R Harding

**Date:**

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## SECTION 2

### ORGANISATION AND RESPONSIBILITIES

#### 2.0 INTRODUCTION

2.1 The management of the Borough Council of King's Lynn and West Norfolk is structured on a management team consisting of four Executive Directors reporting to the Chief Executive who has ultimate responsibility for the health, safety and welfare of employees whilst at work, and where relevant, members of the public and others who may visit, use Council facilities *or be otherwise affected by our undertaking*.

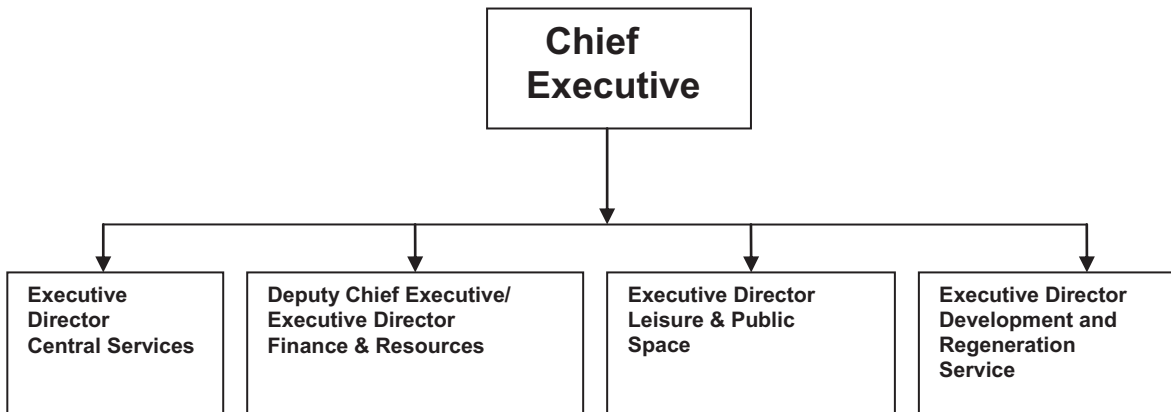


Fig 1 - Organisational Chart

#### 2.2 ORGANISATIONAL RESPONSIBILITIES

<http://www.hse.gov.uk/pubns/indg417.pdf> - Guidance

##### Corporate Manslaughter and Corporate Homicide Act 2007 (CMCH)

The ethos of this Act is to emphasise the importance of the management of health and safety by senior management in compliance with existing health and safety legislation and guidance. In effect compliance with the procedures set out in this policy will form the main defence to any charge brought under the Act.

An organisation will be guilty of the offence of corporate manslaughter if the way in which its activities are managed or organised by its “senior managers” causes a person’s death and amounts to a gross breach of a relevant duty of care owed by the organisation to the deceased. A senior manager in this respect is a person in the organisation who:

*“Plays a significant role in the making of decisions about how the whole or substantial part of its activities is to be managed or organised. In addition to Executive Directors this may cover those who play a significant role in management responsibilities for setting and monitoring workplace practices e.g. operational managers alongside strategic decision makers”*

A duty of care can arise from the organisations role as an employer, occupier, supplier of goods or services, constructor or maintainer, or keeper of any plant, vehicle or other thing.

*Within the Borough Council of Kings Lynn & West Norfolk, the Chief Executive and the Executive Directors are automatically classed as Senior Managers for the purpose of CMCH. In turn they will when allocating responsibilities in procedures manuals define what posts will be designated as “Senior Management” in respect of health and safety management. See section 2.2.4. (c) below.*

### **2.2.1 Chief Executive**

The Chief Executive has overall responsibility for the implementation of this policy. He will ensure that adequate resources are made available and that managers and employees are adequately trained to put the policy into effect. He will further ensure that managers have access to professional advice on matters relating to health, safety and welfare. Apart from his own service area responsibilities the Chief Executive delegates the performance of the policy, to his Executive Directors. Due to the varying complexities of the Council's operations, the Executive Directors are further tasked by the Chief Executive to address the aspects of the policy relative to their service by developing and maintaining procedures manuals for their service areas. Procedure manuals will demonstrate how Executive Directors are complying with their duties under the corporate policy. *In relation to his own service area the Chief Executive will also have responsibility as an Executive Director as at 2.2.4 below.*

### **2.2.2 Deputy Chief Executive**

The Deputy Chief Executive whose primary role is Executive Director Finance and Resources will in the Chief Executive's absence assume the Chief Executive's responsibilities in respect of health and safety matters.

### **2.2.3 Executive Director Leisure and Public Spaces**

The Executive Director Leisure and Public Space will act as the management team representative for health and safety. As such he will actively promote and progress corporate health and safety issues and actions at management team level. He will also represent the management team at the Joint Safety and Welfare Committee.

### **2.2.4 Executive Directors**

- (a) Executive Directors are responsible to the Chief Executive for the successful implementation of the policy within their service area.
- (b) They must prepare and maintain a procedures manual that sets out organisational responsibilities and procedures for the managing of health and safety in compliance with the corporate policy within their service area.
- (c) In allocating responsibilities in procedures manuals Executive Directors must define what posts will be designated as “Senior Management” in respect of health and safety management. Any officer defined as having this level of responsibility should be informed of this in writing.



- (d) They must ensure that their line managers and supervisors are adequately trained and resourced to enable them to implement their service procedures.
- (e) They must, in so far as is reasonable practicable, ensure that working conditions within their area of responsibility are safe, free from risk and are properly supervised.
- (f) They must ensure that risk assessments are completed for all their service activities and are reviewed at regular intervals to ensure such assessments remain current.
- (g) They must ensure that procedures are in place to achieve compliance with the corporate driving at work procedures in respect of works vehicles and plant, lease car, essential users and casual drivers.
- (h) They must ensure that when appointing independent contractors the Contractors are competent in respect of health and safety to undertake the work required and that they are, where appropriate, adequately supervised.
- (i) Service procedure manuals should determine the frequency of formal inspections of work areas and responsibilities for carrying out these inspections. Such inspections should be carried out at a minimum six monthly.

#### **2.2.5 Line Managers**

Line managers are responsible to their Executive Director for: -

- (a) The organisation and supervision for the areas and operations delegated to their control.
- (b) Ensuring that risk assessments are completed for their area of responsibility and made available to their staff.
- (c) Ensuring that supervisors under their control are adequately trained and have a sufficient knowledge of health and safety legislation to carry out their duties.
- (d) The issuing of clear instructions to supervisors regarding their responsibilities for maintaining safe working practices within their sphere of operations.
- (e) Ensuring that appropriate and sufficient personal protective equipment and safety equipment is available for employees.
- (f) Ensuring that where applicable statutory inspections of equipment are carried out at the correct intervals and prescribed records are maintained.
- (g) Ensuring that statutory forms and posters are displayed where required. (Section, 3.7.10, 3.8.11 & 3.10.2 refer)

- (h) Ensuring that formal work area inspections are completed at the frequencies detailed in their service area procedures manual by their Executive Director.
- (i) Following 2.2.4 (c) above, Line Managers may be designated as “Senior Managers” under CMCH.

### 2.2.6 Supervisors

Each supervisor is responsible to their Line Manager for the organisation and supervision of the work and employees under their control.

They should:-

- (a) Know the requirements of the regulations and codes of practice applicable to the work for which they are responsible.
- (b) Be aware of risk assessments in respect of their work activities and ensure that employees are made aware of the significant findings of risk assessments.
- (c) Incorporate safe working procedures into the methods of work used and instructions given.
- (d) Restrain employees from taking, and not require them to take unnecessary risks that may cause injury to themselves or others.
- (e) Report immediately any damage or defect in plant, machinery, equipment or buildings and take effective measures to deal with hazards in areas under their control.
- (f) Make sure that employees under their control, particularly those undergoing training, are made aware of safe working practices and procedures and are advised about safe working practices.
- (g) Carrying out regular informal inspections of work areas to ensure they are kept free of hazards e.g. slips trips and falls etc.

### 2.2.7 Every Employee

*In addition to any of the specific duties detailed above every employee has a personal responsibility to:-*

- (a) Take reasonable care to ensure that they do not endanger themselves or anyone else who might be affected by their activities at work.
- (b) Make full and proper use of any protective clothing and safety equipment provided for their personal protection.
- (c) Inform their immediate manager or supervisor if the working conditions are considered to be unsafe and of the existence of any hazards or defects to plant, equipment, machinery or buildings.

- (d) Use machinery, equipment, etc. in a correct and safe manner and ensure that it is maintained in good condition.
- (e) Make themselves fully conversant with and comply with the contents of any safe working instructions and Codes of Practice applicable to the tasks they are required to undertake.

### 2.2.8 Safety and Welfare Adviser

The Council's Safety and Welfare Adviser is based in Central Services. The main purpose of the post is to advise the Council and its officers in achieving compliance with health and safety legislation applicable to Council operations and to develop a programme of health care and welfare services for employees. His main duties are to: -

- (a) Keep the Council and its officers informed and up to date in matters relating to health and safety.
- (b) Carry out inspections and audits of Council premises and services
- (c) Produce Codes of Practice and Safety Guidance Notes in reaction to new legislation, *review and where necessary update existing Codes of Practice or Safety Guidance Notes.*
- (d) Monitor accident reports, carry out accident investigations and report to the Health and Safety Executive as required.
- (e) Receive and record employees' sickness records and produce statistics and reports.
- (f) Counsel employees on health, sickness and other welfare matters and liaise with the Council's Medical Adviser.
- (g) Liaise with outside bodies as required, e.g. Health and Safety Executive, Fire and Rescue Service.
- (h) Maintain up to date information and knowledge of all relevant Acts, Regulations and Codes of Practice in as far as they affect the Council.

### 2.2.9 Occupational Health Service

The Council retains the services of an Occupational Health Service that provides advice, when requested, on all matters relating to occupational health. It will, when requested, carry out medical assessments in respect of employment and medical surveillance required by health and safety legislation.

### 2.2.10 Safety Representatives

<http://www.hse.gov.uk/involvement/hsrepresentatives.htm> - Guidance

<http://www.hse.gov.uk/pubns/indg232.pdf> - Guidance

- (i) These are employees appointed as Health and Safety Representatives by their trade union to promote and monitor health and safety standards in the workplace. They are accountable to their Trade Union for the performance

of their responsibilities, as defined in the Safety Representative and Safety Committee Regulations 1977. (Section 3.4 & 3.5 refers)

- (ii) Non trade union safety representatives appointed in compliance with the Health and Safety (Consultation with Employees) Regulations 1996 are responsible for compliance with Regulation 6 of the subject regulations. (Sections 3.4 & 3.5 refer)

### 2.2.11 Elected Members

Elected members have a responsibility for ensuring that the Chief Executive is adequately resourced and supported in achieving compliance with the legal requirements of the Health and Safety at Work Act etc. 1974 and regulations made under it. They will be provided with the opportunity to attend relevant training to enable them to appreciate and understand the obligations placed on the Chief Executive and the management team.

Elected members have access via 'insite' to the health and safety information booklet "[Think about Health and Safety](#)" (what elected members of local authorities need to know).

## SECTION 3 - ARRANGEMENTS

### 3.1 RISK ASSESSMENT

<http://www.hse.gov.uk/pubns/priced/l21.pdf> - Regulations & Approved Code of Practice

<http://www.hse.gov.uk/pubns/indg163.pdf> - Five Steps to Risk Assessment

<http://www.hse.gov.uk/risk/casestudies/index.htm> - Risk Assessments examples

3.1.1 The Health and Safety at Work etc. Act 1974 places a legal obligation on employers to, 'so far as is reasonably practicable provide systems of work that are safe and without risks to health'

The term 'reasonably practicable' implies making a balance between the degree of risk and the cost of overcoming it.

3.1.2 The Management of Health and Safety at Work Regulations 1999 place a legal obligation on employers to establish safe systems of work by carrying out risk assessments on all work activities to identify:

- (a) The risks to the health and safety of employees that they might be exposed to.
- (b) The risks to the health and safety of persons not in their employment arising out of or in connection with their conduct or undertaking.

3.1.3 Risk assessment is the process of identifying the hazards and risks associated with an activity:

- (a) A '**hazard**' is the potential for a substance, equipment or method of work to cause harm.
- (b) The '**risk**' from the hazard is the likelihood and severity of the hazard, causing harm.

3.1.4 A person is deemed capable of carrying out risk assessments when they have sufficient training, experience, knowledge or other qualities to enable them to undertake the assessment to establish a safe system of work.

3.1.5 Executive Directors are responsible for incorporating risk assessments into their procedures manual and for ensuring that *the significant findings* are brought to the attention of employees.

3.1.6 Risk assessments must be completed on:

- (a) **Current work practices and works areas.**
- (b) **New or proposed work practices.**
- (c) **Whenever a female employee informs their line manager that they are pregnant.**  
<http://www.hse.gov.uk/pubns/priced/hsg122.pdf> - Guidance
- (d) **Whenever a young persons (under 18 years of age) is employed.**  
<http://www.hse.gov.uk/youngpeople/law/management.htm>- Guidance

- (e) **Home working situations**  
<http://www.hse.gov.uk/pubns/indg226.pdf> - Guidance
- (f) **Whenever young people are on work experience programmes.**  
<http://www.hse.gov.uk/PUBNS/indg364.pdf> - Guidance
- (g) **Whenever work is undertaken in areas that could impact on staff or others using Council facilities e.g. contractors, events etc.**
- (h) **In circumstances where an employee is classed as disabled under the Equalities Act 2010 and the disability means that there is a need to change the way the work is normally done.**  
<http://www.hse.gov.uk/disability/risk.htm> - Guidance

### 3.1.7 Risk assessments must be reviewed:

- (a) When there is reason to believe that they are no longer valid for the activity they refer to.
- (b) Whenever the work activity changes or new procedures are proposed.
- (c) As part of any accident investigation to ensure that the risk assessment is suitable and sufficient and the cause of the accident is addressed.
- (d) Maternity risk assessments should be reviewed periodically during the maternity period to identify potential changes

3.1.8 Where risk assessments have identified issues that have a corporate impact the Council's policy is to produce Codes of Practice to address these issues. A list of the current Codes of Practice are shown at Appendix "A".

## 3.2 SAFETY TRAINING STANDARDS

<http://www.hse.gov.uk/pubns/indg345.pdf> - Guidance

3.2.1 The Health and Safety at Work etc. Act 1974 places a general duty on employers to provide such information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work of employees. This general duty is made more specific in regulations made under the Act where specific training requirements are stated.

3.2.2 The Council's policy is to provide safety training to meet its operational requirements and to encourage employees to achieve a high standard of health and safety wherever possible. In particular:

- (a) Managers and Supervisors will be provided with specialised courses or training as is necessary to ensure that they have the necessary skills to carry out their organisational responsibilities.

- (b) All employees will receive appropriate induction training, which will include making them aware of *safe systems of work and the significant findings of risk assessments* relevant to their job, emergency procedures and copies of relevant Codes of Practice where applicable. Some employees will be required to attend specialist training before they are allowed to undertake certain categories or work. Any such requirements will be notified to employees at service level. Executive Directors are responsible for ensuring that their procedures manual identifies specialist training requirements. Specialist training is mandatory before undertaking the following categories of work:-
- i) Chainsaw operation
  - ii) Mounting of Abrasive wheels
  - iii) Application of pesticides
  - iv) Erection and operation of specialist leisure equipment such as trampolines, seating structures, plant room operations etc
  - v) Erection and dismantling of mobile scaffold towers
  - vi) Operation of mobile elevating platforms e.g. Cherry Pickers etc
  - vii) Use of personal fall prevention/arrest equipment
  - viii) Driving of any specialist vehicles e.g. forklift trucks, ride on mowers Mini diggers etc.
- (c) Safety training is viewed as an ongoing requirement with attendance being mandatory for the relevant level of training. Executive Directors must ensure that their employees are suitably trained for their role. Training records are maintained centrally on the Ciphre personnel system. Employee Annual Appraisal Reports will also be monitored by Personnel Services to identify training requirements.
- (d) Service area procedure manuals should identify areas of specialist training applicable to service requirements.
- (e) The Council will continue to support and encourage operational managers to undertake training to NEBOSH certificate level and other specialist training as required.
- (f) Trade Union appointed Safety Representatives can request through their Trade Union to attend relevant trade union organised safety courses. Taking into consideration operational requirements and sufficient notice being given, approval to attend such training will not be unreasonably withheld.

### 3.3 SAFETY AND MANDATORY INSPECTIONS

#### 3.3.1 Safety Inspections

All areas of the Council's operations where employees are located will be subject to periodic inspections to ensure that standards of health, safety and welfare are being maintained and that the safety policy is being complied with. In particular these inspections should be carried out as follows: -

- (a) Regular inspections by managers and supervisors throughout their areas of responsibilities.
- (b) Formal safety audits by the Safety and Welfare Adviser or appointed external body who will forward reports of all audits to the department's Executive Director and report to the Joint Safety and Welfare Committee.
- (c) Safety Representatives are entitled under Regulation 5 of the Safety Representatives and Safety Committee Regulations 1977, to inspect the workplace providing they give the appropriate Executive Director written and adequate notification of their intention to do so and a minimum of three months have elapsed since the last inspection. Any observations they make must be put in writing to the Executive Director and the Safety and Welfare Adviser with a summary report submitted to the next Joint Safety and Welfare Committee Meeting. The Safety Representative may request that the Safety and Welfare Adviser be present at any inspection.

### 3.3.2 Mandatory Inspections

Certain items of plant and equipment are subject to mandatory inspections by competent persons at frequencies laid down in the relevant regulations (see Table at Appendix "B").

*The items subject to mandatory periodic inspection include lifts, lifting equipment (including attachments), pressure vessels and electrical equipment.*

The responsibility for ensuring that mandatory inspections are carried out at the required frequencies rests with the relevant Executive Director.

### 3.4 SAFETY REPRESENTATIVES

<http://www.hse.gov.uk/involvement/hsrepresentatives.htm> - Guidance

<http://www.hse.gov.uk/pubns/indg232.pdf> - Guidance

- 3.4.1 For the purpose of consultation with employees on health and safety issues the Council recognises the rights of trade unionists under the Safety Representatives and Safety Committee Regulations 1977 to appoint Health and Safety Representatives and be consulted on health and safety issues.
- 3.4.2 Likewise the Council acknowledges the rights of non-trade unionists under the Health and Safety (Consultation with Employees) Regulations 1996 to be consulted on health and safety issues through either direct consultation with all employees or acknowledging employees appointed on behalf of others.
- 3.4.3 In addition to representing employees in consultation with the employer, a safety representative has the following functions:
  - (1) To investigate potential hazards, dangerous occurrences and examine the cause of accidents at the workplace.
  - (2) To investigate complaints by an employee he represents relating to that employee's health, safety or welfare.



- (3) To make representations to line managers on matters arising out of the above.
- (4) To make representations to line managers on general matters relating to health, safety and welfare of employees in the workplace.
- (5) To carry out inspections of the workplace, following notifiable accidents and, if relevant to the inspection, see certain documents.
- (6) To represent the employees in consultation with Health and Safety Executive Inspectors.
- (7) To receive information from inspectors.
- (8) To attend safety committee meetings.

3.4.4 Following consultation with his Executive Director, a safety representative may request such time off, without loss of pay, as shall be reasonably necessary for performing his/her functions or undertaking appropriate training.

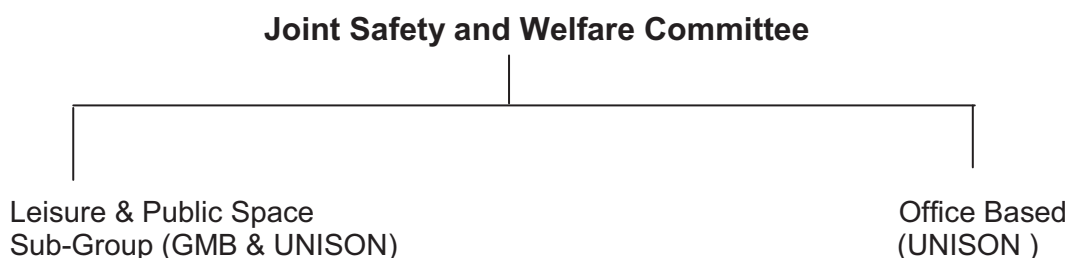
3.4.5 For the purpose of trade union consultation the Council recognises UNISON and the GMB trade unions. The Council acknowledge and is grateful for the formal agreements that exist for trade unions appointed Safety Representatives to represent non trade union employees within their area of responsibility.

3.4.6 The arrangements for consultation are set and in the following section.

### 3.5 CONSULTATION PROCEDURES

<http://www.hse.gov.uk/pubns/indg232.pdf> - Guidance

3.5.1 The consultation procedure for health and safety issues are through two safety sub-groups reporting to a main Joint Safety and Welfare Committee.



3.5.2 The Leisure and Public Space Sub-Group is a mix of trade unionists and non trade unionists from Leisure services, Grounds Maintenance, Public Works and Arts and Entertainments. Both sets of applicable regulations apply.

3.5.3 The Office Based Sub-Group is trade union based and established under the Safety Representatives and Safety Committees Regulations 1977.

3.5.4 The Sub-Groups meet every three months and the Joint Safety and Welfare Committee every six months. The minutes of all Sub-Group Meetings are published on the CiphNet system.

### 3.5.5 Objectives

The main objective of the Joint Safety and Welfare Committee is the promotion of co-operation between Elected Members, Officers of the Council and its employees in matters relating to the health, safety and welfare of employees while at work. It is important that the objectives of the Joint Safety and Welfare Committee remain separate from other employee negotiating bodies.

### 3.5.6 Functions

Without detracting from management's prime responsibility for safety, the function of the Committee will primarily be to keep under review the measures taken to ensure the health, safety and welfare of employees while at work. In particular they will:-

- (a) Be consulted on the development of works safety rules and safe systems of work.
- (b) Consider reports submitted by the Safety and Welfare Adviser.
- (c) Consider reports from Safety Representatives.
- (d) Where appropriate discuss or comment on safety audit reports.
- (e) Discuss the implications of new or existing safety legislation.

### 3.5.7 Constitution - Joint Safety and Welfare Committee

Membership of the Committee, as a minimum, is as follows:-

- (i) 2 Elected Members nominated from the Cabinet - one to act as Chairman.
- (ii) 2 Executive Directors to be appointed by the Chief Executive.
- (iii) 2 Representative from the Leisure Services, Office Based Sub-Groups.
- (iv) UNISON and GMB representatives as requested by the individual unions.
- (v) The Safety and Welfare Adviser.

## 3.6 REPORTING AND INVESTIGATION OF ACCIDENTS AND DANGEROUS OCCURRENCES

For reference see "[A guide to the reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995](#)"

### 3.6.1 Introduction

The Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) 1995 places a legal obligation on employers to report certain categories of injuries, diseases and dangerous occurrences to the Health and

Safety Executive (HSE). Additionally it is the policy of the Council that all accidents, however slight, be reported through Line Managers to the Safety and Welfare Adviser.

### 3.6.2 Procedure for Reporting Accidents

Every accident must be reported as soon as possible to the immediate supervisor/line manager and in any event by the end of the working day. Major injuries or dangerous occurrences as listed in the following categories must be notified to the Safety and Welfare Adviser immediately. The report must be made on the Council's sickness absence/accident report form for accidents to employees. For accidents to members of the public a separate form is used. Services concerned must forward the completed form with their comments to the Safety and Welfare Adviser who will take the appropriate action. If the degree of injury or type of accident warrants it, the Safety and Welfare Adviser will carry out an investigation and compile a report to the relevant Executive Director. It should be noted that the primary object of investigating any accident is not to levy blame, but to prevent a recurrence of the same.

Safety Representatives should be notified of the details of accidents/near misses in the workplace and given the opportunity to be part of any investigation.

### 3.6.3 Reportable Accidents

A brief summary of the categories and reporting requirements for reportable accidents are:

#### **Death or major injury at work.**

(i) **Deaths**

*All deaths arising out of or in connection with work (even if the deceased was not the person at work).*

(ii) **Reportable major injuries.**

- Fracture, other than to fingers, thumbs or toes.
- Amputation.
- Dislocation of the shoulder, hip, knee or spine.
- Loss of sight (temporary or permanent).
- Chemical or hot metal burn to the eye or any penetrating injury to the eye.
- Injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admission to hospital for more than 24 hours.
- Any other injury leading to hypothermia, heat induced illness or unconsciousness or requiring resuscitation or requiring admittance to hospital for more than 24 hours.
- Unconsciousness caused by asphyxia or by exposure to a harmful substance or biological agent.
- Acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin

- Acute illness requiring medical treatment when there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.
- (iii) **Over Seven Day (and Over Three Day) injuries.**  
*Employee absences of over seven days, due to injury at work, require formal notification under RIDDOR. There is also a legal obligation for us to keep records of injuries at work that result in absences of over three days.*
- (iv) **Non Employee injury.**  
*An Injury to any person not at work e.g. members of the public, visitors, spectators must be reported if:*
- (a) The accident arises out of or in connection with work; and
  - (b) That person is taken from the site of the accident to a hospital (by whatever means) for treatment in respect of that injury.

#### 3.6.4 Notification of Death, Major Injuries or Non Employee Injury.

*In the cases of (i), (ii) or (iv) above there is a duty to notify the HSE by the quickest practicable means **and** to do a formal notification within 10 days. In these cases, the relevant Manager will notify the Safety and Welfare Adviser without delay and give sufficient detail to allow a report to be made. In the absence of the Safety and Welfare Adviser, it will be the duty of the relevant Manager to notify the HSE by telephone to the Incident Contact Centre on 0845 300 9923, Opening hours for the ICC are Mon-Fri 8:30am – 5pm. If the requirement to make a notification arises out of the opening hours of the ICC, the telephone notification must be made as soon as is possible. In addition, the Manager must ultimately ensure that the Safety and Welfare Adviser is informed of all the relevant details. Any telephone notification must then be followed up by a formal report (within 10 days of the incident). This report can be made by going to [www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor) .*

#### 3.6.5 Reporting of Over Seven Day Injuries.

*In addition to the injuries and conditions listed in (i), (ii) & (iv) of 3.6.3 any other accident where an employee is incapacitated from normal work for more than seven consecutive days must be subject to a formal report to the HSE within 15 days. The Safety and Welfare Adviser compiles these reports.*

#### 3.6.6 Reporting of Dangerous Occurrences

Certain dangerous occurrences as detailed in Schedule 2 of RIDDOR must be reported immediately to the HSE followed by a written report within 10 days on the prescribed form. The list detailed below highlights extracts from the Schedule that could be relevant to the Council's activities.

- (a) The collapse of any lift or mobile powered access platform.
- (b) The following incidents at funfairs:

- (i) The collapse of or failure of any load bearing part of any amusement device provided to allow passengers to move or ride on.
  - (ii) The failure of any safety arrangement connected with (i) which is designated to restrain or support passengers.
- (c) Explosion or collapse of any boiler or closed vessel in which the internal pressure was above or below atmospheric pressure, where the failure has the potential to cause the death of a person.
  - (d) Electrical short circuit or overload attended by fire or explosion which resulted in the stoppage of plant for more than 24 hours.
  - (e) An explosion or fire in any plant that results in a stoppage of normal work for more than 24 hours, where the fire or explosion was due to the ignition of materials, their by-products or finished products.
  - (f) The collapse of a scaffold which is more than five metres high.
  - (g) Any incident where plant or equipment accidentally either comes into contact with an un-insulated overhead electric line where the voltage exceeds 200 volts or causes an electrical discharge by coming into close proximity to it.

### 3.6.7 Reporting of Diseases

Under RIDDOR when an employee who does a specified type of work and is known to be suffering from a reportable disease as detailed in the regulations, a report must be made to the HSE on the prescribed form. The Safety and Welfare Adviser monitors all sickness absence reports and where required will make the necessary reports.

### 3.6.8 Records

Records of all specified injuries, diseases and dangerous occurrences required to be maintained and made available on request to the HSE inspectors are kept by the Safety and Welfare Adviser. All records must be kept for a minimum of three years.

## 3.7 FIRST AID ARRANGEMENTS

<http://www.hse.gov.uk/firstaid/index.htm> - Guidance

### 3.7.1 Introduction

The Health and Safety (First Aid) Regulations 1981 place a general duty on employers to make or ensure that adequate first aid provision is made for their employees if they are injured or become ill at work. This duty extends to ensuring that employees are informed of such arrangements.

### 3.7.2 Definition of First Aid

First Aid is defined as the: -

- (a) Treatment which is given to preserve life or minimise the consequences of injury or illness pending the arrival of, or transport to qualified medical help.
- (b) Treatment of minor injuries which otherwise receive no treatment or would not need treatment by a qualified medical person.

### 3.7.3 Limitations to First Aid

- (a) First Aid does **not** include the treatment of minor illnesses involving administering tablets or medicines of any description for whatever reason, i.e. headaches, etc. Consequently, no tablets or medicines of any description are allowed to be held in first aid kits.
- (b) EPIPENS often carried by both children and adults for treating allergic reactions are for personal administration, not by First Aiders. In certain circumstances and in compliance with the Council's procedure for administering an EPIPEN some First Aiders, who are willing, may be trained and authorised as competent to do so.

### 3.7.4 First Aiders

A 'first aider' is a person who has undergone training and obtained a certificated qualification approved by the Health and Safety Executive. Currently, training involves a three day certificated course that remains valid for three years at which time a two-day refresher course must be taken. *Should the standard of approval change or be removed we will maintain our First Aid Training at this standard, unless an assessment for a particular workplace requires a higher standard or additional training in a specific matter.*

### 3.7.5 Appointed Persons

An 'appointed person' is an employee appointed to take charge of a situation (e.g. to call an ambulance) if there is a serious injury/illness. A one day training course is available in emergency first aid procedures for appointed persons with refresher training recommended every three years. Generally the Council will endeavour to ensure that all Appointed Persons attend training.

### 3.7.6 Establishment of First Aiders and Appointed Persons

The ratio of first aiders to employees depends on a number of factors, such as the nature of the work, the size and location of the workplace, whether there is shift work involved, the distance from medical help and the numbers employed. In considering the above criteria and the fact that the guidance to the regulations recommends a minimum of one first aider per 50 employees, the Council will maintain a sufficient number of 'first aiders' or 'appointed persons' to comply with the regulations. In general, first aiders will be established for main offices, depots and leisure centres. In leisure centres all Duty officers will be full first aiders. Appointed persons will be established in area offices where small numbers are employed in low risk situations.

### 3.7.7 Peripatetic Workers

All employees who work away from the Council's main establishments will be issued with travelling first aid kits. *In council works vehicles, where the expectation is that the vehicle serves employees away from an operational base for a significant proportion of time, these will carry a travelling First Aid Kit. All visiting officers will be issued with a 'personal first aid kit'.*

### 3.7.8 First Aid and Travelling Kits

First aid boxes and travelling kits should contain a sufficient quantity of suitable first aid materials **AND NOTHING ELSE.**

*While there is no mandatory list of contents for first aid boxes, there is an appropriate British Standard (BS-8599-1:2011). Larger first aid kits may be specified for larger premises, but in preference we will ensure that additional smaller kits and trained personnel are provided so that the over all provision is adequate, but that kits are more readily available.* Where there are no special risks the following should apply:

- (a) 1 x Guidance Leaflet
- (b) 4 x Medium Sterile Dressings
- (c) 1 x Large Sterile Dressing
- (d) 2 x Triangular Bandages
- (e) 6 x Safety Pins
- (f) 2 x Eye Pad Sterile Dressings
- (g) 40 x Sterile Adhesive Dressings (Plasters)
- (h) 20 x Sterile Cleansing Wipes
- (i) 1 x Adhesive Tape
- (j) 6 x Nitrile Disposable Gloves (Pairs)
- (k) 2 x Finger Sterile Dressings
- (l) 1 x Resuscitation Face Shield
- (m) 1 x Foil Blanket
- (n) 1 x Hydrogel Burn Dressing
- (o) 1 x Shears
- (p) 1 x Conforming Bandage
- (q) 1 x Green Moulded Case

Travelling first aid kits should not contain less than:-

- (a) 1 x Guidance Leaflet
- (b) 1 x Medium Sterile Dressings
- (c) 1 x Large Sterile Dressing
- (d) 1 x Triangular Bandages
- (e) 2 x Safety Pins
- (f) 10 x Sterile Adhesive Dressings (Plasters)
- (g) 4 x Sterile Cleansing Wipes
- (h) 1 x Adhesive Tape
- (i) 1 x Nitrile Disposable Gloves (Pairs)
- (j) 1 x Resuscitation Face Shield
- (k) 1 x Foil Blanket
- (l) 1 x Hydrogel Burn Dressing
- (m) 1 x Shears
- (n) 1 x Conforming Bandage
- (o) 1 x Green Moulded Case

- (p) 1 x 250ml Eyewash Bottle
- (q) 1 x Eye Pad Sterile Dressing

Visiting Officers 'Personal First Aid Kit' should not contain less than:-

- 1 x Guidance Leaflet
- 10 x Sterile Adhesive Dressings (Plasters)
- 1 x Large Sterile Dressing
- 1 x Triangular Bandages
- 2 x Safety Pins
- 4 x Sterile Cleansing Wipes/Alcohol Free Cleansing Wipes
- 1 x Disposable Gloves
- 1 x Green Case

### 3.7.9 Contagious Body Fluids/Blood Products

The attention of employees and in particular first aiders and appointed persons is drawn to the risk of infection from body fluids and in particular blood products from persons suffering from HIV/AIDS and other contagious diseases such as the various forms of Hepatitis. To avoid contact with such products disposable gloves, aprons and resuscitators for mouth to mouth resuscitation are provided as supplementary to but not to be included in first aid boxes and kits. This equipment is to be used once only and disposed of in sealed bags along with contaminated dressings.

### 3.7.10 Information and Training

- (a) Signs indicating the names of first aiders or appointed persons, their location and that of first aid boxes are displayed in all locations where employees work.
- (b) All requests for training of employees in first aid should be made through the Safety and Welfare Adviser.

### 3.7.11 Responsibilities

- (a) Executive Directors are responsible for ensuring that there are sufficient numbers of trained first aiders or appointed persons in their departments.
- (b) First aiders or appointed persons are responsible for ensuring that first aid boxes or kits are maintained in good order and not allowed to drop below minimum stock levels. They must also ensure that dressings are within their permitted usage date. Additionally they must keep accurate records of all treatments.

## 3.8 FIRE PRECAUTIONS

3.8.1 The legal requirements for fire precautions are covered by the Regulatory Reform (Fire Safety) Order 2005. These regulations apply to all standards of building and are enforced by the Fire and Rescue Service. In compliance with these regulations fire risk assessments have been completed on all buildings. Building managers or officers with responsibilities for the operation of facilities must ensure



that fire risk assessments are complied with and the annual reviews are completed by the required date.

### 3.8.2 **Disability Issues**

(a) Building managers or officers with responsibilities for the operation of facilities must ensure that procedures are in place for the safe evacuation of persons with disabilities. These procedures must be independent of reliance on the Fire and Rescue Service.

(b) Line managers are responsible for ensuring that there are “Personal Emergency Evacuation Plans” (PEEP) in place for employees with disabilities. Such plans must be adequately resourced at all times and staff adequately trained and practised in implementing the PEEP which must be independent of reliance on the Fire and Rescue Service.

### 3.8.3 **Induction Training**

Managers/Supervisors carrying out induction training for new employees are responsible for ensuring that they are made aware of the following:-

- (a) Evacuation procedures and assembly points.
- (b) Location of emergency exits.
- (c) Location of fire alarm points.
- (d) Location and type of fire extinguishers available.
- (e) General awareness of fire precautions such as ensuring:-
  - (i) Fire doors are not wedged open.
  - (ii) All fire corridors are left free of obstruction.
  - (iii) Where applicable they are aware of whom the Fire Marshals and Fire Wardens are for their work area and their role.
- (f) Establish *if there is a potential need for a Personal Emergency Evacuation Plan (PEEP) and bring this to the attention of the Safety & Welfare Adviser.*

### 3.8.4 **Fire Marshals**

In offices and depots, Fire Marshals are appointed to take charge in emergency situations. Fire Wardens will report to the Fire Marshals who will in turn liaise with the emergency services and keep the senior officers present informed. In Leisure Centres and Arts & Entertainment venues the Duty Managers will perform this role.

### 3.8.5 **Fire Wardens**

In offices and depots where large numbers are employed, Fire Wardens will be appointed to take charge of emergency situations. Their role is to direct staff to emergency exits and ensure their designated areas are ultimately clear before reporting the same to the Fire Marshal. Employees are obliged to follow instructions from fire wardens.

### 3.8.6 **Fire Marshal & Fire Warden Training**

Fire Marshals and Fire Wardens complete an E- learning training package for their role.

### 3.8.7 **Fire Alarms**

In Council buildings where fire alarms are fitted, the persons in charge of the buildings must ensure that the first alarm is tested on a weekly basis. To ensure building occupants are aware of the testing, it should take place on the same day, at the same time every week.

### 3.8.8 **Fire Extinguishers**

Fire extinguishers applicable to risks are provided in all locations as a primary means of first aid fire fighting equipment. They must not be interfered with or misused in any way. Those in charge of buildings are responsible for ensuring that all extinguishers are checked on a regular basis for evidence of discharge, broken indicator tie wraps or disturbed safety pins. Where any extinguisher is suspect the authorised contractor must be requested to check and replace if required.

### 3.8.9 **Maintenance**

- (a) All fire extinguishers and hose reels where fitted are subject to annual servicing by a competent person in accordance with BS 5306 Part 3 and BS 5274 respectively. The date of servicing is shown on the label attached to each extinguisher and remains current for one year from that date. Any out of date equipment must be immediately notified to the person with responsibility for the building.
- (b) A competent person in accordance with BS 5839 Part 1 must maintain fire detection and alarm systems on a three and twelve monthly basis.
- (c) Emergency escape lighting must be maintained and tested on a six monthly and three yearly frequencies in accordance with BS 5266 Part 1.

### 3.8.10 **Fire Drills**

Fire drills must be carried out in all locations at least once a year.

### 3.8.11 **Information and Training**

Information signs "What to do in the Event of Fire" will be displayed in all locations where appropriate. Additionally, in offices and depots fire and emergency procedures are compiled in book form for circulation to staff. New employees must read and sign for understanding the procedures at induction. Executive Directors are responsible for ensuring that all staff read and sign the procedures on an annual basis.

The overriding aspect that employees must be aware of is that they are not required to put themselves at risk in order to fight a fire. Their primary action in the event of a fire or suspect fire situation is to initiate the fire alarm to warn other occupants of the building and to ensure the emergency services are alerted. Only then and if the fire is small and likely to be contained by fire extinguishers should any attempt be made to control it pending arrival of the Fire Service.

**Any Doubts - Evacuate Immediately**

## Don't assume someone else has called the Fire Service - Dial 999

### 3.8.12 Records

Personnel in charge of buildings must ensure that records are kept of:-

- (a) Fire Drills
- (b) Fire Training
- (c) Maintenance on:
  - (i) Fire Alarm Systems
  - (ii) Emergency Lighting Systems
  - (iii) Fire Extinguishers
- (d) Weekly fire alarm tests

Records must be kept in the workplace for a minimum three years and made available on request to the Fire and Rescue Service.

### 3.9 HAZARDOUS SUBSTANCES

<http://www.hse.gov.uk/pubns/priced/l5.pdf> - Regulations & Approved Code of Practice

#### 3.9.1 Introduction

The Control of Substances Hazardous to Health (C.O.S.H.H.) Regulations 2002 dictates the legal framework for controlling employee's exposure to hazardous substances while at work. Substances are classified as hazardous by the Classification, Packaging and Labelling of *Dangerous Substances Regulations 1984*, but we are in a transitional period (until June 2015) when these regulations will be superseded by the new European Regulations (EC 1272/2008 The Classification, Labelling and Packaging of Substances and Mixtures regulations)

Under the 1984 regulations labelling would have included one of the following:



However new International Hazard Symbols are already in use and are shown below.



*These do not include the wording from the previous examples and more information will be contained in the Hazard Statement on the packaging or in the Safety Data sheet from the supplier.*

Also included are harmful micro-organisms, substantial quantities of dust, or mixtures of compounds which can harm employees' health, or any product that can have similar effects to those listed above.

### 3.9.2 Requirements of C.O.S.H.H.

The basic principles of occupational hygiene underline these regulations in that each product or situation must be assessed before employees use the product. The assessment must: -

- (a) Identify the hazard and risks.
- (b) Where possible substitute a less hazardous product.
- (c) Detail safe methods of use and personal protective equipment required.
- (d) Where necessary state the requirement for monitoring employees' exposure and the need for health surveillance where appropriate.
- (e) Identify control measures required.
- (f) Identify any particular training requirements.

### 3.9.3 Assessments

- (a) The officer in charge of all work areas, venues etc must ensure that the assessments are made available to all employees who might use such products.
- (b) The assessments on the more hazardous products such as Pesticide applications will be carried out in the relevant department/section with assistance from the Safety and Welfare Adviser if required.

### 3.9.5 **Information, Instruction and Training**

No employee is to be asked to use any substance classified under these regulations until it has been assessed and they have been provided with the necessary information, instruction and training. Records must be kept of all such training.

### 3.9.6 **Council's Policy**

The Council's policy is; to where reasonably practicable use the least hazardous products available. In considering the degree of risk and hazard, due consideration will also be given to environmental considerations.

### 3.9.7 **Responsibilities**

Line Managers/Supervisors are responsible for ensuring that:-

- (i) No product subject to the regulations is used before it is assessed.
- (ii) Personal protective equipment recommended in the assessment is provided for employees.
- (iii) Information, instruction and training are provided to employees concerned, on the hazards and risks and the safe method of use.
- (iii) Employees are responsible for ensuring that they make full and proper use of any control measure or item of personal protective equipment, or procedures provided to them pursuant to these regulations.

## 3.10. **THE HEALTH AND SAFETY INFORMATION TO EMPLOYEES REGULATIONS 1989**

These regulations require that all employees have brought to their attention their basic legal rights regarding health, safety and welfare while at work.

- 3.10.1 This is achieved by displaying the HSE approved posters in all work places. Additionally, all new employees will receive an approved HSE leaflet on the subject with letters of appointment.

## 3.11 **THE ELECTRICITY AT WORK REGULATIONS 1989**

<http://www.hse.gov.uk/pubns/priced/hsr25.pdf> - Regulations  
<http://www.hse.gov.uk/pubns/indg236.pdf> - Guidance

- 3.11.1 These regulations primarily require precautions to be taken against the risk of death or personal injury in work activities. No employee shall undertake any work involving electrical equipment or systems unless they have been trained, certified as competent and authorised to do such work by their Executive Director. This applies to all minor electrical work such as the repair, replacement of plugs, fuses and cables etc.

- 3.11.2 All portable electrical equipment will be maintained so as to prevent danger by regular test and/or inspection as per Appendix 'B'.
- 3.11.3 Maintenance arrangements for equipment in offices and similar buildings will be co-ordinated through Property Services. The contractor carrying out the testing will issue registers of equipment to building managers. It will be the responsibility of those managers to keep the registers current and ensure that equipment is maintained within the correct frequencies. In non office type locations e.g. leisure centres and theatres the manager in charge of the venue will be responsible for establishing registers of equipment and maintaining that equipment at the recommended frequencies.

**NOTE 1** No privately owned electrical equipment of any description is to be brought into Council workplaces.

**NOTE 2** Where any employee is required to use 240 volt AC tools and equipment they must use a 'Residual Current Device' (RCD) plug adapters unless the circuits of the area they work in are provided with built in RCDs.

**NOTE 3** Employees who are required to use hand electrical equipment must be instructed in carrying out pre use checks for obvious damage to such equipment.

**3.12 THE MANUAL HANDLING OPERATIONS REGULATIONS 1992 (As amended)**  
<http://www.hse.gov.uk/pubns/priced/l23.pdf> - Regulations & Approved Code of Practice  
<http://www.hse.gov.uk/pubns/indg143.pdf> - Guidance

- 3.12.1 These regulations seek to prevent injury to employees caused by the manual handling of loads. Such operations include not only the lifting of loads, but also the lowering, pushing, pulling and carrying by hand or other bodily force.
- 3.12.2 The prime objective for employees is where possible to avoid manual handling operations. Where this is not reasonably practicable, a suitable and sufficient assessment must be carried out where there is a risk of injury. The aim of the assessment will be to, where possible, mechanise the operation and where this is not possible, determine measures to reduce the risk of injuries to the lowest level reasonably practicable. An essential requirement is the providing of information to employees on the risk they are likely to be exposed to and training in the method of avoidance.
- 3.12.3 Risk assessment must be carried out at service level and should be referred to in procedures manuals.
- 3.12.4 Line Managers will be responsible to their Executive Directors for ensuring that all relevant manual handling operations are assessed and for ensuring that employees are informed and trained accordingly.

**Employees have a duty to:-**

- (a) Make full and proper use of any equipment or system of work provided to them.

- (b) Inform their employer about any physical condition suffered by them, which might reasonably be considered to affect their ability to undertake manual-handling operations safely.

### 3.13 HEALTH AND SAFETY (DISPLAY SCREEN) REGULATIONS 1992

<http://www.hse.gov.uk/pubns/priced/l26.pdf> - Regulations & Guidance

<http://www.hse.gov.uk/research/rrhtm/rr561.htm> - Guidance

3.13.1 The term 'display screen equipment' refers to VDUs, laptops, tablets, microfiche equipment and other emerging technologies including CCTV room operations in so far as the regulations apply.

3.13.2 Work with display screen equipment is not generally high risk, but does have the potential to cause musculoskeletal and other physical problems, eye fatigue and mental stress. Problems of this kind can be overcome by good ergonomic design of equipment, furniture, the working environment and managing the work operations to ensure adequate breaks are taken from such work.

#### **Definition**

A display screen 'user' is some one who habitually uses a display screen for a significant part of their working day

#### **To Comply with the Regulations the Council will ensure that: -**

- (a) All display screen equipment workstations are assessed and any risks reduced initially when brought into use and whenever there is a significant change to the workstation.
- (b) All workstations satisfy minimum requirements for the display screen itself, keyboard, desk and chair, working environment, task design and software.
- (c) Display screen equipment work is planned so that there are breaks or changes of activity.
- (d) Laptop computers and similar types of equipment e.g. tablets etc. must only be used for short durations. In offices and authorised home working situations (Refer Para 3.19.1) such equipment must, to reduce potential risks, generally be used in a docking station.
- (e) All display screen equipment users are given the right to have an appropriate eye and eyesight test at the Council's expense:-
  - (i) Before commencing work on display screen equipment;
  - (ii) When the user experiences visual difficulties which may reasonably be considered to be caused by work on such equipment;
  - (iii) On a frequency recommended by an optician
- (f) Spectacles will be provided at the Council's expense where:-

- (i) Normal corrective appliances cannot be used for display screen equipment use.
- (ii) The results of eyesight tests indicate that corrective appliances are required solely for use on display screen equipment.

(g) Training

- (i) *All users will undertake the online DSE training – which also acts as a self assessment of the Workstation.*
- (ii) *Once the training is completed, should the response to the assessment show the need, a more detailed workplace assessment will be carried out by a competent assessor.*
- (iii) *To assist in this selected staff will receive further training on how to carry out workplace assessments*

***The Council's Code of Practice No 2 provides detailed guidance for assessors***

- (h) Line Managers/Supervisors are responsible to their Executive Director for ensuring that the above criterion is met for both new and existing employees.

### 3.14 THE NOISE AT WORK REGULATIONS 2005

<http://www.hse.gov.uk/pubns/priced/l108.pdf> - Regulations & Approved Code of Practice

<http://www.hse.gov.uk/pubns/indg362.pdf> - Guidance

<http://www.soundadvice.info/thewholestory/san11.htm> - Venues with amplified music

- 3.14.1 These regulations came into force in April 2006 introducing three revised levels of noise exposure, referred to as 'Action Values':-

- (i) Lower exposure level means a daily/weekly personal noise exposure of 80 dB(A)
- (ii) Upper exposure level means a daily/weekly personal noise exposure of 85 dB(A)
- (iii) A peak sound pressure equalling 135 dB(C)

- 3.14.2 Where general risk assessments identify noise as a potential hazard the situation must be referred to the Safety and Welfare Adviser who will either arrange for or carry out a noise assessment. Line Managers/Supervisors are responsible to their Executive Director for ensuring that equipment in use is assessed and due consideration is given to noise levels when purchasing new or second hand equipment.

- 3.14.3 Employees who are likely to be exposed to noise levels at or above the action levels will receive instruction and training in the hazard and the means of avoiding or reducing it.

- 3.14.4 Employees who are potentially exposed to noise levels in excess of the laid down limits will be issued with appropriate hearing protection to fit their personal needs



and requested to attend audiometry testing on a regular frequency as advised by Occupational Health to ensure that the protection provided is adequate.

### **3.15 THE PERSONAL PROTECTIVE EQUIPMENT (PPE) REGULATIONS 1992**

<http://www.hse.gov.uk/pubns/priced/l25.pdf> - Regulations & Guidance

<http://www.hse.gov.uk/PUBNS/indg174.pdf> - Short Guidance

- 3.15.1 These regulations require employers to provide suitable PPE to each employee who may be exposed to any risk at work that cannot be avoided by other means. The use of PPE must always be the last means of avoiding or reducing risk.
- 3.15.2 PPE is defined as including protective clothing and equipment such as aprons, waterproof clothing, gloves, safety footwear, high visibility waistcoats, eye protectors, safety harnesses.
- 3.15.3 These regulations do not apply to equipment provided under the COSHH, Noise, Asbestos or Head Protection Regulations.
- 3.15.4 All PPE provided must be suitable for the purpose and comply with an applicable EN standard
- 3.15.5 All PPE will generally be a personal issue and provided free of charge.

#### **Use of PPE**

- (a) Where PPE is provided, Line Managers/Supervisors will provide users with information instructions and training on the reasons for needing the PPE and where appropriate the method of use.
- (b) Employees have a legal obligation to: -
  - (i) Make full and proper use of PPE provided to them.
  - (ii) Ensure PPE provided to them is stored correctly when not in use.
  - (iii) To inform their immediate supervisor where the PPE is lost, damaged or needs replacing.

### **3.16 WORKING AT HEIGHT REGULATIONS 2005 (as amended)**

<http://www.hse.gov.uk/pubns/indg401.pdf> - Guidance

- 3.16.1 A place is considered to be at height if a person could be injured falling from it, even if it is at or below ground level. The regulations set out a three tier hierarchy that must be followed when risk assessing tasks that involve working at height:

**Tier 1** - Wherever possible working at height should be avoided.

Where T1 cannot be achieved

**Tier 2** – Work equipment such as suitable working platforms must be used or other measures taken to prevent falls.

Where T2 cannot eliminate the risk of falls completely

**Tier 3** – Personal protective equipment or other measures must be used to limit the consequences of a fall.

- 3.16.2 Selecting the right equipment is an essential aspect of risk assessing the need for safe working at height. The following links provide detailed advice on the minimum standards that must be adopted for both employees working at height or appointing contractors to undertake work at height.

<http://www.hse.gov.uk/falls/campaign/wahthebasics.pdf> - Guidance

<http://www.hse.gov.uk/falls/campaign/selectingequipment.pdf> - Guidance

<http://www.hse.gov.uk/falls/campaign/competentcontractors.pdf> - Guidance

<http://www.hse.gov.uk/falls/campaign/personalequipment.pdf> - Guidance

- 3.16.3 Line managers must ensure that as a minimum the following levels of training and competency are complied with:

i) **Ladders/Stepladders** – individuals must be trained in the correct method of use. <http://www.hse.gov.uk/pubns/indg402.pdf> - Safe use of ladders/step ladders.

ii) **Tower Scaffolds** – must only be erected by certificated competent persons and used by individuals who have been trained in their use.  
<http://www.hse.gov.uk/PUBNS/cis10.pdf> - Erecting tower scaffolds

iii) **Mobile Elevating Working Platforms (MEWPS)** – used only by individuals who hold a recognised certificate of competency in their use.  
<http://www.hse.gov.uk/falls/mewps.htm> - Mobile Elevating Work Platforms

iv) **General scaffolds** – Must only be erected and altered in any way by competent contractors. <http://www.hse.gov.uk/construction/scaffoldinginfo.htm>

- 3.16.4 Step ladders, ladders and similar equipment must be registered with a discreet identifying number and inspected at a regular frequency to ensure they are fit for use. Line managers must maintain records of inspections.

### 3.17 VIOLENCE AND AGGRESSION PROCEDURES

<http://www.hse.gov.uk/pubns/indg69.pdf> - Guidance

- 3.17.1 Violence and aggression is an aspect that can be prevalent in areas of the Council's activities. Details for managing such aspects are provided in the ***Council's Code of Practice No 3 - Dealing with Violence and Aggression.***

- 3.17.2 Line managers must ensure that employees who are potentially at risk are issued with a copy of the code of practice and attend the relevant training. Additionally, line managers must be aware of their duties in managing lone workers as set out in the code.

- 3.17.3 The Council operate a procedure for managing potentially violent persons as set out in the **Council's Code of Practice No 15 – Violence and Aggression Reporting.** Line managers must ensure that they have procedures in place to ensure that their employees are kept aware of the weekly updates to the PV listings.

### 3.18 LONE WORKING

<http://www.hse.gov.uk/pubns/indg73.pdf> - Guidance

- 3.18.1 In addition to the guidance link above the **Council's Code of Practice No 14 – Lone Working** sets out the Council's approach to lone working.
- 3.18.2 The Council provide lone workers with the Crisys lone working telephone system which must be used in accordance with Council's Code of Practice No 14 – Lone Working.
- 3.18.3 Line managers must ensure that relevant employees are registered on the Crisys system that is managed by the Safety and Welfare section that also provide training in the use of the system. Line managers are also responsible for ensuring that the emergency cascade lists are maintained and current at all times.
- 3.18.4 *Where Line Managers do not consider that it is appropriate for certain staff to rely on Crisys, and those staff are felt to be more than 'low risk' they may be provided with an alternative such as vehicle tracking or man down systems. Where Line Managers do not consider that it is appropriate for certain staff to rely on Crisys, and those staff are felt to be at 'low risk' they may use an alternative system provided that this meets the needs and the objectives of Code of Practice 14.*

### 3.19. **HOMEWORKING**

<http://www.hse.gov.uk/pubns/indg226.pdf> - Guidance

- 3.19.1 The Council currently operate a selective home working policy to fit the operational requirements of the Council. Line managers in authorising home working must accept the home becomes the workplace and subject to health and safety legislation insofar as the area used for work is concerned. Line managers must comply with the requirements of the home working policy particularly in respect of risk assessment.

### 3.20 **ASBESTOS**

<http://www.hse.gov.uk/pubns/priced/l143.pdf> - Regulations & Approved Code of Practice

<http://www.hse.gov.uk/pubns/priced/l127.pdf> - Management of Asbestos in non-domestic premises

<http://www.hse.gov.uk/asbestos/regulations.htm> - Guidance

<http://www.hse.gov.uk/asbestos/> - Working with asbestos

- 3.20.1 The Council maintains a comprehensive database detailing the type, quantity and location of asbestos in its properties. Detailed information on managing the asbestos is provided in the **Council's Code of Practice No 11 - Managing Asbestos in Council Properties (Issue 2)**.
- 3.20.2 Executive Directors with responsibilities for managing buildings containing asbestos must ensure that the regular maintenance inspection requirements are complied with.
- 3.20.3 Officers commissioning work in premises containing asbestos must ensuring that those undertaking work are informed of the asbestos and that a safe system of work is established to prevent exposure to asbestos fibre.

- 3.20.4 No employee is to undertake work involving asbestos unless the task has been risk assessed for compliance with the Control of Asbestos at Work Regulations 2006 and individuals specially trained for the role.

### **3.21 LIFTING EQUIPMENT**

<http://www.hse.gov.uk/pubns/priced/l113.pdf> - Regulations & Approved Code of Practice

<http://www.hse.gov.uk/pubns/indg290.pdf> - Guidance

- 3.21.1 Lifting equipment is defined in the Lifting Operations and Lifting Equipment Regulations (LOLER) 1998 as work equipment for lifting or lowering loads and includes its attachments used for anchoring, fixing or supporting it. Such equipment is further classified into equipment for 'lifting persons' e.g. passenger lifts, disabled lifts and 'other equipment' e.g. industrial lifts, forklift trucks, tripods, winches, vehicle lifts, gin wheels including ropes, fall arrest equipment, harnesses etc.
- 3.21.2 All lifting equipment and accessories must be clearly marked with the safe working load and must not be used unless it is so marked and has a current test inspection certificate.
- 3.21.3 Relevant managers must ensure that a register of all lifting equipment is maintained for their area of responsibility. They must have current risk assessments covering the use of such equipment and must ensure that the record of competent person inspections are maintained in the register.
- 3.21.4 Relevant managers are responsible for ensuring that all lifting equipment within their area of responsibilities is inspected at the frequencies set out in Table 1 of paragraph 3.3.2.

### **3.22 PRESSURE VESSELS**

<http://www.hse.gov.uk/pubns/priced/l122.pdf> - Regulations & Approved Code of Practice

<http://www.hse.gov.uk/pubns/indg261.pdf> - Guidance

- 3.22.1 The type of pressure vessels subject to the Pressure System Safety Regulations 2000 are: -
- (a) Hot water pressure vessels( subject to capacity)
  - (b) Tankers.
  - (c) Air Receivers (Compressors)

All systems currently in use are classed as minor systems.

- 3.22.2 Written schemes of examination as required by the regulations have been issued to each location. Inspections by a competent person must be carried out in accordance with the written schemes of examination. See Appendix 'B'
- 3.22.3 Executive Directors are responsible for ensuring that inspections are carried out at the required times and that records are maintained.

### **3.23 MAINTENANCE OF WORK EQUIPMENT**

<http://www.hse.gov.uk/pubns/priced/l22.pdf> - Regulations & Approved Code of Practice

<http://www.hse.gov.uk/pubns/indg291.pdf> - Guidance

3.23.1 Under the Provision and Use of Work Equipment Regulations 1998 the term 'work equipment' is extremely wide, covering any item of equipment from the smallest tool up to the most complex installation. The regulations require that employers ensure that work equipment: -

- (a) Is suitable for the purpose that it is intended.
- (b) Is considered as part of risk assessments.
- (c) Is used only for the purpose that it was intended for.
- (d) Is maintained in a safe and efficient working order.

3.23.2 The frequency of maintenance depends on: -

- (a) The intensity of use.
- (b) The operating environment.
- (c) The risk to health and safety from malfunction or failure.

3.23.3 Executive Directors must ensure that procedures are in place to meet these requirements.

### 3.24 **MANAGING CONTRACTORS**

<http://www.hse.gov.uk/pubns/indg368.pdf> - Guidance

3.24.1 Officers appointing contractors have a health and safety duty to appoint competent contractors; competency not just in the contractor's capability to complete the contracted work to an acceptable standard but to also do the work in compliance with relevant health and safety legislation not just for their own employees but those of the Client's as well as any other parties who might be affected by the works e.g. public.

3.24.2 Officers appointing contractors should as minimum:

- i) Check the contractor's Health and Safety policy
- ii) Ensure that the contractor submits risk assessments for the work and where relevant method statements
- iii) Complete risk assessments on the implication of the works before the work starts.
- iv) *Carry out an initial site induction in order to Inform the contractor of any particular risks relevant to the works (for example asbestos, Deep Water or the presence of other contractors or works on site) and also to ensure that they are aware of Fire and emergency procedures and to consider the effect their work may have on our operations.*

3.24.3 Contracts subject to the tendering process must be in compliance with Council Standing Orders the contractor pre-qualification process must be followed.

3.25 **CONSTRUCTION DESIGN AND MANAGEMENT REGULATIONS 2007 (CDM)**  
<http://www.hse.gov.uk/pubns/priced/l144.pdf> - Regulations & Approved Code of Practice  
<http://www.hse.gov.uk/construction/cdm.htm> - Guidance

3.25.1 These regulations place duties upon clients, designers and contractors to ensure that health and safety is co-ordinated and managed effectively throughout all stages of a construction project, from conception, design and planning through to the execution of works on site and subsequent maintenance and repair.

3.25.2 The regulations are defined in five parts as detailed below:

**NOTE:**

*For the purposes of these regulations the definition of "Construction Work" is wide and includes construction, alteration, conversion, fitting out, commissioning, renovation, repair, upkeep, redecoration or other maintenance and demolition. A construction site is any place where construction work is carried out.*

i) Pt.1&2 - General management duties applying to every construction project.

ii) Pt.3 - Additional duties where the project is "Notifiable". A project is notifiable if the construction phase is likely to last more than 30 days or 500 person days. Where a project is notifiable the Client must appoint a CDM Co-ordinator (Previously known as the Planning Supervisor) to perform the specified duties.

iii) Pt.4 - Contractors duties relating to construction sites.

iv) Pt 5 – Legal liabilities

3.25.3 Officers in charge of projects will have Client responsibilities and must be competent to undertake the responsibilities for managing such projects. Where a project is notifiable the appointment of a competent CDM Co-ordinator at an early stage will enable the Client to be formally advised on their responsibilities. The Co-ordinator's appointment, whose responsibility in part is to advise the Client, must be made as soon as is practicable after initial design work or other preparation for construction work has begun.

3.25.4 The Council has an established framework agreement in place for the selection of CDM Co-ordinators.

3.25.5 Relevant officers will have completed training on these regulations.

3.25.6 Executive Directors must ensure that officers appointed to manage construction projects are competent to undertake the responsibilities required of these regulations.

3.26. **HYPODERMIC RISKS (SHARPS)**  
<http://www.hse.gov.uk/pubns/waste19.pdf> - Guidance

3.26.1 Needle stick injuries are injuries caused by hypodermic needles commonly referred to as 'sharps'. Experience shows that discarded hypodermics can be found anywhere. The **Council's Code of Practice No 6 - Handling and**

***Disposal of Hypodermics Syringes (Sharps)*** provides details on how to manage this issue.

- 3.26.2 Line managers must ensure that employees who might be exposed to such risks are issued with and understand the code of practice.

### **3.27 CONTROL OF VIBRATION AT WORK REGULATIONS 2005**

<http://www.hse.gov.uk/pubns/priced/l140.pdf> - Regulations & Approved Code of Practice

<http://www.hse.gov.uk/pubns/indg175.pdf> - Employer guidance

<http://www.hse.gov.uk/pubns/indg296.pdf> - Employee guidance

- 3.27.1 Employees who regularly use tools that generate high levels of vibration over long periods may suffer several kinds of injury to their hands and arms. These injuries include impaired blood supply and damage to the nerves and muscles. Collectively they are known as Hand Arm Vibration Syndrome (HAVS) although it is often referred to as Vibration White Finger (VWF). Whole body vibration also covered by the regulations can cause or aggravate back problems in mobile machine operators and drivers.

- 3.27.2 As required by the regulations all relevant practices have been assessed to establish the vibration risks to relevant employees; primarily these employees will be employed on Grounds Maintenance, Technical Teams and Public Spaces. The assessment will address;

- i) Where they likely to be exposed to above the daily exposure action values a programme of controls to eliminate risk or reduce exposure have been introduced to as low a level as is reasonably practicable.
- ii) Provide both medical and health surveillance where appropriate.
- iii) To identify where employees are exposed above the daily limit values and if they are to take immediate action to reduce their exposure below that value.

- 3.27.3 Employees who are exposed to vibration will receive appropriate training in the hazards associated with vibration and the safe systems of work to reduce risk.

- 3.27.4 Medical/health surveillance will involve:

- i) Pre-employment screening
- ii) Annual health screening
- iii) Medical referral to the Council's Occupational Health at frequencies recommended where the need is identified from health screening.

- 3.27.5 The Council will continue with the purchasing policy, first introduced in 2001, of purchasing the best equipment available.

### **3.28 SUN CARE PROCEDURES**

<http://www.hse.gov.uk/pubns/indg147.pdf> - Guidance

- 3.28.1 UV radiation from the sun has been identified as a major cause of such cancers. As such it has to be considered as a potential occupational health hazard for outdoor workers and must be addressed in risk assessments.

3.28.2 The Council has a prepared information leaflet for issuing to all relevant employees. This provides information on the risk factors and how to obtain relevant information so that a self assessment can be completed.

3.28.3 Line managers are responsible for ensuring that relevant employees are issued with the information leaflet and relevant personal protective equipment.

### 3.29 **STRESS IN THE WORKPLACE**

<http://www.hse.gov.uk/stress/index.htm> - Guidance

3.29.1 The Council acknowledges that stress in the workplace is a potential hazard and as such is subject to health and safety legislation.

3.29.2 The Council operate a stress risk assessment procedure as detailed in ***Council's Code of Practice No 13 - Managing Stress in the Workplace***. This procedure is linked to the annual employee appraisal process.

3.29.3 Additionally the Council has completed two phases, over a three year period, of "Wellbeing Surveys" in compliance with the HSE Management Standards for managing stress in the workplace.

### 3.30 **LEGIONNAIRES DISEASE**

<http://www.hse.gov.uk/pubns/iacl27.pdf> - Guidance

3.30.1 Legionnaires disease is a potentially fatal form of pneumonia that can affect anyone, but principally those who are susceptible because of age, illness or because they take immunosuppressant drugs. It is caused by bacteria that can be found in water systems within defined temperature ranges.

3.30.2 The HSE Approved Code of Practice L8 requires that all workplaces are risk assessed for the presence of or potential contamination by the bacteria and that appropriate action is taken to avoid it.

3.30.3 Executive Directors with responsibility for buildings must ensure that the necessary risk assessments are completed and that maintenance recommendations made by the risk assessment are put in place.

### 3.31 **DRIVING AT WORK**

<http://www.hse.gov.uk/pubns/indg382.pdf> - Guidance

3.31.1 Employees who drive work vehicles/lease cars/essential or casual users are "at work" while driving as part of their duties. As such line managers must ensure risk assessments consider the potential hazards and risks associated with driving.

3.31.2 Driving at work is categorised under two headings:

- a) Driving Work Vehicles which includes grounds maintenance vehicles classified for use on the public highway.
- b) Lease cars, essential users and casual users

3.31.3 Driving, maintenance and management of work vehicles must be in accordance with the Driving at Work (Corporate Policy). Overall fleet management will be under



the direction of the Public Open Space Manager who as the appointed Fleet Manager will be responsible for:

- a) Advising the Management Team on matters relating to fleet management.
- b) Maintaining the policy up to date in relation to current legislation and best practice.
- c) Monitoring and reporting on compliance with the policy.

3.31.4 Executive Directors whose employees use fleet vehicles must ensure that this policy is implemented and complied with in their service areas.

3.31.5 The policy can be accessed through the CiphNet system and the Staff Handbook.

3.31.6 Lease car drivers must ensure that their vehicle is serviced at the recommended frequencies. Such drivers are covered by the Council's insurances with road tax and MOT, when relevant, provided through the Council. All lease car drivers must submit a copy of their driving licence to Accountancy before they will be allowed possession of the vehicle. They must immediately update their licence if they incur any penalty that incurs points on their licence or disqualification.

3.31.7 Executive Directors must ensure that all "Essential" and "Casual" car drivers in their service area submit for inspection on an annual basis;

- a) Their driving licence.
- b) Insurance certificate which must have "business use" cover.
- c) MOT certificate (Where relevant)
- d) Sign to confirm they have a current road fund licence.

3.31.8 *The frequency of checks in 3.31.7 will be reviewed by management team in relation to current legislation and best practice, any change will be reflected in the Driving at Work (Corporate Policy).*

3.31.9 Drivers of privately owned vehicles have a duty to ensure that the vehicle they are driving is in a roadworthy condition at all times and to comply with the Road Traffic Act at all times.

3.31.10 Line managers must ensure that any employee proposing to drive a Council leased car must ensure that the individual's driving licence is checked and a copy lodged with Accountancy

3.31.11 Any driver who, in the course of their work is stopped by and served with any form of enforcement notice by The Department of Transport Vehicle & Operator Service Agency (VOSA) must report the incident to both their line manager and the Fleet Manager at the earliest opportunity.

3.31.12 In line with current legislation the use of mobile phones while driving is prohibited. The Council's policy on the use of mobile phones is set in Appendix "P" of the Employee Handbook.

3.31.13 Drivers using "Sat Nav" systems must stop their vehicle before reprogramming the unit.

3.31.14 Drivers are referred to Para 3.37.1 in respect of smoking in vehicles

3.31.15 Drivers submitting travel claims should be aware that when signing their claim form that they are signing a declaration of compliance with the conditions set out above.

### **3.32 WATER SAFETY**

3.32.1 The Council's operations extend over three significant areas involving water safety:

**a) Swimming Pools**

Swimming Pools will be managed in accordance with the HSE guidance: <http://www.hse.gov.uk/pubns/priced/hsg179.pdf> **“Safety in Swimming Pools”**

**b) Beaches**

Beaches will be managed with reference to RoSPA guidance: **“Safety on Beaches”**

**c) Ponds, Dykes etc.**

Ponds and dykes will be managed with reference to RoSPA guidance: **“Safety at Inland Water Sites”**

3.32.2 Executive Directors with responsibilities for water safety must ensure that current risk assessments are in place for their areas of responsibilities.

### **3.33 PLAYGROUNDS**

3.33.1 The Borough Council currently owns and operates *more than 50* children's play areas. Wherever possible the equipment in these areas meets the standard required by BS-EN 1176 with any new or replacement sites being specified to this standard at design stage. Where older equipment on site does not meet this standard it is annually risk assessed by an independent play inspection company and to remain in service must be assessed no higher than low risk.

3.33.2 All play areas are inspected monthly as a minimum by competent Council employees who have attended a 2 day ROSPA Operational Inspection and Maintenance course.

3.33.3 Additional daily/weekly inspections are completed in busy play areas by Council employees who have attended a one day Play Inspection course.

3.33.4 An annual inspection and risk assessment of all play areas will be completed by a competent contractor company listed on the Register of Play Inspectors International who provides a detailed report for each site.

3.33.5 Prior to adoption by the council of any play area a post installation inspection must be completed by a competent contractor listed on the Register of Play Inspectors International. Any defects must be rectified prior to the adoption process is completed.

### **3.34 WASTE MANAGEMENT AND RECYCLING**

<http://www.hse.gov.uk/waste/services/index.htm>

3.34.1 The Health and Safety Executive (HSE) as evidenced in the above web link consider the management of waste and recycling as a high risk operation that warrants significant levels of health and safety management application by both Clients and Operators.

3.34.2 The Council's current operation is and will continue to be for the foreseeable future, an outsourced service. This means that the selection, appointment and management of competent contractors require significant application of time and resource to execute the Council's responsibilities to the standard required by the HSE and relevant legislation. This will be achieved through detailed policies and procedures summarised under four significant categories:

a) **Service Specification**

The setting of clear and precise standards for health and safety that potential contractors will be required to meet

b) **Service Procurement**

Health and safety management standards and supporting documentation will be strictly assessed as part of tender evaluations

c) **Contract Management**

While the service provider is independently responsible for compliance with the legal and contractual health and safety obligations the Waste and Recycling Manager will fulfil his obligations to ensure compliance with contract conditions through regular audit and monitoring of the provider's operations. Audit and monitoring will be conducted by employees who are adequately trained and resourced for the role.

d) **Contract Interface Management**

The management of waste and recycling is both diverse and complex involving a range of contacts that involve both direct and indirect contractual obligations for compliance with both health and safety and environmental legislation e.g.

- i) Waste Collection and Recycling Processing Contracts
- ii) Waste Collection and Council Depot Operations
- iii) Waste Collection and Green Waste processing operations
- iv) Recycling Processing and Glass Processing
- v) Public Open Space and Green Waste Processing

The Waste and Recycling Manager and the Public Open Space Manager (where the interface is with directly provided Council services) will adopt a coordinating role between both internal and external contract organisations to ensure, as far as reasonably practicable, that relevant legislation is complied with.

3.35 **WEILS DISEASE**

<http://www.hse.gov.uk/PUBNS/indg84.pdf> - Guidance

3.35.1 Weil's disease is contracted by workers who could come in contact with rat's urine through working in wet areas such as rivers, ditches and dykes. Where workers are identified by risk assessment as being potentially at risk from this disease they must be issued with the appropriate card to register their situation with their doctor

### 3.36 WELFARE

<http://www.hse.gov.uk/pubns/priced/l24.pdf> - Regulations & Approved Code of Practice

<http://www.hse.gov.uk/pubns/indg244.pdf> - Guidance

3.36.1 The Workplace (Health, Safety and Welfare) Regulations 1992 lay down the minimum standards for welfare arrangements in the workplace. The Council considers the welfare of employees at work to be of particular importance and will ensure that the following minimum conditions will be met.

(a) Workstations

All areas where employees work shall have sufficient floor area, height and space where employees can work without risk to their health, safety and welfare. Notwithstanding the requirements of the Display Screen Equipment Regulations all workstations will be arranged so that they are suitable for the individual and the type of work.

(b) Ventilation

All indoor work areas shall have an effective and suitable means of ventilation to maintain a wholesome atmosphere throughout the working day.

(c) Temperature

During working hours the temperature in all indoor work areas shall be maintained at a reasonable level. Where work involves employees being seated the temperature shall be maintained in excess of 16°C and where there is significant physical effort required by employees the temperature should be a minimum of 13°C. A sufficient number of thermometers shall be available in all work areas to enable employees to check temperatures.

(d) Lighting

Every workstation shall have a suitable and sufficient standard of lighting relative to the type of work carried out.

(e) Sanitary Conveniences

A sufficient number of separate sanitary conveniences for male and female employees are provided in all work areas. These will have adequate natural or mechanical means of ventilation and will be adequately lit. Conveniences provided for use by female employees will be provided with an effective means of disposing of sanitary dressing.

(f) Washing Facilities

Washing facilities are provided for use by all employees who work at or away from a workplace, to enable them to achieve levels of hygiene consistent with their work requirements. All facilities will be sufficiently

ventilated and has soap or suitable means of cleaning and include towels or other suitable means of drying.

(g) Drinking Water

A supply of drinking water will be available in all work areas; generally this supply will be by means of a drinking fountain.

(h) Accommodation for Clothing

Suitable and sufficient accommodation will be provided for employees' clothing that is not worn during working hours and for special clothing worn at work by employees, but not taken home. In general, office areas will have sufficient areas to hang clothing with depots having lockers for manual/craft employees.

(i) Rest and Eating Facilities

Where employees' workplaces are not suitable, sufficient facilities will be available in all workplaces where employees can rest or eat lunches, snacks, etc during working day. The means of obtaining or making drinks will also be available.

3.36.2 Line managers with responsibilities for mobile workers must consider their welfare aspects particularly hygiene aspects. Vehicles must be adequately equipped to cater for these needs.

3.37 **SMOKING POLICY**

<http://www.hse.gov.uk/contact/faqs/smoking.htm> - Guidance

3.37.1 In line with national legislation all Council premises are smoke free locations as are works vehicles and any other vehicle that an employee is required to travel in while they are at work, this includes leased vehicles and those used by both essential and casual users during the course of their work. Works vehicle are workplaces; as such even smokers when travelling alone are not permitted to smoke in the vehicle.

3.38 **HIV/AIDS IN THE WORKPLACE**

<http://www.hse.gov.uk/pubns/indg342.pdf> - Guidance

3.38.1 **What is HIV/AIDS?**

AIDS stands for 'Acquired Immune Deficiency Syndrome'. It is caused by the Human Immunodeficiency Virus (HIV) which attacks the body's natural defence system leaving it open to various infections and cancers. The condition is only detectable by a blood test confirming the presence of particular antibodies in the blood. At that point a person is said to be 'HIV positive'. The incubation period between infection and the onset of AIDS can be very long; in fact it is not known what proportion of those infected will actually develop to the full syndrome. What is known is that once a person develops AIDS there is no known cure. The majority of people who are HIV positive remain well for most of the time and might not even be aware that they have the virus.

3.38.2 **How is HIV Transmitted?**

HIV, which causes AIDS, is not passed on by normal social contact. It is not possible to become infected from teacups, glasses, toilets or people sneezing or coughing. It is also unknown for the virus to be transmitted by contact with sweat, saliva, tears, vomit or urine. In fact it is quite difficult to become infected.

Current opinion is that the HIV is only transmitted by infected blood or semen entering the blood stream in one of three ways:-

- (i) Sexual intercourse with someone who is HIV Positive or who has AIDS.
- (ii) By infected blood or blood products entering the bloodstream, mainly by using contaminated needles for drug injection.
- (iii) By an infected mother to her unborn child.

**Note:** There is no risk in the UK of contracting the HIV when donating or receiving blood. All donated blood in the UK is screened for the virus.

### 3.38.3 The Risks at Work

- (a) As the virus cannot be passed on by normal social contact there is no need for employees to worry about becoming infected from colleagues or members of the public in normal situations. 'First-Aiders' and 'Appointed Persons' should treat all body fluids, in particular blood, as potentially dangerous and make use of the disposable gloves, aprons and resuscitators provided as additional equipment to first aid kits. If it is not possible to use protective equipment for any reason then any contact area should be washed with soap and water as soon as possible.
- (b) In the hopefully unlikely situation where an employee received a puncture injury from a discarded injection needle (often referred to as 'sharps') they should encourage the wound to bleed freely under running water, dry the wound and apply a first aid dressing and seeking immediate medical aid. Contrary to popular belief the HIV/AIDS virus does not live for very long outside the human body. As soon as an injection needle is used and disposed of, the virus if present will begin to die. The rate of decay is relevant to temperature, in general the longer the time since the needle was used the less the risk of HIV infection. Any employee concerned at receiving such an injury can be referred to the Council's Medical Adviser if they wish.

**NOTE:** the *Council's Code of Practice No 6* provides detailed guidance on the handling and disposal of discarded needles.

### 3.38.4 Employees with HIV/AIDS

There is no reason to treat employees who are HIV Positive any differently from others. In fact they are not obliged to inform anyone of their condition even if they are themselves aware. It is quite conceivable that you could unknowingly work with a colleague who knows or is unaware that he/she has the virus. The fact that they find out, or make their condition known does not make them someone with whom contact must be avoided, as the risk of infection is no different than when you were unaware of the fact. People infected with the virus will not usually be ill

and thus their ability to work normally will not be affected. Those that do go on to develop AIDS will no doubt eventually suffer from severe illnesses that inevitably will affect their performance and attendance at work. They will be treated in the same way as employees with other life threatening illnesses.

### 3.38.5 **Employment Rights**

Employment rights are not affected because an individual is HIV Positive or has AIDS. As there is no risk of infecting colleagues or members of the public during normal work activities, there are no grounds for dismissing or otherwise discriminating against an employee on the basis of them being infected or suspected infection.

### 3.38.6 **Confidentiality**

The Council as an employer has no right to know if an employee is HIV Positive or has AIDS. The results of any medical tests and how it bears on an employee's work performance will only be divulged by the individual him/herself or by a doctor who has the individual's consent under the Access to Medical Reports Act 1988. Should such information be disclosed to the Council, it will be treated in the strictest confidence.

### 3.38.7 **General Information**

If any employee is concerned about HIV/AIDS in relation to work they can seek further advice from Personnel Services or Safety and Welfare. Additionally, the following organisations provide information and advice:-

(i)	Sexual Health Helpline	0800 567123
(ii)	The Terrence Higgins Trust	0808 802 1221
(iii)	The Samaritans	01553 761616
(iv)	Eastern Aids Support Triangle	01553 776655

### 3.39 **Event Safety Management**

3.39.1 *Where officers of the authority are involved in the organisation of an Event at which they will have the prime responsibility for the safety of the public attending the event, they will seek advice from one of the Officers of the authority holding an approved qualification in Event Safety Management.*

3.39.2 *For smaller events it may be sufficient to liaise with and take advice from one of the above officers, but for events likely to attract more than 100 participants/visitors or events where there is a higher than normal risk (invents in or over water for example) it will be an expectation that one of the trained officers will be on the Team planning and Managing the event.*

3.39.3 *For events likely to attract more than 500 participants/visitors there is a requirement for the Event Safety Plan to be submitted to the West Norfolk Safety Advisory Group*

### Current Codes of Practice.

- Code of Practice No 1 - Risk Assessment – Replaced by:  
HSE – Five Steps to Risk Assessment  
<http://www.hse.gov.uk/risk/examples.htm>
- Code of Practice No 2 - VDU Assessors
- Code of Practice No 3 - Dealing with Violence and Aggression
- Code of Practice No 4 - Site Safety for Building Control Staff
- Code of Practice No 5 - Deleted
- Code of Practice No 6 - Handling and Disposal of Hypodermics (Sharps)
- Code of Practice No 7 - Deleted
- Code of Practice No 8 - Deleted, refer HSE Asbestos Essentials Task Manual  
HSG 213
- Code of Practice No 9 - Site Safety for Development Control Planning Staff  
(Version 2 dated July 2008)
- Code of Practice No 10 - Guidance for Rent Collectors (Deleted)
- Code of Practice No 11 - Managing Asbestos in Council Properties
- Code of Practice No 12 - Public Works Safe Working Practices
- Code of Practice No 13 - Managing Stress in the Workplace
- Code of Practice No 14 - Lone Working
- Code of Practice No 15 – Violence and Aggression Reporting



## Appendix 'B'

### Current Requirements for Mandatory inspection.

Equipment/Plant	Frequency	Reference
Passenger Lifts Disabled Lifts	6 months	Sect 3.21
Non Person lifting equipment - including attachments etc.	12 months Unless examination scheme states otherwise	Sect 3.21
<b><u>Electrical Equipment</u></b>		
<p><u>Class 1 Equipment</u> – earthed equipment  <u>Class II Equipment</u> – non earthed equipment – identified by a small double square on the equipment data plate.  <a href="http://www.hse.gov.uk/pubns/indg236.pdf">http://www.hse.gov.uk/pubns/indg236.pdf</a></p>		
<b>Electrical Appliances 230v:</b>  Hand held equipment e.g. kettles, floor cleaners etc.	<u>Class I Equipment</u> User Checks Inspect - 12 monthly Test - 24 monthly  <u>Class II Equipment</u> Inspect - 12 monthly Test - No	Sect 3.11
General equipment - moved occasionally e.g. fans, lamps, projectors	<u>Class II Equipment</u> Inspect - 48 months Test - No	Sect 3.11
IT Equipment – screens, processors etc.	<u>Class I Equipment</u> Inspect - 48 months Test - 48 months <u>Class II Equipment</u> Inspect - 48 months Test - No	Sect 3.11
Photocopiers, printers, fax machines etc that are rarely moved.	Inspect - 48 months Test - No <b>NOTE:</b> Lease conditions must be checked for testing liability.	Sect 3.11
Tradesmen's Tools 230/110v	User Checks Inspect - 6 months	Sect 3.11

	Test - 6 months	
Connecting leads, extension leads	Inspect - 48 months Test - 48 months <u>Depending on type of equipment</u>	Sect 3.11
Building electrical installations	With reference to the I.E.E. Regulations for the particular type of building.	Sect 3.11
<b>Fire Equipment and Systems</b>		
Fire alarms	Weekly Test 6 monthly service 5 yearly electrical system check	Sect 3.8
Emergency Lighting	12 monthly & 3 yearly	
Fire Extinguishers	Annual Inspection	

## REPORT TO CABINET

<b>Open</b>		Would any decisions proposed :		
<b>Any especially affected Wards</b>	Mandatory/	Be entirely within Cabinet's powers to decide	YES	
		Need to be recommendations to Council	NO	
		Is it a Key Decision	YES	
Lead Member: Cllr. Vivienne Spikings E-mail: <a href="mailto:cllr.vivienne.spikings@west-norfolk.gov.uk">cllr.vivienne.spikings@west-norfolk.gov.uk</a>		Other Cabinet Members consulted: All		
		Other Members consulted: LDF Task Group members		
Lead Officer: Alan Gomm, LDF Manager E-mail: <a href="mailto:alan.gomm@west-norfolk.gov.uk">alan.gomm@west-norfolk.gov.uk</a> Direct Dial: 01553 616237		Other Officers consulted: Management Team		
Financial Implications NO	Policy/Personnel Implications NO	Statutory Implications YES	Equal Impact Assessment /NO	Risk Management Implications YES

Date of Meeting : 1 July 2013

## 2 LOCAL PLAN: PUBLICATION OF DETAILED POLICIES AND SITES PLAN 'PREFERRED OPTIONS' FOR CONSULTATION

### Summary

The Borough Council is a considerable way through preparing a new plan document to give effect to the already adopted Core Strategy. There is a need to publish a draft document ('Preferred Options') to consult the public, statutory bodies and interested parties in advance of the Borough Council finalising its formal proposals for the document.

### Recommendation

That the Cabinet:

- 1) Agree the publication of the 'Preferred Options' version of the Detailed Polices and Sites Development Plan Document for consultation.
- 2) Agree that the final wording of the consultation document and arrangements for the public consultation exercise be delegated to the Executive Director Planning and Environment in consultation with the Cabinet Member for Development.

### Reason for Decision

To ensure that the Borough Council moves towards having a complete and up to date Local Plan in line with its statutory obligations.

## 1. Background

1.1 The Borough Council, as local planning authority, is required to prepare and keep up to date a 'local plan' (formerly 'local development framework'). The local plan may consist of one or more 'development plan documents'.

1.2 The Borough Council has already adopted (in July 2011) a Core Strategy which sets out the scale and general direction of growth in the Borough over the period to 2026 and how development and the use of land will be managed over the period to the period to 2026. It was always intended that this would be

followed by another development plan document providing more detailed policies for the guidance of developers and the operation of planning control, and allocating specific sites for development. This has been reflected in the Borough Council's successive adopted Local Development Schemes.

1.3 The Borough Council has been preparing such a document since 2009, involving extensive investigation and assessment, two earlier rounds of public consultation, and detailed consideration of options, issues and potential sites.

1.4 It has always been the intention, and widely publicised, that another round of public consultation would take place in advance of the Borough Council finalising its proposals. It was originally anticipated that this would take place last year (2012), but the volume of sites submitted, major changes to national and regional policy, and staff changes, has delayed this.

1.5 Although consultation at this specific stage is not a specific legal requirement (as a result of legislative change) we are preparing a complex document and a staged approach is still appropriate. Additionally:

- a) the Borough Council does have a legal obligation to consult throughout the preparation of its plans;
- b) there is a widespread expectation of further consultation and another opportunity to suggest potential development sites;
- c) there is a pressing need to indicate the Borough Council's emerging intentions, especially in relation to key development areas;
- d) the views expressed and additional information provided in consultation will be critical to ensuring that the Borough Council has robust policies which can be justified at the later public examination of the Borough Council formally proposed plan document.

1.6 It is important to note that inclusion of a provisional policy or allocation in this document is for consultation purposes only, and does not commit the Borough Council. Only later will the Borough Council need to formally decide its proposed policies and allocations, taking into account responses to the intended consultation, and any changes in circumstances or, for instance, national policy. On the other hand, it is important that the provisional policies in the consultation document are, taken together, a fair reflection of the Borough Council's provisional thinking in order for consultation to be most effective.

1.7 In summary the consultation document includes the following features:

1.7.1 **Development Management policies** - 20 detailed 'area-wide' policies about specific types of development or issues, including policies relating to:

- Potential infilling in smaller villages and hamlets;
- a presumption in favour of 'sustainable development' (as requested by Government);
- policies promoting town centres; and
- policies dealing with development in flood risk areas.

1.7.2 **Development Boundaries** - development boundaries are defined for around 60 settlements. These set out the areas within settlements where the principle of development is accepted. Allocations are then made outside these boundaries.

**1.7.3 Allocations of specific sites** - allocations are made for over 100 sites for development, ranging from 5 to 1,600 dwellings, employment, retail, etc. They specify appropriate locations the proposed scale of allocation and detail of what is anticipated on the allocations. The areas covered range from the larger proposed allocations in the King's Lynn area meeting that strategic need to the more modest levels in the towns and villages. Clear references are given back to the adopted Core Strategy and the settlement hierarchy in that document.

**1.7.4 Minor corrections to the adopted Core Strategy** – These cover operational detail, but because the Core Strategy has been adopted this formal route has to be used to amend the wording.

1.8 The main consultation document will be accompanied by supporting information and detail (not presented here) in the form of related technical documents. They fulfil in draft form aspects required for the next stage – the Submission of the document for Examination.

1.9 They will cover:

- Sustainability Appraisal and Strategic Environmental Assessment
- Habitats Regulations Assessment
- Local Plan viability

## **2. The consultation stage proposed**

2.1 There is clearly a significant amount of interest in the draft proposals in the document and we need to ensure as wide a circulation and engagement as possible. We have a well-developed consultation process for our plan documents.

2.2 Mechanisms we will use include:

- Circulation of the document to towns and parishes
- Full web site links
- Use of our e-consultation system to collect comments
- Deposit points at libraries etc
- Site notices on preferred option sites
- Notification by e-mail and letter to interested parties
- Attendance at parish or town councils if requested

2.3 Subject to Cabinet agreement we would like to start the consultation at the end of July and it would run for 10 weeks until the end of September. Whilst this period spans the summer the length should compensate for that factor. Time is needed to ensure that the consultation document is available and produced in appropriate quantities, and set up the relevant systems. Whilst the substantive content and proposals will be properly considered and agreed by Cabinet, with such a complex document it would be appropriate to allow for flexibility for the final detail wording and layout etc. It is proposed that final agreement to the document content and presentation is delegated to the Executive Director Planning and Environment in consultation with the Cabinet Member for Development.

## **3. Options Considered**

3.1 DOCUMENT: The potential option of abandoning completion of this plan document has not been formally considered, but would have serious implications

for the ability of the Borough Council to resist development proposals it does not favour or to encourage development it wishes to foster.

3.2 CONTENT: The contents of the document are the result of extensive consideration of many different possibilities (including over 800 competing potential development sites), many of which were put forward in the earlier 'Issues and Options' consultation.

3.3 The document itself lists the various sites that were considered for allocation in each settlement, and indicates the thinking behind the choice of options addressed in reaching key decisions. Extensive further explanation and information about the assessment of options and alternatives is to be contained in the Draft Sustainability Appraisal Report and Draft Habitats Regulations Assessments which will be appended to the main consultation document.

#### **4. Policy Implications**

The consultation document contains provisional choices of policies affecting the planning of development and land use across the Borough. However, the content of the consultation does not prejudice the Borough Council's future policy, and firm decisions on this will be taken later.

#### **5. Financial Implications**

The consultation, and continuing preparation of the plan document, is already budgeted for.

#### **6. Personnel Implications**

The existing staff complement (including current temporary appointments) was set to enable the consultation and continuing preparation under consideration in this report.

#### **7. Statutory Considerations**

The Borough Council is required by law to prepare local plans and keep these under review.

#### **8. Equality Impact Assessment (EIA)**

There are not considered to be any equalities implications directly arising from the content of the draft plan.

#### **9. Risk Management Implications**

It is important that we maintain progress on the preparation of the plan in order to provide certainty for the very many development proposals that underlie the plan. This will ensure that development takes place in a planned way to meet economic, social and environmental objectives for the Borough Council.

#### **10. Declarations of Interest / Dispensations Granted**

None

#### **11. Background Papers**

The preparation of the draft Preferred Options document has utilised:

- the responses to the Issues and Options consultation September to December 2011(available on the Borough Council website)
- Elements from the previous Strategic Housing Land Availability Assessment 2011(available on the Borough Council website)

- Specific documentation referred to in the body of the draft Preferred Options document presented
- Additional information will be presented in the additional supporting information which will accompany the final version of the document for consultation noted above