ASSOCIATION OF CHIEF POLICE OFFICERS

Reference Material

Police Health & Safety Guidelines – A Management Benchmarking Standard

The Association of Chief Police Officers has agreed to these guidelines being circulated to, and adopted by, Police Forces in England, Wales & Northern Ireland.

It is NOT PROTECTIVELY MARKED under the Government Protective Marking Scheme and it is disclosable under the Freedom of Information Act 2000.

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These guidelines have been produced and approved by the ACPO Workforce Development Business Area. This document was considered and approved by the Professional Practice Gateway Group on the 13th September 2012. The document was originally approved by Chief Constables' Council on 19th April 2007. The document identifies standards required for the effective management of health and safety within the police service, setting a benchmark for monitoring and inspection purposes. It will be updated and re-published as necessary.

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Contents

FOREWORD

Policing is a dangerous job. In recognition of the challenges faced by both officers and staff, police forces have a duty to achieve excellent standards of health and safety management and to promote occupational health, safety and welfare.

A safe and healthy service is able to deliver a better service to the public. Forces have already had some success in addressing ill health and sickness absence in the service. Since 2001-2, this has meant getting over 1,000 officers back to work. Ill health retirements are down dramatically too, keeping valuable experience and skills in the service.

The service must continue to build on these successes and more needs to be done. The standards for health and safety management, which are published in this document, support this. They have been produced by the joint work of health and safety experts, including police force leads, HSE and staff association representatives.

Collaborative working is a continuous process which is evidenced by the development of the 'Striking the Balance …' statement from HSE and the subsequent supporting guidance document.

This document has been prepared to assist Chief Officers and Policing Bodies throughout the United Kingdom in reviewing their respective health, safety and welfare arrangements, and supersedes guidance issued to the service in 1996. The document identifies standards required for the effective management of health and safety within today's police service, setting a benchmark for monitoring and inspection purposes.

By developing and implementing good management standards, officers and staff will be able to carry out their duties with the confidence that management structures are in place to support them and that the Health and Safety of each and every officer is of paramount concern.

ACKNOWLEDGEMENTS

Following the Government's decision to extend the health and safety at work legislation to the whole of the Police Service health and safety has been influenced by legislation and strategies touching on healthcare, role requirement and diversity issues, particularly priorities around attendance management.

The procedures outlined within this document builds on and enhances previously issued guidance published to aid the police service. This has been also supported by the HSE statement 'Striking the Balance …' which was endorsed by ACPO, ACPOS, the Police Federation(s) and the Association of Police Authorities, and reflects a common understanding of how health and safety law should apply to policing.

ACPO would like to thank all those involved with the original work in preparing this document and the members of the ACPO Health, Safety and Welfare Strategic Group for their contribution in reviewing and revising this benchmarking standard. (Annex A refers)

Acknowledgement must also go to the members of the ACPO Health, Safety and Welfare Strategic Group who continue on an on-going basis to make a valuable contribution to advice and guidance relating to health and safety for the whole UK police service.

1. SECTION 1 – INTRODUCTION

1.1 CONTENT

1.1.1 This revised document has been prepared to assist chief officers and policing bodies throughout the United Kingdom in reviewing their respective health, safety and welfare arrangements and is intended to incorporate and build on guidance initially issued to the service in 1996 and which is now archived.

1.1.2 The Police (Health and Safety) Act 1997 formally extended the Health and Safety at Work etc Act 1974 to police officers, special constabulary officers and police cadets, establishing common working standards for all personnel.

1.1.3 It is not the intention of this document to rehearse legislative or resource implications, however it will address: -

- Duties and responsibilities of chief officers and policing bodies as employers under health and safety legislation; and
- The practical steps which need to be taken to establish a good health and safety management system, in order to comply with the legislation, establish good management practice and achieve the business benefit to be derived from safe and healthy working.

1.1.4 This document has been produced as a benchmarking standard. As an aide memoir a 'benchmarking checklist' has been included at Annex B.

1.1.5 The HSE document 'Striking the Balance between Operational and Health and Safety Duties in the Police Service' provides clarification on how health and safety law will be applied to the operational policing activities. The principles contained in this high level statement are expanded upon in the accompanying explanatory note. Both documents can be accessed at http://www.hse.gov.uk/services/police/index.htm.

1.1.6 The introduction by ACPO of a single National Decision Model (NDM) for the police service provides a simple, logical and evidence-based approach to making policing decisions. The NDM is suitable for all decisions including those with a health, safety and welfare dimension, capable of being applied to spontaneous incidents or planned operations, by an individual or teams of people, and to both operational and non-operational situations.

1.2 MANAGEMENT OF HEALTH AND SAFETY

1.2.1 In order to comply with the legislation and to achieve a lasting improvement in health and safety at work it is necessary to: -

- Provide strong active leadership from the top and visible commitment from police management;
- Integrate the management of health and safety with the general management system of the force; and
- Change attitudes towards health and safety so that they become embedded within the culture of the force.

1.2.2 This is achieved by taking the following steps: -

- Ensuring that a written statement of the policy, organisation and arrangements for managing health and safety at work are in place;
- Identifying and allocating responsibility and accountability to all managers and staff;
- Ensuring that foreseeable significant hazards are identified through undertaking risk assessments and action is taken to eliminate or control the hazards;

- The provision of adequate resources, including the appointment of competent professional staff to advise on occupational health, safety and welfare matters;
- The involvement of staff through:-
- ❖ The provision of information, instruction and training; and
- ❖ Staff consultation, supporting and encouraging the appointment of trade union and staff association safety representatives and ensuring the establishment of safety committees; and
- ❖ Establishing systems so that implementation of health and safety policies can be monitored, evaluated and reviewed.

1.2.3 As a standard all forces shall ensure:-

- A force review of health and safety policy and performance be carried out annually and that the results be incorporated in the annual report which chief officers are required to submit to their policing body on the policy of the force; and
- Policing bodies should consider the implications of the report in the light of the Local Policing Plan, including the setting of force objectives and performance indicators.

1.3 BENEFITS OF GOOD MANAGEMENT

1.3.1 Compliance with legal duties is not the sole factor to influence the health, safety and welfare management structure of a force. Accidents to personnel affect morale, efficiency and the family and social life of the person involved. Similarly the gain to forces from good health, safety and welfare records is increased staff morale resulting in a more willing and productive relationship between managers and staff.

2. SECTION 2 – HEALTH AND SAFETY AND THE POLICE SERVICE

2.1 By its very nature policing has always been and will continue to be a potentially hazardous occupation. Whilst risks are present in all work activities, operational staff are more frequently exposed to risks, whether dealing with environmental incidents or disorderly behaviour.

2.2 The police provide an essential service to the public, which relies amongst other things on having an effective health and safety management structure in the force. Chief constables and policing bodies are legally responsible for officer and staff's health, safety and welfare at work, as well as others (non employees) affected by their work. Therefore 'health and safety' is not just another bureaucratic burden, in addition to other day to day work requirements, but an obligation in discharging a duty of care.

2.3 With ever increasing demands made of the service, the following matters remain high priority concerns for senior police managers: -

- The number of staff injured at work or in the workplace, whether by accident or assault;
- The reporting of near-misses and ensuring organisational learning is applied;
- The incidence of long term sickness and work related ill health, use of recuperative/restricted duties and consequential early medical retirement, particularly affecting operational staff;
- The trend in the number of civil actions being brought by staff against chief constables and policing bodies; and
- The implications of new health and safety legislation and its impact on policing activities.

3. SECTION 3 – HEALTH AND SAFETY MANAGEMENT

3.1 The opportunity for the service to build on safe and healthy working practices, leading to operational and business benefits, comes from an integrated working partnership.

3.2 Experience has shown that the most effective way to achieve a lasting improvement in health and safety at work and to comply with health and safety legislation is for each force to:-

- Integrate the management of health and safety within the general management system of the force;
- Ensure policies and standard operating procedures incorporate relevant and significant health and safety issues as part of the force impact assessment procedures; and
- Champion the subject at chief officer and senior level to change attitudes and ingrain the safety culture into the force.

3.3 Within a police force the effectiveness of any arrangements to achieve a lasting improvement in health and safety at work and to comply with the law on health and safety will depend on: -

- The policy and objectives set by the chief constable, supported by the Association of Police and Crime Commissioners (APCC); and
- The commitment of individual managers throughout the force to achieving those objectives within the force management plan.

3.4 From the outset managers and supervisors should understand that:-

- Like any other command or management function a prime responsibility for health and safety rests with them when acting as such on behalf of their employer, being the APCC or the chief constable; and
- They can be held personally responsible for their individual acts or omissions that fail to control health and safety.

3.5 It follows from this that the responsibility of managers and supervisors is not one which should be delegated to force health and safety advisors, despite the importance of their role as professionals in the field. Whilst the advisor has a key role to play, the overall task of ensuring that the force fulfils its legal responsibilities, including those day to day commitments conducted on behalf of the policing body, falls to the chief constable, and those managers designated to assist on his or her behalf. However, line managers who have a responsibility to ensure the health safety and welfare of people under their supervision or affected by their work, can only discharge that responsibility if properly trained and therefore competent to understand their role and the required policies and procedures. Supportive management practices build on the positive benefits of team spirit and high staff morale.

3.6 Through appointed health and safety advisors, forces have developed their approach to effective health and safety management. Many forces, as a matter of good practice, have produced internal sources of guidance for use by managers, often integrated into operational guidance.

3.7 Whilst some may seek management accreditation through nationally recognised organisations, the standard criteria for audit and inspection of forces follows the Health and Safety Executive publication "Successful health and safety management" HSG (65) : 1997.

3.8 Five steps are set to developing successful systems of health and safety management:-

- Setting a clear and effective health and safety **policy**;
- **Organising** staff resources to implement the policy;
- **Planning** and setting appropriate health and safety standards to assess risks;
- **Measuring** health and safety performance; and
- **Monitoring** and reviewing health and safety performance.

3.9 The approach of setting out the objectives, monitoring arrangements, financial arrangements, resources and performance targets mirrors the approach taken in establishing Local Policing Plans. Health and safety considerations should form an integral part of any such plans.

3.10 The principles and approach to managing health and safety are the same as those advocated for managing quality or the environment. Total quality management (TQM) promotes continuous

improvement in all aspects of an organisations activity. This is often depicted as "Plan – Do – Check – Act" and can equally be applied to health and safety.

3.11 HEALTH AND SAFETY POLICY

3.11.1 A primary requirement of the Health and Safety at Work etc Act 1974 is for employers to set down in writing, clear details of the policy, organisation and arrangements for managing health and safety at work.

3.11.2 Within police forces the detail of those arrangements will vary according to the force's own organisational structure; however the essential content and underlying principles will be broadly similar. An aide memoire for drafting a force health and safety policy statement is contained at Annex B.

3.11.3 The essential elements of the document are:-

- A short general statement of commitment from the APCC and the chief constable to ensuring the health and safety of police officers, police staff, special constabulary, contractors and all other third parties and members of the public who may be affected by the activities of the police service; and
- A declaration by the chief constable setting out the management arrangements for delivering the policy and responsibilities of key persons.

3.11.4 An essential feature of any policy statement is that it should demonstrate a clear and unequivocal commitment, on the part of executive management, to health and safety. For this reason commitment of the employers will be evidenced by the document being jointly signed by the chief constable and APCC chairperson.

3.11.5 The document will require periodic review and amendments in the light of developing strategies. Forces are recommended to carry out these reviews as part of the annual planning cycle.

3.12 ORGANISING STAFF AND RESOURCES

3.12.1 For any force health and safety policy to be fully effective it is essential that personnel are involved and committed. This requires:-

- **Control;**
- **Co-operation;**
- **Consultation;**
- **Communication;**
- **Competence.**

3.13 CONTROL – ALLOCATING RESPONSIBILITES AND SECURING COMMITMENT

3.13.1 The force health and safety commitment naturally follows through policy which sets performance standards at organisational level, linking responsibility to outputs, together with expectations on how these are to be delivered. In allocating responsibilities and clear terms of reference for the chief officer, policing body, senior officers, line managers, supervisors and employees, a framework for co-operation and accountability is established.

3.13.2 In particular policy will confirm:-

- The 'director level' responsible for day to day implementation of health and safety policy to be of ACPO/ACPOS rank;
- The policy should be supported by an annual health and safety plan, linked to the business planning cycle;
- Basic command unit (BCU) commanders to develop local policies which promote the safety and health of personnel within their command;

- The BCU commanders should identify health and safety priorities within their local business and HR plans; and
- Any delegated responsibility to be accompanied by a training programme suitable for the role.

3.13.3 Whilst BCU commanders may adapt health and safety policies and procedures to meet local arrangements and functions there should be consistency across the force in implementation of the policy and the standards to be delivered.

3.13.4 Whilst the authority to act can be delegated to supervisors and employees, the ultimate responsibility for compliance cannot be delegated, therefore executive officers must ensure that those exercising discretion and judgement are competent to do so and operate within clear guidelines.

3.14 CO-OPERATION – BETWEEN INDIVIDUALS AND GROUPS

3.14.1 The structure of the force in providing health services to staff will incorporate both reactive and proactive strategies across all health and safety considerations. Therefore it is inappropriate that individuals or groups work in isolation.

3.14.2 In particular there are clear benefits for:-

- Utilising the in-force safety personal risk assessment model within the recuperative, restrictive and disability compliance deployment procedures of the force;
- Force health and safety polices to clearly state the role and responsibilities of appointed health and safety representatives and the facilities to be made available;
- Forces to encourage the active participation of appointed safety representatives within investigations, monitoring and proactive planning aspects of health and safety management and training; and
- Working with other employers to ensure that the health and safety of police and other employer staff and representatives is not unduly affected. This will include contractors and other professional agencies.

3.15 CONSULTATION – ESPECIALLY WITH TRADE UNIONS AND STAFF ASSOCIATIONS

3.15.1 Consultation is regarded as an extension of co-operation under the HSG (65): 1997 model, enabling informed contribution on health and safety issues.

3.15.2 Under the Health and Safety at Work etc Act 1974 employers are required to consult employee's representatives on the making and maintenance of health and safety arrangements and for checking their effectiveness.

3.15.3 The Safety Representatives and Safety Committees Regulations 1977 ensure that:-

- Recognised trade unions (and staff associations) may appoint safety representatives to represent employees in these consultations; and
- If requested to do so by the safety representatives, employers are required to establish formal safety committees for that purpose.

3.15.4 By virtue of the Health and Safety (Consultation with Employers) Regulations 1996, employers have also been required to consult with employees not in groups covered by trade unions or staff associations. As a matter of good practice some forces have entered into agreements with trade unions and staff associations to represent non-affiliated staff where health and safety issues are likely to affect the whole workforce. Force and local level safety committees owe their origin to this legislation and provide for formal opportunities to review the measures taken to ensure the health and safety at work of employees.

3.15.5 There are clear advantages from:-

- Joint consultation and training initiatives to reinforce the consultation and communication processes within a force;
- Positive involvement of safety representatives with force or local safety committees;
- Force and local health and safety committees being structured to encourage consultation, proactive planning and pragmatic and full involvement of attendees/members;
- Force health and safety committees developing a holistic approach to integration of the health, safety and welfare strategy of the force through proactive assessment, monitoring and review of risk together with ill health, disease, accident and incident trends; and
- As a matter of good practice the force health and safety committee should include the APCC lead member for health and safety, to improve scrutiny and engagement.

3.16 COMMUNICATION – VERBAL, WRITTEN AND EFFECTIVE

3.16.1 There are many facets to communication techniques, whether formal or informal.

3.16.2 In particular there are clear benefits for:-

- Sharing accident, incident and ill health information between key stakeholders, healthcare professionals, appointed safety representatives and HR professionals, in compliance with any legal considerations, to build on any attendance management initiatives;
- Provision of adequate information on operational deployments to enable fuller dynamic judgements to be made regarding incident or scene management; and
- Timely provision of information to appointed safety representatives in order to raise the health and safety profile within the force.

3.16.3 For health and safety management to work effectively, it is essential that senior management not only have confirmation that policy and procedures have been delivered to the intended recipients but that it is properly understood and implemented. Feedback is also an important issue when considering the effective communication within an organisation. It is essential that those responsible for day to day implementation can make recommendations for improvements and highlight concerns that will be acknowledged by senior management.

3.17 COMPETENCE – RECRUITMENT, TRAINING AND ADVISORY SUPPORT

3.17.1 There are several aspects of competence that need to be considered in relation to organisational needs and the job needs of individuals.

3.17.2 With regard to the organisational needs, everyone in the organisation needs to know the health and safety policy, the procedure for implementing the policy and how they apply it to their individual role.

3.17.3 For individual job needs there are two aspects: - (a) the general competency needed to ensure that any individual can fulfil their role effectively and safely; and (b) the competency of managers to ensure that the policies and procedures are effectively implemented and adequately manage and control risks arising from the work activities.

3.17.4 Competence in carrying out workplace activities, with an awareness of health and safety factors that may influence the activity, particularly in the police service, is achieved by:-

- Assessing the skills needed to carry out all the tasks safely;
- Providing the means to ensure that all members of staff have access to risk assessments relevant to their role and are adequately instructed, trained and supervised to deal with the hazards they are likely to encounter;
- Ensuring that staff employed on any duty have the necessary training, experience and equipment to carry it our safely and a mechanism for redeployment should the work become too hazardous; and
- Access to sound advice and help within force, from the Health & Safety Executive (HSE), Trades Union Congress (TUC) or staff association bodies.

3.17.5 Under the Management of Health and Safety at Work Regulations 1999 employers should appoint one or more competent persons to help them comply with health and safety law. When deciding who to appoint employers need to ensure that the individual has sufficient training and experience or knowledge and competence to undertake the role.

3.17.6 Many policing bodies and chief officers have found it necessary to appoint staff with professional qualifications to assist their force in complying with their health and safety responsibilities. At a strategic level, where higher risks are considered, a Diploma level (NEBOSH or equivalent) qualification or competency based equivalent, together with membership of a recognised professional body, such as Chartered Membership of the Institution of Occupational Safety and Health, is the minimum standard for the appointed force safety practitioner.

3.17.7 In some forces health and safety is part of a combined occupational health services unit usually within the human resources department. Other forces have allocated the responsibility for overseeing health and safety to members of other departments. The success or otherwise of a force health and safety strategy relies on safety professionals communicating and co-operating with each other.

3.17.8 Whatever the internal structure, appointed safety practitioners should:-

- Have an integral role within the force health and safety action plan and greater deployment within a tactical advisor's role; and
- Not be seen as part of the disciplinary structure of a force but part of, or working closely with force healthcare professional services.

3.17.9 Forces that successfully manage health and safety afford health professionals the status to advise managers at all levels of the organisation, with authority and independence.

3.17.10 Subjects on which they advise include:-

- Health and safety policy formulation and development;
- The day to day implementation, monitoring and review of policy and plans;
- Maintenance of the risk assessment database;
- Occupational health surveillance; and
- The reporting of accidents, dangerous occurrences and diseases to the HSE.

3.17.11 To fulfil these functions the appointed force advisors must:-

- Be able to interpret the law and understand how it applies to the police service;
- Assist management in establishing and maintaining appropriate monitoring and auditing systems;
- Be able to present themselves and their advice to force managers in an independent and effective manner. It is important, therefore, that they have an ability to report directly to the executive officer responsible for co-ordinating force health and safety matters;
- Establish effective links within the force and with outside bodies, such as the HSE, the Association of Police Health and Safety Advisors and networking with other health and safety professionals both inside and outside of the police service; and
- Liaise with appointed safety representatives to establish and sustain a proactive working relationship in the interests of partnership and effective safety management.

3.17.12 BCU commanders, in setting local policy and to manage the day to day aspects of premises, have also found it appropriate to appoint local advisors, in order to comply with their health and safety responsibilities.

3.17.13 The requirement for specific occupational health and safety knowledge and skills at higher level is not a pre-requisite for the BCU appointed local advisor role. In low risk work situations, a competent person may only need an understanding of work requirement, current best practice and awareness of the limitations of their own experience and knowledge. There is a clear advantage, however, for BCU appointed advisors having undertaken an accredited training course and obtaining a

qualification appropriate for the role requirement, in order to understand the principles of risk assessment and risk prevention and to apply that knowledge to the tasks required by the BCU commander.

3.17.14 A close working relationship between the local and force advisors ensures that all levels of health and safety vulnerability will be addressed.

3.18 PLANNING AND SETTING STANDARDS TO ASSESS RISKS

3.18.1 Planning is the key to ensuring that force health and safety efforts really work. It is fundamental that the management standard follows HSG (65): 1997. A force should be able to answer the questions:-

- Where are we now?
- Where do we want to be?
- How do we get there?

3.18.2 These points are only answerable if the force has:-

- Accurate information and data about its current performance;
- Senior management with clear vision and commitment;
- Competent advisors to assist in the analysis of information and formulation of policies; and
- Competent line managers to develop the implementation plans and procedures.

3.18.3 Planning therefore requires:-

- Setting measurable and achievable objectives, identifying hazards, assessing risks and developing a pragmatic and positive approach;
- Reducing incidents (accidents, injuries and near-misses), provision of training fit for role and proactive/reactive measuring and monitoring protocols; and
- Strategic planning structured around a holistic approach to managing people issues, encapsulating all aspects of health, safety and welfare expertise.

3.19 RISK ASSESSMENTS

3.19.1 Almost all recent health and safety legislation contains provisions relating to effective management, often requiring the application of risk assessment and control techniques.

3.19.2 Within the service such an assessment is a careful and methodical examination of:-

- What, in any area of policing, could cause harm to people either in general, e.g. arrest techniques, or specific groups, e.g. colour blindness, impaired mobility; and
- Whether any precautions which have been taken are sufficient to prevent such harm to police personnel, the public and others who may be affected by that work activity.

3.19.3 The need to complete risk assessments should not be a bureaucratic burden, nor should they be seen as a separate consideration to normal working procedures. Risk assessments are a tool to assist in establishing a safe system of work, they are a means to an end, not an end in itself. Risk assessments should be reviewed in the light of operational experience, for example de-briefs or information arising from accident / incident investigations.

3.19.4 The Management of Health and Safety at Work Regulations 1999 require "suitable and sufficient" assessments to be made by competent persons. Whilst not defined, the level and detail in a risk assessment should be proportionate to the risk. In this way insignificant risk, whilst noted as part of the assessment process can usually be ignored, as can risks arising from routine activities associated with life in general, unless the work actively compounds or significantly alters those risks. There will always be a need to monitor activities in order that significant issues are not overlooked. The guiding principle of risk assessment is that where hazards can not be eliminated then, so far as is reasonably practicable suitable and sufficient control measures must be put in place.

3.19.5 Given the widely drawn nature of the requirements of the Health and Safety at Work etc Act 1974 and other legislation, all foreseeable risks must be included in this exercise. There is no need to repeat other 'assessments' required under more specific regulations, provided these are still valid.

3.19.6 The aim is to make sure that nobody gets injured or becomes ill. Accidents and ill health can ruin lives, can reduce police efficiency and can involve forces in costly financial settlements.

3.19.7 The management regulations require that significant findings of a risk assessment must be recorded by those employing five or more staff. Whilst this is the employer's (Office of Chief Constable as a Corporation Sole) responsibility, in practice it will fall to the chief constable, delegated to those managers assigned the responsibility under the force health and safety policy, with the proviso that they possess an appropriate level of competency to fulfil the role.

3.19.8 'Significant' is not defined, but the Oxford English Dictionary defines 'significant' as "extensive or important enough to merit attention". 'Significant' risks can therefore exclude a life risk that an individual is exposed to as part of the normal everyday experience of life. Risks become 'significant' purely by those situations an individual is exposed to at work, over and above normal everyday life.

3.19.9 Forces have established their preferred method of conducting and recording risk assessments structured around various ACPO/ACPOS policies and guidance. The utilisation of good practice guidance means that the findings are based upon risk and not simply hazard. In agreeing good practice guidance a group of experts have considered the level of risk in terms of both severity and probability in great detail before determining the appropriate level of control. There is no need to repeat the process. The focus needs to be on ensuring that the guidance is locally implemented.

3.19.10 For operational activities the control measures will have a substantial reliance on the appropriate skills, knowledge and expertise of individuals, therefore high quality training of individuals and their supervisors is essential. It is equally as important that the general premises and facilities based functions of the force are not omitted from the assessment process and that the outcomes are also implemented and communicated.

3.19.11 An electronic risk assessment database is preferable with access to or a copy held locally to ensure that the findings are implemented and the identified control measures are included in the relevant operational guidance. The risk assessment should show date conducted, proposed date of review, originator and owner (by role and name). The important things police managers need to decide are whether a hazard is significant and whether it is covered by satisfactory precautions so that the risk is reduced so far as reasonably practicable in the circumstances.

3.19.12 In many activities the day to day tolerance level is pertinent to identifying appropriate and safe systems of working. The identification and recording of significant risk must be relevant and in an appropriate language to be seen as of ongoing benefit. If there are reasons why the existing guidance is not applicable or appropriate this needs to be recorded and other measures of controlling the risk put in place to ensure at least the same level of risk control. The responsibility for ensuring the application of ACPO/ACPOS or other guidance to the force activities or its adaptation to the force's local requirements rests with line management.

3.19.13 Risk assessment and the management of risk is a line management function not the exclusive function of the competent advisors. Where higher hazards and more complex and unusual situations are concerned there will always be a need for more sophisticated approaches. These may require the assistance of the competent advisors to determine whether the selected approaches provide the best control of risk for the specific circumstances. The advisor has a definite role to ensure that significant issues have not been overlooked and that there is consistency and proportionality in approach across all of the force activities.

3.19.14 Situations in which there is a potential for fatal or major injury or serious illness, are clearly significant, as would be any other situation where the risk of harm occurring is likely, more than likely or near certain.

3.19.15 Whilst the aim should be to eliminate risk, sensible health and safety management is about risk management not risk elimination. There is a balance to be struck between the unachievable aim of absolute safety and the kind of poor management of risks that damages lives and the economy. It follows therefore that identified risks that are trivial in nature are no different than those experienced through normal, everyday life.

3.19.16 Risk management relates to risks that cannot be eliminated, therefore good practice, particularly in operational activity, is achieved from a position of 'so far as reasonably practicable' controlling situations as best one can whilst continuing the work activity.

3.19.17 Whilst there is value in establishing national guidance, approved as a benchmarking standard, it remains the responsibility of the chief constable and policing body to produce relevant and significant risk assessments to address corporate, local and geographical issues for all aspects of policing.

3.19.18 Similarly the quality of information provided to personnel in association with the risk assessment training provided, will enable staff to develop the ability to effectively carry out dynamic assessments of the situations they are engaged upon.

3.19.19 As a result of concerns surrounding how health and safety law is applied to operational circumstances of the police service, HSE initiated joint work with ACPO and other relevant stakeholders. As a result HSE published Striking the Balance between Operational and Health and Safety Duties in the Police Service, a policy statement of high level principles, and a further explanatory note. These documents together with relevant ACPO/NPIA/Home Office guidance will assist senior police officers in balancing risks, particularly in their wider duties to fight crime and protect the public, while meeting their health and safety at work obligation to both the public as well as their staff. *Both documents can be accessed at*http://www.hse.gov.uk/services/police/index.htm*.*

3.20 MEASURING HEALTH AND SAFETY PERFORMANCE

3.20.1 In the same way that a police force needs to monitor its finance and other performance indicators, it needs to measure its health and safety performance to find out if it is being effective.

3.20.2 **Active monitoring -** before things go wrong, a regular inspection and checking system is required to ensure that standards are being adhered to and implemented, with control measures actually working. Monitoring too frequently concentrates on the physical conditions of premises and facilities. When the main risks arise from interaction with people, the control measures are heavily reliant on human factors. Therefore it is essential that any monitoring regime tests compliance with force organisational arrangements, procedures and application of skills and knowledge. HSG (65): 1997 and other relevant standards detail the approaches to be utilised. Part of active monitoring is to ensure that policies and procedures are being interpreted, applied uniformly across the whole organisation and that key actions/activities are being undertaken as intended.

3.20.3 **Reactive monitoring -** after things go wrong, it is learning from mistakes, whether they result in injuries and illness, property damage or near misses. Analysis of accident, ill health and incident reports should initiate action to prevent recurrence as well as lessons learnt through the litigation process. Detailed guidance on accident investigation and analysis is given in HSE publication HSG 245 "Investigating accidents and incidents".

3.20.4 Practical guidance on monitoring has previously been issued to the service, with forces establishing their local arrangements. Good practice, involving engagement at all levels, can be achieved through:-

- The force health and safety strategy, action planning and performance monitoring which is overseen by the force health and safety committee;
- Forces reporting on the audit and review process to the force health and safety committee, as a performance indicator within the approved action plan;

- Strategic planning for setting achievable targets to reduce incidents, provide training fit for role, together with measuring and monitoring protocols; and
- Forces encouraging active participation of appointed safety representatives within investigations, monitoring and proactive planning aspects of health and safety management.

3.21 AUDITING AND REVIEWING PERFORMANCE

3.21.1 Audits are very structured and detailed investigations into how effectively an organisation's policies and procedures are implemented and working. Full audits of an organisation's health and safety management system can be very time consuming and unless the organisation is fully committed to the process can have limited effect in prompting continued improvement. The audit approach is however very effective in testing how well a specific policy has been implemented and assessing the impact of the supporting implementation procedures. HSG (65): 1997 and other relevant standards provide the basis for any police standard to build upon.

3.21.2 No health and safety policy arrangements will be successful unless they are routinely reviewed and amended in the light of experience.

3.21.3 This needs to be done systematically with regular reviews of performance, for example through the quarterly force health and safety committee, based on data from:-

- Monitoring and assessment activities; and
- Independent audits of the whole health and safety management system.

3.21.4 Commitment to continuous improvement involves the constant development of policies within a realistic timeframe, approaches to implementation and techniques of risk control. Periodic reviews of performance against plans and agreed performance targets enable progress to be monitored and early modification made to policies and procedures to ensure that the desired outcomes are achieved. In addition senior management need to have periodic reviews of the whole management arrangements for health and safety, to ensure that they remain suitable and effective, in securing improved performance and reducing incidents of injury and ill health.

3.21.5 It is considered good practice that:-

- A force review of health and safety policy be carried out annually and the health and safety plan quarterly, with inputs from designated managers and employee representatives. These reviews might be integrated into the force's routine inspection arrangements and may be more frequent in light of audit findings;
- The results of these reviews be incorporated in the annual report which chief officers are required to submit to their police authorities/boards on the policy of the force; and
- The APCC should consider the implications of the report for the local policing plan, including the setting of the force objectives and the indicators of performance.

3.21.6 ACPO has advised Chief Officers that a health and safety audit system is essential for ensuring the effectiveness and reliance of their health and safety management system and that staff tasked with the auditing procedure must receive appropriate accredited training and have sufficient authority and independence to complete the task in an effective manner.

4. SECTION 4 – HEALTH AND SAFETY TRAINING

4.1 INTRODUCTION

4.1.1 People are the most valuable asset of every police force in the country. It is vital, therefore, that staff are properly trained and equipped in order to perform to the highest possible standard. This learning and development can take many forms ranging from practical demonstration, briefings, instruction, through to the formal classroom setting. The expectation is that the training fits the task required.

4.1.2 The police service has a long tradition of providing quality training programmes across the complete spectrum of police activity. It is equally important that this standard is maintained in respect of the application of the health and safety legislation, not just for the sake of compliance but to meet identified service standards.

4.1.3 Following work through the ACPO Safer and Healthier portfolio, APHSA and NPIA produced a guidance document which highlighted course aims and objectives for;

- Induction Training;
- Safety Leadership;
- Management Training;
- Specialist Modules.

4.1.4 However, it should be borne in mind that health and safety is not new to the police service and that many of the procedures established in the guidance of ACPO/ACPOS focus particularly on officer safety. In applying the health and safety legislation the main task will be to identify any gaps, which are not already adequately covered.

4.2 IMPLICATIONS FOR THE POLICE SERVICE

4.2.1 In considering what this requirement means in terms of training it is important to:-

- Consider what is already in place; and
- Assess what additional training is required and how this should be prioritised.

4.2.2 Training generally involves the process of raising an individual's skill and awareness to a desired standard of performance or behaviour through instruction and practice.

4.2.3 Health and Safety legislation requires that the training should be such that any individual can fulfil their role effectively and safely. Whilst individuals need to be aware of the duties imposed by the legislation it does not mean that everyone should be given a crash course in health and safety law and practice, although some may need to acquire this knowledge for specific purposes.

4.2.4 The obligation on the organisation is to provide information, instruction, training and supervision and the required level of each aspect will be dependent on the individual role, the risk presented and the complexity of the control measures required. For most operational staff this will mean practical training in the skills and techniques they need to protect their health and safety. They do not need to know which health and safety regulations apply to these activities.

4.3 ASSESSMENT OF TRAINING NEEDS

4.3.1 Everyone should be given health and safety training at induction, in a new role, role/equipment changes or location. The role risk assessment will identify those aspects of an induction training programme suitable for purpose, which could be structured around a checklist of training modules or briefing packs.

4.3.2 Training should be related to the **risks that individuals are exposed to** and the starting point for identifying these are the **risk assessments.** In this way health and safety training will become the building block for developing the practical skills and competence of the work force, complementary to other training programmes.

4.4 WHAT THE LAW REQUIRES

4.4.1 The obligation to provide health and safety training is one of the general duties imposed on employers by section 2 of the Health and Safety at Work etc Act 1974. This duty was extended by Regulation 13 of the Management of Health and Safety at Work Regulations 1999, which requires:-

- Every employer shall, in entrusting tasks to employees, take into account their capabilities as regards health and safety;
- Every employer, through an induction process, shall ensure that employees are provided with adequate health and safety training:-
  - ❖ At the time they are recruited; and
  - ❖ When they are exposed to new or increased risks when they change work, change responsibilities or through the introduction of new equipment or systems of work; and

- The training is:-
  - ❖ To be repeated periodically where appropriate;
  - ❖ To be adapted to take account of any new or changed risk to the health and safety of the employees concerned; and
  - ❖ To take place during working hours.

4.4.2 There is a clear advantage where health and safety training is delivered as a 'golden thread' within other police subjects, in order to incorporate the practical health and safety skills necessary for the role.

4.5 TRAINING FOR MANAGERS

4.5.1 Forces will need to provide health and safety training for their executive and senior personnel, supervisors and line managers, especially those who:-

- Are given specific responsibilities under the force health and safety policy document;
- Will be responsible for preparing risk assessments; and
- Address occupational health and safety implications of people management, accidents and sickness.

4.5.2 To assist in this process the ACPO Healthier and Safer Policing portfolio is developing a NCALT training package which will be available to all Chief Officers highlighting their key responsibilities.

4.5.3 The HSE have stated that training is an important component of establishing competency but is not sufficient on its own. For example, consolidation of knowledge and skills through practice is a key part of developing competency. They have further stated that training and competence assessment methods should be appropriate to the hazard profile of the tasks being undertaken. For example, competency assurance systems for safety critical tasks should be more robust. There should be refresher training for infrequent, complex or safety critical tasks and this may include appropriate reassessment.

4.5.4 Further information is available from the HSE, http://www.hse.gov.uk/humanfactors/topics/competence.htm.

5. SECTION 5 – ACCIDENT/INCIDENT MANAGEMENT

5.1 LEARNING FROM EXPERIENCE

5.1.1 The following matters must concern all police service managers:-

- The number of staff being injured at work or in the workplace, whether by accident, assault or ill health;
- The incidence of long term sickness, and work related ill health and consequential early medical retirements relating to these workplace accidents and incidents; and
- Any civil action being brought by staff against chief constables and police authorities/boards.

5.1.2 These have serious implications for operational efficiency and effectiveness. Absences adversely affect productivity by reducing capacity (i.e. some things won't get done and additional burdens are placed on remaining staff). It places enormous burdens on force budgets, and takes up resources, which could be better spent on the police service.

5.1.3 All managers should bear in mind that:-

- Accidents to personnel in the police service are not just a matter of money in cold terms but affect morale, efficiency, and the family and social life of the person involved; and
- Part of the gain to organisations with good health and safety records is increased staff morale resulting in a more willing and productive relationship between managers and staff.

5.2 REPORTING AND MONITORING OF ACCIDENTS, ASSAULTS, INJURIES AND DISEASES

5.2.1 Incidents that occur following an accident, assault, injury, dangerous occurrence or disease can assist forces to:-

- Have the information necessary to monitor health and safety performance, particularly through the consultation process and to take action to prevent recurrence;
- Comply with statutory obligations to report certain injuries, dangerous occurrences and diseases to the Health and Safety Executive; and
- Provide data to the Home Office, Health and Safety Executive, HM Inspectorate of Constabulary etc.

5.2.2 Health and safety authorities often define the following:-

- **Accident**: Any unplanned and uncontrolled event that results in injury or ill health of people, damage or loss to property, plant, materials or the environment, or a loss of a business opportunity.
- **Near miss**: An unplanned and uncontrolled event that could have resulted in loss of some kind.

5.2.3 By virtue of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 accidents and near misses also include:-

- Accident – An act of non-consensual physical violence done to a person at work; and an act of suicide which occurs on, or in the course of the operation of, a relevant transport system.
- Dangerous occurrence – Occurrences (as specified) which arise out of or in connection with work.

5.2.4 Dangerous occurrences are specifically defined and are reportable to the enforcement authorities under the legislation where something happens which does not result in a reportable injury but clearly could have done so.

5.2.5 Accidents and dangerous occurrences can therefore result in:-

- Physical harm (injury or disease) to an individual;
- Damage to property;
- A near miss;
- A loss; or
- A combination of these effects.

5.3 A PREVENTIVE STRATEGY

5.3.1 Accidents, assaults and occupational disease do not generally happen by chance, but are often attributable to poor management. All managers should aim, therefore, to **eliminate or minimise** events which have the potential to cause accidents or ill health.

5.3.2 In practice this requires the systematic identification of all hazards associated with the organisation's activities, an analysis of the risks relating to those hazards and the elements of the organisation which can influence such hazards and risks. This is the basis of **risk assessment.**

5.3.3 For some occupational health issues the preventive strategies will require an on going health surveillance and monitoring programme as well as technical/physical reduction of risk. There is a distinct advantage for the occupational health, health and safety, welfare and HR disciplines to work effectively together to ensure risks are successfully managed through the policies and procedures that are implemented.

5.3.4 Conversely when accidents or dangerous occurrences occur, in order to prevent them from recurring, managers should examine whether there is a need to:-

- Change working arrangements and consequently to revise any existing force risk assessments;
- Carry out additional risk assessments; or
- Revise policies and procedures.

5.4 ACCIDENT RECORDING

5.4.1 An essential element of any police force health and safety management system is an effective procedure for the accurate and timely recording of accidents and dangerous occurrences.

5.4.2 This has the following benefits:-

- **Incident Control –** It enables the organisation to ensure that any injuries and near misses are dealt with promptly, damage assessed and immediate action taken to prevent recurrence, particularly through command and control procedures.

- **Management Information –** It enables managers to consider:-
  - ❖ What preventive action needs to be taken to avoid further/future damage/injury;
  - ❖ Implications for force health and safety policy.

- **Statutory Obligations –** It provides the information forces require:-
  - ❖ To report certain accidents/incidents to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995; and
  - ❖ To comply with the Social Security (Claims and Payments) Regulations, which require the preservation of data about injured persons to enable claims for industrial disability to be processed.

- **Data supplied to other relevant bodies such as the Home Office, HMIC –** Effective recording procedures will be further enhanced where:-
  - ❖ Health and safety policy and arrangements identifies responsibilities to record, analyse and manage accident/incidents reports;
  - ❖ Health and safety policy and arrangements determines the level and scope of accident/incident investigations;
  - ❖ Active participation of appointed safety representatives is encouraged within investigations, monitoring and proactive planning aspects of health and safety management;
  - ❖ Procedures are established for sharing accident/incident information in a more timely manner, to ensure organisational learning is applied and in compliance with other legislative considerations; and
  - ❖ Procedures are established to enable healthcare professionals within Occupational Health to use the accident/incident information as part of any ongoing healthcare strategy.

5.4.3 The 'Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995' prescribe the reporting criteria when details of more serious matters have to be referred to the Health and Safety Executive.

5.5 MANAGEMENT ACTION

5.5.1 It is important that managers should analyse this referable data routinely in conjunction with information from the Human Resources Department, including Occupational Health and Welfare sections, in order to provide a holistic view of performance.

5.5.2 It is equally important that managers and supervisors should act promptly to **prevent the recurrence** of the accident or dangerous occurrence. The reporting form requires the following steps to be taken:-

- **Investigative Action –** Each accident or occurrence should be investigated to identify what caused it, what lessons can be learnt and what action needs to be taken to prevent their recurrence. In most cases the investigation can be carried out informally by the supervisor in consultation with the officers or staff concerned. But in more serious cases this will require a more formal investigation by either a local investigator or a senior investigator and team. In some cases the HSE may wish to carry out an independent investigation; they should be given every assistance.
- **Immediate Action –** Although it goes without saying, it is also essential that supervisors and managers should take steps to secure the site to prevent the recurrence of the accident. In many cases this is all the action that will be necessary.
- **Further Action –** Where further action is required this needs to be identified at the outset and a path charted to ensure that the necessary steps are taken. Sometimes this will be dependent on the result of a formal investigation. The important thing is to **ensure that the matter is not overlooked.** Managers should be provided with sufficient authority to commission emergency repairs and other action needed to secure a site. The HSE publication, HSG 245 highlights a four step approach to *Investigation accidents and incidents.*

    1. Gathering the information;
    2. Analysing the information;
    3. Identifying suitable risk control measures;
    4. Action plan and its implementation.

6. SECTION 6 – EFFECTIVE MANAGEMENT OF SICKNESS ABSENCE AND MEDICAL RETIREMENT

6.1 Occupational health services nationally were identified as requiring a more strategic approach. The ACPO 'Strategy for a Healthy Police Service, 2006-2010' and the ACPOS 'Strategy for a Healthy Police Service 2003-13', reaffirmed the commitment of the service to improving the health and safety of officers and police staff alike.

6.2 The principles of this strategy reflected the Home Office 'Strategy for a Healthier Police Service', the Ministerial Task Force for Health, Safety and Productively 'Review of Sickness Absence in the Public Sector', the Department of Work and Pensions 'Health, Work and Wellbeing Strategy,' the Green Paper on Incapacity Benefit and the Scottish Executive equivalents. These documents were similarly linked to the Health and Safety Commission's publication 'Strategy for Workplace Health and Safety in Great Britain to 2010 and beyond.'

6.3 As a result of the work associated with the 'Strategy for a Healthy Police Service, 2006-2010' it had been emphasised that improved data capture relating to both work related injury and ill health will better inform management decision making around this important staffing issue. This will in turn provide improved and effective focus of relevant interventions reducing associated costs from staff absence and potential litigation.

6.4 CAUSES OF SICKNESS ABSENCE

6.4.1 Any member of staff may from time to time be absent from duty because of illness. The duties of operational staff are often particularly onerous and are at times both dangerous and stressful. Sickness absence will include:-

- Instances of injuries sustained whilst at work;
- Work-related ill health, such as stress, post traumatic stress, musculoskeletal disorders and work related upper limb disorders caused by especially difficult situations; and

- The kinds of sickness which might arise in any circumstances.

6.4.2 Sickness absence is inevitable in any occupation. Sometimes it is caused by organisational and personal factors, which can include:-

- Unsatisfactory working conditions;
- Low morale;
- Conflicting domestic and professional priorities; and
- Poor management.

6.5 RESPONSIBILITIES OF MANAGERS AND SUPERVISORS

6.5.1 It is important that managers and supervisors recognise that they have the prime responsibility for managing sickness absence. This involves dealing with individuals sensitively and fairly, but also firmly when required.

6.5.2 The primary duties of managers and supervisors in this area are to:-

- Respond sympathetically and supportively in order to help those who are on sick leave to return to work, through the use of recuperative or restricted duties, early interventions and medical referrals;
- Develop and maintain a system for managing sickness absence which minimises the scope for inappropriate management or abuse of trust;
- Be vigilant for any organisational factors which might affect sickness, including sickness due to disability and to take action to eliminate or minimise their effects; and
- Comply with the force's sickness management policy.

6.6 POLICY AND GUIDANCE

6.6.1 As with health and safety generally, it is important to the success of any system for controlling sickness absence and work related ill health that:-

- The policies should be set out in clear and unambiguous terms, appropriate to the needs of the force;
- Their aim should be to minimise ill health whilst at the same time treating all personnel fairly, reasonably and compassionately; and
- They should state clearly what the force expects of its personnel and what staff may expect from the force, particularly regarding health and safety disability issues.

6.6.2 In other words there needs to be a consistent approach with procedures which will assure all employees of fair and reasonable treatment, effectively manage their return to work and address work related or aggravated ill health issues.

6.7 POLICY STATEMENT

6.7.1 As with health and safety a formal policy statement should be prepared in consultation with the representative associations and trade unions. This should then be drawn to the attention of all officers and police staff.

6.7.2 The policy statement should set out:-

- A commitment at the highest levels that the management of sickness absence is fully integrated into the force's corporate management structure;
- The general policy of the force towards sickness and work-related ill health;
- The actions the force itself will take to minimise the effects of sickness on the individual and the operational effectiveness of the force; and
- The recognition of gender and disability related ill health.

6.8 COMMITMENT AT THE HIGHEST LEVEL

6.8.1 This should:-

- Make it clear to all officers and staff that sickness absence is a serious and accountable matter;
- Establish clear principles, standards and procedures for managing sickness absence;
- Emphasise the fundamental responsibility of managers to promote a genuine caring attitude among officers and staff in their command and where possible, to take positive steps to expedite rehabilitation and the early return to work; and
- Establish an effective force reporting system to enable the incidence and costs of sickness absence to be monitored and analysed at all management levels.

6.9 GENERAL POLICY

6.9.1 Commitments to:-

- Deal fairly, reasonably and sympathetically with all categories of ill health amongst staff;
- Ensure a fair, reasonable and consistent approach on the part of management with consideration given to individual circumstances and needs; and
- Combine a caring, sympathetic attitude towards the health and the well being of staff, with firm action against those who may abuse the system.

6.10 FORCE ACTIONS

6.10.1 This might contain commitments to produce guidelines on ways to handle sickness which provide that:-

- Line managers will accept that the management of sickness absence is principally their responsibility;
- Line managers will take a genuine interest in those who are suffering ill health, but will take appropriate action to counter any abuses of the system; and
- The force will establish clear procedures for the reporting and monitoring of sickness absence.

6.11 CONSULTATION AND DISSEMINATION

6.11.1 It is essential that:-

- The staff associations and trade unions are consulted at all stages during the preparation of the policy statement; and
- When agreed, the statement is disseminated throughout the force for the information of all personnel.

6.12 FORCE GUIDELINES

6.12.1 The force guidelines should include the details of the force policy on some or all of the following items:-

- Recuperative of light duties;
- Retirement on grounds of injury or ill health;
- Time limits for payment of statutory and organisational/occupational sick pay;
- Special leave;
- Disability entitlements;
- Compassionate leave;
- Attendance at court when on sick leave;
- Visits to doctors, dentists etc, whilst on duty; and
- Impact on other HR processes e.g. selection, training opportunities specialisation.

6.12.2 It should be acknowledged that medical screening and treatment are integral to sickness management and that the employer should support this. As Doctors and Dentists work fixed hours it may not always be possible to arrange appointments outside working hours. NHS hospital appointments are most often outside the control of patients.

6.12.3 As a shared approach, it is considered good practice to utilise the in-force risk assessment model, where the force medical advisor/officer will determine the functional limitations of the individual as part of the hazard criteria and managers will determine the role deployment in line with evaluation of risk.

6.12.4 Using the in-force risk assessment model will enable managers to discharge their responsibilities towards individual staff subject of recuperative or restrictive duty deployments, disability or other special category considerations.

6.13 TRAINING OF LINE MANAGERS AND SUPERVISORS

6.13.1 Managers and supervisors are in a position to take into account any known personal circumstances of staff, such as domestic worries, which may have a bearing on a situation. Training for competence is therefore an essential element for the manager's and supervisor's role.

Annex A

BENCHMARKING CHECKLIST/AIDE MEMOIR

Auditing current Health & Safety measures

- Health and Safety Policy and responsibilities in place;
- Responsible owner identified at chief officer level;
- Health and Safety in the agenda at senior officer level;
- Structure for Health & Safety management in place (including roles and responsibilities for Health and Safety Advisors, steering groups etc);
- Risk Assessment database available which is up to date, audited and with identified owners;
- Arrangements in place for working with others (National mobilisation. Collaboration, contractors etc);
- H & S responsibilities understood by all.

Reviewing policies and provision

- Policies comply with legislation and have been written in clear English;
- Policies are readily accessible to the whole workforce;
- Risk assessments are appropriate and accessible to the whole workforce;
- Appropriate channels for sharing information on incidents between key stakeholders and healthcare professionals;
- Consultation process for reviews/revisions;
- Training programmes with agreed competency levels regularly reviewed and updated as necessary;
- Set targets and have monitoring in place. [H & S plan with effective performance management approved by CC and PA/B. Absence targets, recuperative/restricted, medical retirement, accident, injury and near-miss reduction targets];
- Anything else that needs to be considered in reviewing current provisions/revising policies and structure.

Annual/Periodical tasks

- Review policies and targets at least once a year, using both leading and lagging indicators;
- Audit to ensure training for new staff/officers, those who have moved roles, those who have new responsibilities;
- Consider Health and Safety planning in light of the Local Policing Plan, force objective setting and performance indicators;
- Regular meetings of stakeholder forum and monitoring performance against targets.

In case of incidents

- Incidents are reported, recorded and monitored e.g. for trends and appropriate action is taken;
- Risk assessments and safe systems of work are reviewed and revised as necessary;
- Data from incident/accident reports is considered as part of risk management strategy;
- Short/long term management of problems arising from incidents i.e. revised risk assessment, return to work policies, working with occupational health specialists.

Annex B

EXAMPLE OF FORCE HEALTH AND SAFETY POLICY STATEMENT

It is the policy of the policing body and the Chief Constable to ensure so far as is reasonably practicable, the provision and maintenance of:

- safe and healthy working conditions, equipment and systems of work for all Force personnel; and
- to provide such leadership, resources, information, training and supervision as is needed for these purposes.

The policing body and the Chief Constable also accept their responsibility for the health and safety of other people who may be affected by the force activities.

To this end the Force will comply with the requirements of the Health and Safety at Work etc Act 1974, all other relevant statutory provisions and recognised codes of practice. The Chief Constable and the policing body expect all members of the Service – police officers, police staff and members of the Special Constabulary, irrespective of rank, grade or position – and all contractors working on behalf of the Service, to co-operate fully in the achievement of this policy.

The allocation of responsibilities for health and safety matters and the particular arrangements made to implement the policy are set out in the schedule to this statement.

Chief Constable **Policing Body**

Date: **Date:**

Schedule

Allocations of responsibilities

Overall responsibilities

In accordance with the Health and Safety at Work etc Act 1974 and the Police (Health and Safety) Act 1997, the Chief Constable has responsibility for the day to day management of health and safety within [name of force].

[name of force] policing body will assist the Chief Constable in the discharge of those health and safety duties and will ensure that adequate resources are available for health and safety issues.

The [insert title of officer designated] is responsible to the Chief Constable for the arrangements for implementing the Force's health and safety policy.

[Agreed responsibilities of the policing body and the chief constable can also be included]

Force personnel

It is the duty of all Force personnel – police officers, police staff and members of the Special Constabulary and designated volunteers, irrespective of rank, grade or position – to take all reasonable care of themselves and of other persons who may be affected by their acts or omissions.

The duty of care to third parties is particularly important in relation to:

- lay visitors and other members of the public who visit police property;
- those in police custody; and
- contractors and their employees whilst working on police property.

Basic command unit commanders and heads of department

Commanders and heads of department listed in this Schedule are accountable to the Chief Constable for the implementation of the Force's health and safety policy in areas under their control. They are responsible for the health and safety of their staff while on duty and for others, particularly members of the public, who may be affected by their work activities.

Each is responsible for:

- drawing up, implementing and maintaining a health and safety policy for the department;
- ensuring health and safety priorities are identified and performance managed;
- allocating duties and responsibilities for health and safety matters within the department;
- ensuring that risk assessments are prepared throughout the department which identify all significant hazards and establish appropriate control measures to eliminate or reduce the risks involved;
- ensuring the provision, so far as is reasonably practicable, of safe systems of work and regular workplace inspections;
- providing effective arrangements for communication and consultation with staff, their representatives and accredited safety representatives, on health and safety matters;

- ensuring such facilities and assistance to accredited safety representatives that they may reasonably require for the purpose of carrying out their functions;
- providing, in conjunction with health and safety trainers, appropriate training for staff; and
- allocating resources for the above purposes.

Role of safety representatives

In accordance with the provisions of the Health and Safety at Work etc Act 1974 and the general policy of the Chief Constable and the policing body in relation to health and safety, official staff associations and recognised trade unions representing the interests of Force personnel are entitled to appoint safety representatives to consult with management in matters relating to health and safety and to carry out the functions detailed in the Safety Representatives and Safety Committees Regulations 1977, as amended.

Advice, information and monitoring of health and safety performance

The designated health and safety advisors and occupational health advisors within the [insert name of department, e.g. Directorate of Occupational Health] are responsible for providing advice and information on the application of health and safety legislation within the Force. The advisors, reporting to the Chief Constable via [insert designated officer] are responsible for monitoring and reviewing the performance of the Force in health and safety matters.

Executive officers and senior managers responsible for health and safety policy implementation:

The need here is to list the executive officers, senior managers and operational commanders by role whose responsibilities require them to oversee health and safety arrangements.

Other responsibilities to outline include line managers, supervisors, individuals, visitors and contractors.