

The Highland Council
Finance Housing and Resources Committee
28 August 2013

Agenda Item	19
Report No	FHR/ 104/13

Review of The Highland Council's Health and Safety Management System

Report by Assistant Chief Executive

Summary

There was a commitment in the 2011/2012 Health and Safety Annual Report to review the policies and procedures in the Council's health and safety management system and identify any gaps and also ensure that the advice was up to date. This report summarises policies and guidance that have been developed as a result of this exercise.

1. Background

- 1.1 A commitment was given in the Council's 2011/2012 Health and Safety Annual Report to review the policies and procedures in the Council's health and safety management system and identify any gaps in provision. This report summarises the recent policies and guidance that have been developed as a result of this exercise. An additional policy has been included – Radon in the Workplace – as a result of up to date information which identified radon risk in a number of Highland areas.
- 1.2 The main requirements of each of the new policies/guidance has been summarised in subsequent sections of this report.

2. Fire Safety Management

- 2.1 This suite of documents has been prepared in order that the Council can meet the requirements of the Fire Safety (Scotland) Act 2006.
- 2.2 The policy is supported by a number of guidance documents covering individual premises fire safety policies; fire drills; evacuation plans and personal emergency evacuation plans.
- 2.3 The policy sets out health and safety responsibilities for all staff – the focus is on Services monitoring fire safety action plans arising from Fire Risk Assessments (FRAs). A new approach to FRAs is proposed whereby trained Responsible Premises Officers POs conduct a first level FRA and develop an action plan. The Fire Safety Adviser will conduct subsequent FRAs where required. Action plans should be monitored at Area/Service Health and Safety Working Groups, as appropriate.

- 2.4 Systematic record keeping of fire safety systems is a legal requirement - this is detailed in the policy and guidance.
- 2.5 Currently the only formal fire training which is offered is in the use of fire extinguishers. Awareness of fire safety arrangements should be covered at induction. It is proposed that additional training on the roles and responsibilities of RPOs and Fire Marshals be introduced. This training will be delivered by the Health, Safety and Wellbeing Team.
- 2.6 The guidance provides a template fire safety policy which is required for each premise. The essential information is given but needs to be annotated by the RPO to make it pertinent.
- 2.7 Further guidance is also included on emergency fire action plans which must be in place to ensure that anyone on the premises knows what to do if there is a fire, that appropriate action is taken in the event of fire and that the premises can be safely evacuated.

3. Health and Safety Training

- 3.1 There is a legal requirement to provide information, instruction, training and supervision to all employees. The Health and Safety at Work etc. Act 1974, section 2 sets out the requirements as “the provision of such information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work of his employees”.
- 3.2 In addition, The Management of Health and Safety at Work Regulations 1999 (as amended) state that an employer must:
- Provide training upon recruitment and induction
 - Provide training whenever an employee is exposed to new or altered risks in respect of people, machinery, processes, materials
 - Provide continuous, repeated training so that employees are given information on current best practice
 - Provide training in methods which are flexible and adaptable and which meets the needs of special groups of workers e.g. those with disabilities, literacy difficulties, language difficulties
 - Provide training in working hours as a business necessity and without charge to employees
- 3.3 This policy and guidance formalises organisational responsibilities for the provision of “training” and gives guidance identifying training needs, when training should be delivered and to whom. There is an obvious link to the Employee Development review process. Appendix 1 lists all the types of information and training which is legally required and provides links to existing training provision. These links will be updated as health and safety training is developed.

4. Health Surveillance

- 4.1 Health surveillance is any activity which involves obtaining information about employees' health and which helps protect employees from health risks at work. This may include self-checks, examination by a qualified person or a clinical examination by an occupational health physician.
- 4.2 Health and safety law requires periodic medicals for workers who are exposed to certain defined hazards, such as asbestos, or to certain processes such as working with vibrating equipment. Attendance at health surveillance clinics is mandatory for affected staff.
- 4.3 The objectives of ongoing health surveillance are to:
- Enable early identification and diagnosis of work related conditions in individuals so that additional control measures can be put in place to prevent deterioration and promote recovery
 - Check whether general measures put in place to prevent work related ill-health are adequate
 - Create an opportunity for training and education of employees regarding the risk of specific work-related conditions, and
 - Create an opportunity for individuals to discuss concerns about work-related ill-health.
- 4.4 Once employee groups have been identified the Line Manager should ensure that details are forwarded to Occupational Health. Line Managers should liaise with Occupational Health for health surveillance clinics to be set up and also ensure that employees are informed in advance of health surveillance appointments and that they are given time off work to attend. Where possible, health surveillance clinics will be run at the employees' workplace.

5. Radon

- 5.1 Following the publication of the Health Protection Agency survey on radon which identified Sutherland, the Great Glen, Aviemore and Badenoch as being in the higher radon probability areas a short life working group was formed to address the Council's response. This policy is one of the outcomes of that group.
- 5.2 The policy deals with the arrangements for managing radon in the workplace, and on sites or properties owned or managed by the Council, including Council houses - where radon occurs in high concentrations (i.e. above 400 Bq/m³ in a workplace and 200 Bq/m³ in homes) it can present a foreseeable health risk.

- 5.3 The radon concentration in buildings is determined by various factors including the geology of the ground beneath the building, details of the way the building is constructed, and factors such as the method of heating and of ventilation. Indoor levels are usually higher in colder temperatures; therefore testing should normally be conducted in winter months.
- 5.4 Local maintenance officers will arrange for any testing: RPOs will need to cooperate and liaise to ensure that there are sufficient detectors and that they are positioned safely and effectively.
- 5.5 Where concentrations have been identified there are possible mitigation measures available including:
- Sealing large gaps in floors and walls connected to ground
 - Improved under floor ventilation – install plastic vent blocks
 - Improved internal ventilation
 - Provision of a ventilated sub floor
 - Fitting of a sealed radon proof barrier/membrane
 - Provision of a radon sump and extraction pipe work
- 5.7 The role of monitoring this policy will be predominantly be undertaken by Area Housing and Property Service officers and the Corporate Health Safety and Wellbeing Team in consultation with the various service groups.

6.0 Consultation

Consultation with Management and Trade Union representatives has been undertaken in line with the Council's Policy on Health and Safety Consultation and was approved at the Joint Consultation Group's Central Safety Committee on 28th June 2013.

7.0 Communication

- 7.1 These documents will be the focus of articles in the Big Picture and email alerts to all Council Managers. They will be agenda items on Service and Area Health and Safety Group Meetings where their implementation will be monitored. The Health, Safety and Wellbeing Team will also promote them in all meetings with management, at the Trade Union Quarterly Liaison meeting, and relevant training courses.

8. Implications

- 8.1 Adoption of these documents will help to meet the Council's legal requirements in terms of health and safety and help minimise any risk arising.
- 8.2 There may be resource implications for Services in meeting the requirements

of the Fire Safety Management and Health Surveillance policies. These will need to be assessed on a case-by-case basis.

8.3 There are no equalities or climate change/carbon clever implications.

9. Recommendation

It is recommended that these policy and guidance documents are approved by FHR Committee.

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Date: 15 August 2013

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Background Papers:

Attachments:

Policy and Guidance on Fire Safety Management (Appendices are available at <http://ntintra1/persintra/health&safety/hs-w-fire-appendices.htm>)

Policy on Health and Safety Training

Policy and Guidance on Health Surveillance

Policy and Guidance on the Management of Radon

Policy and Guidance on Fire Safety Management.

**Version 1.
August 2013**

1. Introduction

- 1.1 The Highland Council acknowledges its responsibilities as a duty holder under the Fire (Scotland) Act 2005 (as amended) and related subordinate legislation.
- 1.2 The Council is committed to delivering high standards of fire safety performance to ensure the safety of employees, service users and visitors. This will evidence the demonstrable commitment to continuous improvement in health and safety performance.

2. Statement of Intent

- 2.1 The Highland Council will take all reasonably practicable steps to provide and maintain an environment that is safe from the effects of fire for all its employees, clients, and any other people who may be affected by its activities in premises where the Council has control to any extent: this may be owned, rented or leased. Where premises are shared with other organisations, managers must ensure that the standards set out in this document are met as a minimum requirement.
- 2.2 The Council is committed to continually improving its fire safety performance to ensure that there is no disruption to the delivery of its services. This standard will be achieved by:
- Creating, and maintain a positive fire safety culture which secures the commitment from all members of Staff;
 - Meeting all responsibilities to employees and to others who may rightfully be in our premises
 - Implementing a planned and systematic approach to the management of Fire Safety, namely:
 - Identifying those premises where a fire risk assessment (FRA) is required;
 - Recording significant findings from the FRA and developing and monitoring Action Plans;
 - Ensuring that FRAs are reviewed in the event of any changes of structure or procedures within that may impact on fire safety

provisions.

- Maintaining positive working relations with Highlands and Islands Fire and rescue Service;
- Maintaining records of all fire incidents and ensuring that fire reports are prepared and reported as necessary;
- Providing fire safety training to relevant staff

3. Legislation and Council Polices

3.1 This document has been developed to meet the requirements of:

- The Health and Safety at Work etc. Act 1974
- The Fire (Scotland) Act 2005 (as amended)
- Management of Health and Safety at Work Regulations 1999 (as amended)

3.2 This document should be read in conjunction with:

- [The Corporate Health, Safety and Wellbeing Policy](#)
- [Policy and Guidance on Risk Assessment](#)
- [Monitoring Protocol](#)
- [Employee Induction](#)

4. Organisational Responsibilities.

4.1 General health and safety responsibilities are set out in the Corporate Health, Safety and Wellbeing Policy. Specific, additional responsibilities in relation to fire safety are detailed below.

4.2 Chief Executive.

- Ensuring that management of fire safety is an integral part of the management culture by developing a positive attitude to fire safety among employees;
- Advising Elected Members of fire safety Issues.

4.3 Service Directors

- Developing a fire safety system for their Service that includes planning, organisation, monitoring, implementing and reviewing measures required to remove, reduce or control issues relating to fire safety.
- Ensuring arrangements for co-ordination and co-operation are in place where premises may have two or more employers with responsibilities for fire safety.
- Ensuring that fire safety (including the monitoring of FRA action plans) is a regular item at Service Health and Safety Working Groups.

4.4 Corporate Manager

- Ensuring that fire safety (including the monitoring of FRA action plans) is a regular item at Area Health and Safety Working Groups.

- 4.5 **Health, Safety and Wellbeing Manager**
- Providing advice on issues that have any impact on fire safety implications for the Council.
 - Overseeing the delivery of the corporate FRA plan

- 4.6 **Fire Safety Adviser**
- Provision of specialist technical support, including the production of guidance for staff in completing fire safety audits and subsequent actions.
 - Management of the Fire Risk Assessment programme
 - Assisting in the development of training programmes
 - Assisting with delivery of regular fire drills and staff training

- 4.7 **Housing and Property Services Construction Fire Safety Officer**
- Provision of advice to designers and responsible premises officers (in relation to works with an impact on existing properties) on fire risk management matters
 - Preparation of specifications for remedial works associated with non Council workplace fire risk assessments.
 - Advising on construction fire safety management

- 4.8 **Responsible Premises Officers (RPO)**
- Ensuring that fire safety issues are managed at the premises for which they are responsible

- 4.9 **Employees**
- Familiarising themselves with all fire safety managements arrangements in Council premises they work or visit;
 - Co-operating with fire safety arrangements
 - Reporting fire safety concerns to line management/RPOs

5. **Management of Projects Including Building Works**

- 5.1 At the earliest point of planning any building project it is vital that the design and purpose of the building is clearly determined and agreed with the relevant Service Client. It is at this point that all elements of design are considered and any drawings updated to include all elements of fire safety such as fire doors, location of fire fighting equipment, etc. These elements should be evident on the drawings prior to submission for planning/building warrant approval. Advice on fire safety in construction projects is available from the HAPS Construction Fire Safety Officer.

6. **Control of Contractors**

- 6.1 The Council will control the activities of Contractors to minimise the risks presented to employees. In this respect the Services will make arrangements to ensure:
- Contractors are made aware of the fire safety arrangements within any premise that they are working.
 - Contractors will not make any determination on works that could have an impact on the fire safety arrangements without the prior approval of

the RPO who may seek guidance from the Fire Safety Advisor

- Any works proposed that results in any change to the fabric/layout of the building must fully include additional fire safety provisions such as detection alarms, fire fighting equipment and means of escape.

6.2 It is vital that Council audit all works prior to signing off and where there are discrepancies it is at this point they should be recorded and remedied before the Contractor leaves the site.

7. Fire Risk Assessments

7.1 The Fire Safety Adviser will undertake premises fire risk assessments as part of a priority-based rolling programme. The priority will be based on a risk based approach (such as those where sleeping accommodation is provided) and the results of fire safety self-assessments conducted by RPOs using the Scottish Centre For Healthy Working Lives Fire Risk Assessment [template](#) and [guidance](#).

7.2 Self-Assessment

RPOs will be expected to complete an initial self-assessment for the property in order that a priority ranking can be assigned to the premises.

7.3 The priority ranking is:

Sleeping Risk:	Annual
Public Assembly:	Annual
Offices:	2 Yearly
Schools:	2 Yearly

7.4 Fire Risk Assessment

The completed fire risk assessment must be kept in the premises and must be produced on demand by a HIFRS officer or any other authorised person (as detailed in the Council's Monitoring Protocol).

7.5 On receipt of the fire risk assessment report, the appropriate line manager will be responsible for developing an action plan based on the recommendations in the report (including achievable target dates) and progressing items in the plan in liaison with other Council Services such as Property Managers.

7.6 The resulting action plan should be monitored by Service Senior Managers until its completion.

8 Fire safety documentation

8.1 There are a number of documents (in addition to the fire risk assessment) and record keeping which are required for compliance with fire safety legislation. These documents should be held on the premises to which they refer and managed and updated by the RPO. Fire Safety Log books in which to record pertinent information are available from the Health, Safety and Wellbeing Team.

8.2 Premises Fire Safety Policy

Each premises is required to have in place a specific fire safety policy which details local fire safety management arrangements. A template policy is included in Appendix 1 for completion by the RPO.

8.3 **Emergency Fire Action Plan**

A written Emergency Fire Action Plan along with arrangements to implement the plan is required for each premise. The evacuation of all persons, including disabled persons, is a line management responsibility that cannot be delegated to the Fire and Rescue Service.

8.3.1 The Emergency Fire Action Plan should be compiled by line management. It must set out the action that staff and other people in the premises should take in the event of a fire. The plan should be kept on the premises and be available in other languages, as required, including Braille.

8.3.2 Additional guidance on the contents of the Emergency Fire Action Plan is included at Appendix 2.

8.4 **Personal Emergency Evacuation Plans**

Individual Personal Emergency Evacuation Plans (PEEP) must be completed for any disabled staff member or disabled person who frequently uses or visits a Council workplace, for example, pupils, service users, regular visitors.

8.4.1 PEEP's must be completed by the line manager in conjunction with the disabled person. PEEP forms and guidance are detailed in Appendices 3-6.

8.5 **Record of maintenance/inspection of fire related and fire fighting equipment**

This includes the alarm system, fire doors, fire fighting equipment, emergency lighting and the means of escape.

8.5.1 The premises, equipment and any other fire safety measures must be kept in efficient working order and covered by a suitable system of maintenance. Checks must be undertaken in accordance with guidance provided and recorded in the Fire Safety Log Book.

8.6 **Record of Fire Drills**

Fire drills should be carried out to check that staff understand the emergency fire action plan (including all relevant PEEPs), to ensure that staff are familiar with operation of the emergency fire action plan, to evaluate effectiveness of the plan and to identify any weaknesses in the evacuation strategy. Records of fire drills must be recorded in the Fire Safety Log Book. Further guidance on the management of fire drills is included at Appendix 7.

9. **Fire Safety Training**

9.1 Fire Safety Training is vital as it underpins the commitment of Highland Council to fire safety compliance. All staff (including volunteers, temporary and agency staff) should be given information, training and instruction on the fire safety measures to be taken or observed on the premises, including the action to be taken in case of fire. Training in fire safety arrangements should be included in any induction programme. Fire safety training must also be conducted prior to any works to the premises which results in changes to the arrangements.

9.2 **Induction**

Induction for all new staff (permanent, temporary or agency) must include an awareness of the premises and fire safety arrangements in place. This

should include:

- Understanding the emergency plan/ fire procedure
- The importance of fire doors
- The significant findings of the Fire Risk Assessment
- Guidance on the use of relevant fire fighting equipment e.g. fire extinguishers, fire blankets – to protect escape route
- Reporting to the assembly area
- Exit routes including alternatives
- General matters of fire safety e.g. keeping combustibles away from possible ignition sources
- Assisting visitors and any disabled persons from the building

9.3

Fire safety training for certain roles (such as RPO, fire marshals, etc.), or as identified from FRAs is available from Employee Development. This will include:

- The significant findings of the fire safety risk assessments;
- The measures that have been put in place to reduce the risk from fire;
- The fire prevention and fire safety measures and procedures in the premises and where they impact on staff and others in the building;
- The location and, where appropriate, the use of fire-fighting equipment;
- The location of the escape routes, especially those not in regular use;
- How to open all doors on escape routes, including the use of any emergency fastenings (and locks where appropriate)
- The importance of keeping fire doors closed to prevent the spread of fire, heat and smoke;
- The importance of good housekeeping;
- The risks from flammable materials used or stored on the premises;
- The precautions to be taken to minimise and control the risks, with particular attention to their role in reducing and controlling fuel and ignition sources; and
- How to stop any machines and processes or isolate power supplies where necessary in the event of a fire

10.

Monitoring and review

10.1

Progress against the requirements of this policy and guidance should be reviewed at Service Health and Safety Working Groups with the assistance of the Fire Safety Advisor and the Health and Safety Advisor.

10.2

This policy shall be reviewed on an annual basis (or as legislation and best practice changes) by the Health, Safety And Wellbeing Manager.

Policy and guidance on health and safety training

Version 1 - August 2013

1.

Introduction

1.1

The Council is committed to meeting its legal obligations under the Health and Safety at Work etc. Act 1974, and the Management of Health and Safety at Work Regulations 1999. This means we will provide whatever information, instruction and training are needed to ensure, so far as is reasonably practicable, the health and safety of our employees and anyone else that may be affected by our activities.

1.2

The Council is committed to protecting its employees' health, safety and well-being. We believe that the best way to do this is through a proactive health and safety management system backed by the continuing development of all employees. The Council requires health and safety training to be a priority for employees at all levels throughout the organisation. Completion of specified health and safety training will be mandatory.

1.3

Providing appropriate information, instruction and training will assist THC to:

- ensure staff are capable of undertaking their duties in an effective and efficient manner in accordance with health and safety legislation;
- develop a positive working environment, where safe and healthy working environments and working practices contribute towards effective and efficient operational processes;
- reduce the risk of staff, contractors and visitors, etc. being injured or made ill as a result of Council activities; and
- meet the Council's legal duty of care to protect the health and safety of our staff, students, contractors, visitors and anyone else who may be affected by its activities.

1.4

Information, instruction and training may be delivered face to face or by e-learning depending on the nature of the information and skills to be delivered. These terms have been used to describe the following situations:

- **Information:** factual material about risk and health and safety protective measures;
- **Instruction:** telling someone how you want them to do something;
- **Training:** helping someone to learn how to do the job.

1.5 Training should be considered as a risk control measure for hazards identified in the workplace.

2. Legislation

2.1 The over-riding legal requirement to provide information, instruction, training and supervision is to be found in the Health and Safety at Work etc. Act 1974. Section 2 sets out the requirements as “the provision of such information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work of his employees”.

2.2 In addition, The Management of Health and Safety at Work Regulations 1999 (as amended) state that an employer must:

- Provide training upon recruitment and induction
- Provide training whenever an employee is exposed to new or altered risks in respect of people, machinery, processes, materials
- Provide continuous, repeated training so that employees are given information on current best practice
- Provide training in methods which are flexible and adaptable and which meets the needs of special groups of workers e.g. those with disabilities, literacy difficulties, language difficulties
- Provide training in working hours as a business necessity and without charge to employees

2.3 A number of health and safety regulations also contain specific duties for employers to provide training. These are detailed in Appendix 1.

3 Organisational responsibilities

3.1 THC has a duty of care to ensure that all staff receive the relevant training for their area of work to ensure staff, client, contractor and visitor safety. This training must be:

- adapted to the needs and capabilities of the employees it’s aimed at;
- provided during normal working hours. If this isn’t possible, then employees must be paid, or given time off in lieu, to attend outside their normal hours; and
- ‘topped up’ by refresher training at statutory or reasonable intervals, or through workplace competency assessments.

3.2 General health, safety and wellbeing responsibilities are set out in the Council’s Health, Safety and Wellbeing Policy. Additional, specific responsibilities are set out below.

3.3

Service Directors and their senior management teams are responsible for making sure each Service meets the requirements of this policy. This means they must:

- oversee the development and implementation of Service health and safety training identification, arrangements, action plans and training provision
- ensure health and safety training is included in business planning processes and resources are prioritised for it
- show their positive and visible commitment to health and safety training by:
 - taking part in appropriate health and safety training and briefing sessions themselves
 - making sure their staff attend mandatory health and safety training
- ensure managers inform the Health, Safety and Wellbeing team about any health and safety training they're sourcing directly from external providers **before** orders are placed
- make sure arrangements are in place to keep accurate health and safety training records

3.4

Managers must ensure that employees receive appropriate health and safety training to enable them to work safely: this is a key management responsibility. Managers should have the detailed knowledge of their employees, workplaces and activities that is vital for deciding health and safety training needs. They are responsible for:

- identifying health and safety competency requirements for all jobs within their service areas, in consultation with the health, safety and wellbeing team
- developing and facilitating tailored local health and safety induction programmes for any new employees or for staff whose jobs change significantly, such as through promotion or redeployment
- identifying their employees' health and safety training needs through risk assessment, task monitoring and accident investigations
- using Personal Development Plan meetings to agree health and safety training needs and action plans with employees
- developing health and safety training plans for their services, and feeding them into the business planning process so resources can be prioritised
- liaising with the health, safety and wellbeing team to identify suitable training for their employees
- informing the health, safety and wellbeing team about any plans to arrange externally provided health and safety training, including e-learning, **before** it's ordered or booked

3.5

Managers are responsible for ensuring that employees attend agreed health and safety training. This includes:

- enabling them to do so by making any necessary changes to rotas or setting up cover arrangements
- dealing proactively with anyone who is reluctant to attend training or consistently fails to do so
- checking that employees have understood key messages from health and safety training, such as safe working methods, how to use risk control measures and emergency actions. Managers **must** take action if they feel an employee needs further health and safety training to work safely and without risk to their health. This might include:
 - identifying additional formal training
 - arranging some individual coaching
 - making temporary changes to tasks until the training has been successfully completed
- ensuring essential health and safety induction, on-the-job, cascade training and information is provided for their employees
- demonstrating their commitment to health and safety by attending appropriate health and safety training themselves
- making sure their employees' health and safety training is recorded.

4.4

The Health, Safety and Wellbeing manager is responsible for:

- provide an annual corporate health and safety training programme, in conjunction with the Employee Development team, covering health and safety issues that are generally relevant to employees across the Council
- provide health and safety training on specific issues, as required
- provide briefings on new legal, policy and best practice requirements, as appropriate
- include details of health and safety training activity in Annual and Quarterly Committee reports
- give guidance and advice to managers to help them:
 - identify health and safety competencies for their services
 - complete health and safety training needs assessments and action plans
 - identify any specialist training provision, if it's needed.

4.5

Employees have health and safety training responsibilities as well as rights. This means taking all reasonable steps to:

- help managers identify the health and safety competencies required for all jobs
- notify their manager if they require further training
- develop any additional skills or knowledge they need to achieve the health and safety competencies identified for their role
- following any health and safety training, instructions and safe working procedures
- being co-operative in all health and safety matters, including attending and actively participating in health and safety training
- helping to develop and refine our health and safety training by

providing constructive feedback through our course evaluation process.

- 4.5 **Trade union health and safety representatives** have legal rights in the workplace. These include the right to:
- inspect and take copies of any documents or records linked to health and safety in the workplace, including for health and safety training
 - be consulted about any planned changes to training that could affect their members' health and safety
 - monitor and review health and safety training, policy and any directorate arrangements
 - investigate their members' complaints about health and safety training
 - attend and evaluate any new health and safety training initiatives

5. **Provision of Health, Safety and Wellbeing training**

5.1 In most cases, health and safety training falls into four broad categories:

5.2 **Induction:** which ensures that new, temporary or agency staff, whether they be full time or part-time, receive adequate health and safety information and instruction to enable them to integrate into the workplace and know who to contact, what to do and where to go in foreseeable circumstances. As part of the induction period the core training needs of the employee should be determined and be included in the training schedule for delivery.

5.3 All employees (full-time, temporary, supply or part-time) should be made aware of the following general arrangements for their health, safety and welfare as soon as possible after their appointment:

- safety policy and all safe working procedures/applicable codes of practice;
- fire and emergency evacuation procedures;
- first-aid arrangements, including location of first aiders and equipment;
- reporting procedures for all accidents/incidents/violence/ill health at work;
- reporting procedures for hazards and defects in equipment/premises or work methods;
- moving and handling techniques.

5.4 **On-the-Job Training**

All staff should be informed of the requirements contained in any policy, guidance and/or safe systems of work applicable to their activities. This information should be updated, locally, whenever new procedures or equipment are introduced.

5.5 Supervisory staff must ensure that all staff using equipment, machinery and/or substances are competent to do so, or are receiving instruction and supervision until they are competent to work alone. They must also ensure that their staff are fully aware of the measures to be taken to minimise or eliminate any hazards associated with these equipment or substances, and are familiar with the COSHH assessments made for substances in use. These assessments and instructions should also include the reasons and necessity for any protective clothing and/or protective equipment and its correct use.

5.4 **Off-the-Job Training**

This extends to two areas:

- the training of headteachers/managers, supervisors to increase their safety awareness and develop their safety management skills. The training of staff in specific techniques or safe systems of work, ranging from fire precautions to fume cupboard safety;
- qualification training. This applies where a work activity requires that a person possesses a specific qualification before being deemed competent to carry out the activity. Examples include the administration of first-aid, use of certain woodworking machines and the teaching of gymnastics.

5.5 **Refresher Training**

It is essential that staff receive regular refresher training to ensure that they are kept up to date with any changes in legislation, best practice, etc. as well as updating their skills. In some cases the required frequency for refresher training is determined by legislation and in other cases the standard may be set by the Service, in conjunction with the Health, Safety and Wellbeing Team. (Where applicable this training may take the form of workplace competency assessments.)

6.

Identification of training needs

6.1 Individual training needs should be reviewed:

- as part of the PDP process
- when an individual is transferred/promoted to a new post
- there have been significant changes to the work environment
- there have been significant changes to work activities or work equipment
- technology changes
- employees are exposed to new or increased risks
- existing knowledge or skills needs updating
- as a result of health and safety audit or inspection
- as a result of an accident or incident

6.2 Line managers should be aware that young people may have additional, particular training needs due to their vulnerability and inexperience in the workplace.

7.

Monitoring and review

7.1

The application of this policy and guidance should be monitored by Services at their Service Health and Safety Groups.

7.2

The uptake of health and safety training will be reviewed as part of the Annual Health and Safety report.

7.3

This policy and guidance will be reviewed on annual basis or as legislation or best practice dictates.

Regulation	Training/Instruction	Link to available training	Information
Management of Health and Safety at Work Regulations 1999	<ul style="list-style-type: none"> Risk assessment 	Risk assessment Health, safety and property management	<ul style="list-style-type: none"> Risks to health and safety Preventative and protective measures Emergency procedures including evacuation Specific health and safety risks for temporary employees Requirements for any health surveillance Risks created by others
Control of Substances Hazardous to Health Regulations 2002	<ul style="list-style-type: none"> Risks created by exposure to substances hazardous to health (e.g. high hazard risks, biological agents) and precautions Results of any required exposure monitoring Collective results of any required health surveillance 		<ul style="list-style-type: none"> Risks to health created by exposure to substances hazardous to health Precautions Results of any required exposure monitoring Collective results of any required health surveillance Safety data sheets
Manual Handling Operations Regulations 1992		Moving and Handling Moving and Handling Refresher	<ul style="list-style-type: none"> The weight of loads for employees undertaking manual handling; and The heaviest side of any load whose centre of gravity is not positioned centrally
Health and Safety (First Aid) Regulations 1981	<ul style="list-style-type: none"> First aiders provided under the Regulations must have received training approved by the HSE. 	Emergency First Aid at Work First Aid Refresher	<ul style="list-style-type: none"> First aid arrangements: including facilities, responsible personnel and where first aid equipment is kept.
Health and Safety (Display Screen Equipment) Regulations 1992	<ul style="list-style-type: none"> Adequate health and safety training in the use of any workstation to be used. 	My Online Learning	<ul style="list-style-type: none"> Health and safety information about display screen work
Health and Safety (Safety Signs and Signals) Regulations 1996	<ul style="list-style-type: none"> Each employee must be given instruction and training on: 		<ul style="list-style-type: none"> Each employee must be given clear and relevant information

	<ul style="list-style-type: none"> • The meaning of safety signs • Measures to be taken in connection with safety signs 		on the measures to be taken in connection with safety signs.
Health and Safety Information for Employees Regulations 1989			<ul style="list-style-type: none"> • Information about employees' health, safety and welfare in the form of: • An approved poster to be displayed where it can be easily read as soon as is reasonably practicable after any employees are taken on, or • An approved leaflet to be given to employees as soon as practicable after they start
Health and Safety (Consultation with Employees) Regulations 1996	<ul style="list-style-type: none"> • Training for employee representatives in their functions as representatives. 	Please contact your TU for details of this course	<ul style="list-style-type: none"> • Necessary information to enable your employees to fully take part in consultation and to understand: • What the likely risks and hazards arising from their work, or changes to their work, might be • The measures in place, or to be introduced, to eliminate or reduce them • What employees ought to do when encountering risks and hazards
Safety Representatives and Safety Committees Regulations 1977	<ul style="list-style-type: none"> • Sufficient time off with pay for safety representatives to receive adequate training in their functions as safety representative. 	Please contact your TU for details of this course	<ul style="list-style-type: none"> • Necessary information to assist the work of safety representatives nominated in writing by a recognised trade union.
Ionising Radiations Regulations 1999	<ul style="list-style-type: none"> • Instruction and training to enable employees working with ionising radiation to meet the 		<ul style="list-style-type: none"> • To enable employees working with ionising radiations to meet the requirements of the

	requirements of the Regulations e.g. in radiation protection for particular groups of employees classified in the Regulations.		<p>Regulations</p> <ul style="list-style-type: none"> • On health hazards for particular employees classified in the Regulations, the precautions to be taken and the importance of complying with medical and technical requirements • For female employees on the possible hazard to the unborn child and the importance of telling the employer as soon as they find out they are pregnant
Control of Pesticides Regulations 1986			<ul style="list-style-type: none"> • Information on risks to health from exposure to pesticides and precautions.
Provision and Use of Work Equipment Regulations 1998	<ul style="list-style-type: none"> • Employees who use work equipment (including hand tools) and those who manage or supervise the use of work equipment need health and safety training in: <ul style="list-style-type: none"> • Methods which must be used • Any risks from use and precautions 		<ul style="list-style-type: none"> • Conditions and methods of use of work equipment (including hand tools) • Foreseeable abnormal situations; what to do and lessons learned from previous experience
Personal Protective Equipment at Work Regulations 1992	<ul style="list-style-type: none"> • Employees who must be provided with PPE need instruction and training in: <ul style="list-style-type: none"> • Risk(s) the PPE will avoid or limit • The PPE's purpose and the way it must be used • How to keep the PPE in working order and good repair 		<ul style="list-style-type: none"> • Risk(s) that the PPE will avoid or limit • The PPE's purpose and the way it must be used • What your employee needs to do to keep the PPE in working order and good repair
Control of Asbestos Regulations 2006	<ul style="list-style-type: none"> • Instruction and training about risks and precautions for: <ul style="list-style-type: none"> • Employees liable to be exposed to asbestos 		<ul style="list-style-type: none"> • Information about risks and precautions for: <ul style="list-style-type: none"> • Employees liable to be exposed to asbestos

	<ul style="list-style-type: none"> • Employees who carry out any work connected with your duties under these Regulations 		<ul style="list-style-type: none"> • Employees who carry out any work connected with your duties under these Regulations
Control of Lead at Work Regulations 2002	<ul style="list-style-type: none"> • Instruction and training about risks and precautions for: • Employees liable to be exposed to lead • Employees who carry out any work connected with your duties under these Regulations 		<ul style="list-style-type: none"> • Information about risks and precautions for: • Employees liable to be exposed to lead • Employees who carry out any work connected with your duties under these Regulations
Control of Noise at Work Regulations 2005	<ul style="list-style-type: none"> • Instruction and training for employees likely to be exposed to daily personal noise levels at 80dB(A) or above: • Noise exposure: level, risk of damage to hearing and action employees can take to minimise that risk • Personal ear protectors (to be provided by employer): how to get them, where and when they should be worn, how to look after them and how to report defective ear protectors/noise control equipment • When to seek medical advice on loss of hearing • Employees' duties under the Regulations 		<ul style="list-style-type: none"> • Risk of damage to hearing • What steps are to be taken to minimise risk • Steps the employee must take to obtain personal ear protection • Employees' obligations
Work at Height Regulations 2005	<ul style="list-style-type: none"> • Where other precautions do not entirely eliminate the risk of a fall from height occurring, the employer must train those who will be working at height how to avoid falling and how to avoid or minimise injury to themselves 	Working at height	<ul style="list-style-type: none"> • Risk assessments • Access equipment • Local hazards • Fragile roof materials • The Work at Height Regulations 2005 require that persons are

	should they fall		trained and competent to work at height. Competence is having the right knowledge, experience and qualifications. None can be achieved without suitable information being provided.
Fire	<ul style="list-style-type: none"> • Fire training to the extent that employees should know what action to take when fire alarms sound, should be given to all employees and should be included in the induction training. The following key points should be covered: <ul style="list-style-type: none"> • Evacuation plan for the building in case of fire, including assembly point(s) • How to use fire fighting appliance available • How to use other protective equipment and the need for fire doors to be unobstructed • How to raise the alarm and operate call points • Housekeeping practices which could permit a fire to start and spread if not carried out e.g. waste disposal, use of ash bins, handling of flammable liquids etc. • Fire training should be accompanied by practices, including regular fire drills and evacuation procedures. No exceptions should be permitted at these 	Fire extinguisher training	

Policy and guidance on health surveillance

Version 1
August 2013

1. Policy statement

1.1 The Highland Council is committed to a proactive approach to managing occupational health and safety. A programmed approach to health surveillance will help to meet this commitment as well as protecting the health of employees and evidencing compliance with statutory requirements.

1.2 Health surveillance is any activity which involves obtaining information about employees' health and which helps protect employees from health risks at work. This may include self-checks, examination by a qualified person or a clinical examination by an occupational health physician.

1.3 The objectives of ongoing health surveillance are to:

- Enable early identification and diagnosis of work related conditions in individuals so that additional control measures can be put in place to prevent deterioration and promote recovery
- Check whether general measures put in place to prevent work related ill-health are adequate
- Create an opportunity for training and education of employees regarding the risk of specific work-related conditions, and
- Create an opportunity for individuals to discuss concerns about work-related ill-health.

2. Legislation

2.1 Health and safety law requires periodic medicals for workers who are exposed to certain defined hazards, such as asbestos, or to certain processes such as working with vibrating equipment. There is a mandatory requirement for identified staff to attend health surveillance clinics.

- 2.2
- Management of Health and Safety at Work Regulations 1999 (as amended)
 - The Reporting Of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)
 - Control of Substances Hazardous to Health Regulations 2002 (as amended)
 - Control of Noise Regulations 2005
 - Ionising Regulations 1999
 - Control of Vibration at Work Regulations 2005
 - Control of Asbestos at Work Regulations 2002
 - Diving at Work Regulations 1997

- 2.3
- This document should be read in conjunction with:
- [Council Policy on Health, Safety and Wellbeing 2011](#)
 - [Policy and Guidance on Risk Assessment](#)
 - [Occupational Health Guidance](#)

3. Scope

3.1 This policy will apply to all Highland Council employees who are identified, by the employing Service, either through their job title, risk assessment or occupational health advice as having the potential to be exposed to health risks due to the nature of the substances or processes they are/may be exposed to in the workplace. (see section 7).

3.2 Where Services appoint agency staff to undertake work which will expose them to substances or processes with the potential to cause health risks then they should be identified as part of the risk assessment process. Agency and temporary staff need not be included in the health surveillance programme but they must receive information in a form they can understand about any health surveillance that is necessary. If risk assessment shows that health surveillance is required then the duty to conduct this lies with the Agency.

4. Responsibilities

4.1 General health and safety responsibilities are stated in the Council's Policy on Health, Safety and Wellbeing at Work. Specific responsibilities with regard to health surveillance are detailed below.

4.2 **Line Managers/supervisors** are responsible for:

- identifying hazards which could require health surveillance
- identifying potentially affected staff groups and notifying these to occupational health (see section 7)
- ensuring that risk assessments take account of health surveillance requirements

- informing staff of the requirement for health surveillance and stressing the importance of attending these statutory programmes
- ensuring the delivery of the health surveillance programme, including the release of staff to attend appointments
- Liaising with Occupational Health to programme appointments to fit the needs of the Service.
- investigating the reasons why employees failed to attend appointments
- reporting to the HSE, as required
- informing occupational health and the Health, Safety and Wellbeing Team of any event which results in the accidental release of, or exposure to substances hazardous to health
- maintaining adequate and up to date records.

4.3

Occupational health are responsible for:

- advising on which elements of health surveillance are relevant to Services/managers
- the delivery of the health surveillance programme
- communicating the outcome of health surveillance to employees (verbally) and line managers (in writing)
- advising managers on the adequacy of control measures
- advising managers when employees fail to attend health surveillance appointments
- maintaining health surveillance records in accordance with current legislation

4.4

Health and safety advisers are responsible for:

- assisting Services implement this policy and guidance, and
- advising managers on the adequacy of control measures

4.5

Employees are responsible for:

- participating in identified personal monitoring, as instructed
- attending specified health surveillance appointments
- advising occupational health of any significant health issues
- reporting to Line Managers/Supervisors any significant, relevant changes to their health in those intervals between health surveillance sessions.

5.

Health Surveillance records

5.1

A competent health surveillance programme requires the keeping and maintaining of a health record for each individual screened.

- 5.2 This record should contain the following information:
- Surname
 - Forename(s)
 - Gender
 - Date of birth
 - Permanent address and postcode
 - NI number
 - Historical record of jobs within this employment which involve exposure to identified substances requiring health surveillance
 - Results of health surveillance and the date carried out – these results should only relate to employee fitness for work and will include, where appropriate:
 - A record of the decisions of the OH Doctor or Nurse
 - Conclusions of the OH Doctor or Nurse.
- 5.3 Health surveillance records should not include confidential clinical data and should preferably be stored separately from the employee's medical record file. These records will be kept in a secure and confidential format for 40 years after the individual's employment ceases.
- 5.4 Health surveillance records can only be seen by
- The employee
 - Occupational health staff
 - Human Resources staff
 - Manager
 - Health and Safety Executive
 - Employee's representative (with the employee's consent)

6. **Health surveillance process**

- 6.1 Once employee groups have been identified the Line Manager should ensure that details are forwarded to Occupational Health. (There is no requirement to complete an OH referral form.) For those staff appointed to a new role a pre-employment questionnaire will be used to carry out the health checks.
- 6.2 Line Managers should liaise with Occupational Health for health surveillance clinics to be set up. Line Managers should ensure that employees are informed in advance of health surveillance appointments and ensure that they are given time off work to attend. Where possible, health surveillance clinics will be run at the employees' workplace.
- 6.3 Following their health surveillance appointment, the employee will be informed of their results, any implications arising from these results and the timescale for future surveillance.

- 6.4 The Line Manager will receive a summary of the results which should be reviewed and where necessary individual or group actions put in place to ensure:
- Arrangements for future health surveillance
 - Arrangements, where required, to transfer the employee to alternative employment
 - The introduction, where required, of reasonable adjustments
 - The reassessment of control measures to prevent recurrence of ill health
 - Appropriate reporting under RIDDOR

7.0

Identification of Substances and Processes

7.1

This section lists various substances and processes where mandatory health surveillance is required. Where Services are involved with work which includes exposure to anything in this section then a health surveillance programme must be put in place, along with suitable information, instruction, training and supervision to the workforce. Unless specified otherwise, health surveillance should be undertaken on an annual basis.

7.2

Substances Hazardous to Health (COSHH)

Where a COSHH risk assessment indicates that health surveillance is required for ensuring the maintenance of adequate control of exposure of employees to substances hazardous to health and /or for protecting the health of the employee who has significant exposure to:

- Respiratory sensitisers including significant exposure to
 - o Small laboratory animals
 - o Wood dust
 - o Agricultural and horticultural grains and dusts
 - o Natural rubber latex
 - o Allergenic small molecules (isocyanates, formaldehyde, glutaraldehyde etc)
- Significant exposure to substances and chemical agents with serious long term effects at low levels of exposure or where there is significant risk from skin exposure
 - o Chronic toxins
 - o Toxic pesticides
- Significant exposure to carcinogens and mutagens
- Significant risk from biological agents
- Exposure to substances where Schedule 6 of COSHH Regulations specifically applies

7.3

Noise

Statutory health surveillance is required for the protection of the hearing of workers exposed to high levels of noise as required by the Noise at Work Regulations 2005, i.e.

- all employees working in defined hearing protection zones or regularly exposed to an averaged exposure over 85 dBA
- those employees regularly exposed to between 80 and 85 dBA identified as being sensitive to noise induced hearing loss

7.4 Ionising radiation

7.4.1

Statutory health surveillance is required for employees designated as classified persons, i.e. those employees who are likely to receive an effective dose in excess of 6mSv per year or an equivalent dose which exceeds three-tenths of any relevant dose limit.

(Non-statutory health surveillance may be considered for employees working with significant quantities of unsealed sources where biological monitoring may be appropriate.)

7.5 Non-ionising radiation

Statutory health surveillance is required where a significant risk exists from the presence of non-ionising radiation:

- Class 3R, 3B and 4 Lasers
- High power magnetic fields

7.6 Asbestos

Statutory health surveillance is required for workers exposed to asbestos at a level requiring surveillance under the Control of Asbestos at Work Regulations 2002.

7.6.1

Non-statutory asbestos surveillance – surveillance appropriate to workers who are not currently exposed at levels requiring surveillance, but may have been so exposed in the past.

7.7 Hand-arm vibration syndrome

Statutory health surveillance is required for employees exposed to levels of hand-arm vibration as indicated in the Vibration at Work Regulations

- Hand held vibrating tools (grinders, jack hammers)
- Chain saws
- Pneumatic drills

7.8 Ad-hoc exposure incidents

Where required, occupational health will advise on the health surveillance requirements following accidental and ad-hoc exposure incidents occurring at work. This will include the necessary clinical investigations and medical follow-up as deemed necessary.

7.9

Fitness for work

Where specific fitness standards are required to enable the work to be carried out safely without risk to the employee and/or others, health surveillance is required under various regulations for:

- **Vehicle drivers**

Surveillance will be carried out on all persons operating fork lift trucks and agricultural machinery.

Statutory health surveillance will be carried out on persons requiring a Group 2 licence (PSV, LGV and HGV drivers) as required under the legislation.

Frequency:

Group 2 licence – on entry to service, then

At age 40, then

5 yearly, then

Annually after age 65

Fork lift trucks – on entry to service, then

At age 45, then

5 yearly, then

Annually after age 65

- **Sea-going workers**

ML5 certification is required for those working on vessels operating under the MCA Small Commercial Vessels or Large Yacht Codes of Practice in Area Categories 2, 3, 4, 5 or 6 (i.e. up to 60 miles from shore)

ENG1 certification may be required for those working in vessels going beyond these areas. ENG surveillance is required every 2 years.

- **Divers**

Professional divers must be fit to the requirements of the Diving at Work Regulations 1997 (DWR). This examination must be carried out by an appointed medical officer. Occasional SCUBA divers must be fit to the standards of the UKSport Diving Medical Guidelines.

- **Night worker assessments**

Under the Working Time Regulations all employees who undertake at least 3 hours of night work on a regular basis including all shift workers must be offered a medical assessment of their fitness for night work.

- **Confined space respirator workers**

Guidance under the Confined Space Regulations states that workers in confined spaces must be of suitable build, not suffer from claustrophobia and if necessary have the physical capability to wear self-contained breathing apparatus. Health surveillance for confined space entry is required on a 2 yearly basis.

7.10

Biological monitoring/Biological effect monitoring

Where there is significant exposure to chronic toxins a method of validated biological monitoring is required to demonstrate that no ill-health effect is present

- Mercury
- Benzene
- Lead

7.11

Vaccinations

Certain categories of staff who work with vulnerable groups or who may be exposed to blood borne viruses will be offered appropriate vaccinations (where they have been identified by risk assessment) and included in the health surveillance process. Please refer to the Guidance on Prevention of Blood Borne Viruses for more detailed information.

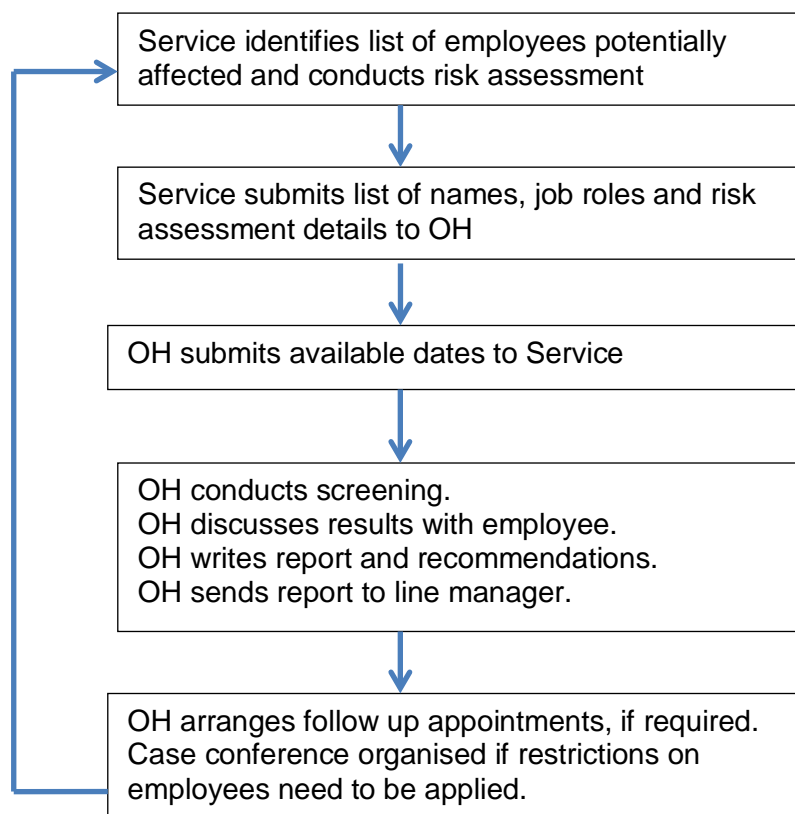
7.12

Further advice on the above is available from the Health, Safety and Wellbeing team.

8.0

Health surveillance process

8.1



9.0

Review

9.1

This document will be reviewed by the Health, Safety and Wellbeing Team on an annual basis or as legislation/best practice is updated.

Policy and guidance on the management of radon in workplaces and properties owned and managed by Highland Council.

Version 1 - August 2013

1. Policy Statement

- 1.1 The Highland Council recognises that where radon occurs in high concentrations (i.e. above 400 Bq/m³ in a workplace and 200 Bq/m³ in homes) it can present a foreseeable health risk. Exposure to high concentrations of radon over a period of time may increase the risk of developing lung cancer.
- 1.2 This policy has been developed in line with the general principles outlined in the Council's Health, Safety and Wellbeing Policy and deals with the arrangements for managing radon in the workplace, and on sites or properties owned or managed by the Council, including Council houses.

2. Radon

- 2.1 Radon (more properly known as Radon-222) is a naturally occurring, colourless, odourless radioactive gas. It is formed within the ground where uranium and radium are present and can seep out through cracks and fissures within the subsoil into the atmosphere or spaces beneath and in buildings.
- 2.2 The Health Protection Agency (HPA) has recently produced an indicative atlas of Radon in Scotland which shows the presence of radon in dwellings and areas within the Highlands. (Map Date 2008 Ref. HPA-RPD-051)
- 2.3 This identifies the following areas as being in the higher radon probability areas:
- Sutherland (Helmsdale)
 - Great Glen (Fort Augustus)
 - Aviemore and Badenoch

3. Radon Action Levels

- 3.1 The Health Protection Agency advises that all properties should be classified according to probability that a home in the locality will have an indoor radon concentration level at or above the action level. The action level for homes at this time is set at 200 Bq/m³.
- 3.2 Properties with a probability of between 1% and 10% are regarded as intermediate, while areas with more than 10% probability are regarded as higher radon probability areas.
- 3.3 For existing properties, Highland Council aim to prioritise properties in the higher radon probability areas initially, followed by intermediate areas.
- 3.4 In a workplace, the defined action level is 400 Bq/m³. Where this is reached, the Ionising Radiation Regulations 1999 also apply.

4. Health implications

- 4.1 Most radon gas breathed in is immediately exhaled and presents little radiological hazard. However the decay products of radon behave more like solid materials and are radioactive. These particles attach to atmospheric dust and water droplets which are then breathed in and become lodged in the lungs and airways. Some decay products emit harmful radiation called alpha particles which can cause significant damage to the sensitive cells in the lungs.
- 4.2 Radon contributes by far the largest component of background radiation dose received by the UK population and, while the largest radon doses arise in domestic dwellings (due to the longer time spent there), significant exposures are possible in workplaces. Epidemiological studies on occupational groups with known high exposure to radon show a significantly increased risk of lung cancer.
- 4.3 HPA studies show that the magnitude of risk from radon is such that exposure to 100 Bq m³ over 30 years increases the risk of lung cancer by 5-31%. The absolute risk is estimated as being 25 times greater in smokers than non-smokers.
- 4.4 HPA reports that the dose-response relationship appears linear, and that there is no evidence of a concentration below which there is no risk.

5. Arrangements

- 5.1 Health and safety legislation places responsibility for meeting safety requirements on those that own or manage workplaces or property. The owner or manager has a specific duty of care to ensure that their property or area of responsibility is safe for those who use it and for those who work there or other who have access to that environment.
- 5.2 In the case of Radon Gas, if this duty of care is not achieved then it could:
- a) Create the potential for harmful levels of radon to infiltrate the atmosphere in buildings.
 - b) Create the potential for building users/occupiers to develop ill health, e.g. lung cancer, from exposure over a long period of time to harmful levels of radon.
- 5.3 The Highland Council will take all reasonable measures to ensure the health and safety of their tenants, employees and those other persons affected by their work activities who may be exposed to the risks from Radon in occupied properties or sites under the control of the Council.
- 5.4 Although this document is concerned primarily with **workplaces**, similar arrangements will be put in place by the Director of Housing and Property Services to manage the risk of exposure to radon to householders.

6. Responsibilities

- 6.1 General health, safety and wellbeing responsibilities are detailed in the Corporate Health, Safety and Wellbeing Policy. Specific responsibilities in relation to the management of radon are detailed below.
- 6.2 Directors shall be responsible for ensuring that this policy, and any relevant Service policies are implemented and that arrangements are monitored.
- 6.3 **Director of Housing and Property Services** is responsible for
- Appointing a competent person for the management of radon protection within the Highland Council;
 - Ensuring that all contract and engineering works are undertaken in accordance with best practice and in a manner that eliminates, reduces, or controls identified radon risks;
 - Ensuring that a data base of Highland Council properties is maintained which indicates the potential presence of radon based on HPA Scotland atlas records;
 - Ensuring that HAPS staff meet with client representatives on a regular basis to assist in the provision of property advice, or related matters, for use when carrying out risk assessments;
 - Ensuring that HAPS staff carry out regular, recorded inspections to ensure that any radon protection works are undertaken to the

required standard and that any control measures are performing satisfactorily;

- Ensuring that HAPS staff compile and manage an outstanding works list and ensure that client representatives are made fully aware of the issues and the manner by which residual risks from radon infiltration can be managed, such as, restricted access arrangements and systems of work.
- Ensuring that all Highland Council controlled workplaces in radon affected areas will be subjected to a risk assessment which incorporates risks from radon;
- Ensuring that all work activities/services with the potential to cause harm as a result of the presence of high levels of radon infiltration are subjected to risk assessment with appropriate protective precautionary measures;
- Ensuring that radon levels are measured and monitored in all occupied public premises assessed as high risk;
- Ensuring that any radon protection measures provided to control radon infiltration are properly maintained and regularly monitored to ensure effectiveness. The level of protection will range from full to basic depending on the actual measured levels of radon and the location

6.4 **Responsible Premises Officers (RPO)** shall be responsible for maintaining on-site all records pertaining to radon control measures including risk assessments and inspection reports.

6.5 **The Health, Safety and Wellbeing Manager** shall be responsible for ensuring that:

- The Health Safety and Wellbeing team meet with service representatives on a regular basis to review and provide advice on the risk assessment process;
- The Health Safety and Wellbeing team monitor the performance of the Council's radon policy and procedures:
- Health Safety and Wellbeing team carry out as-required inspections on workplaces to ensure that the agreed management systems and procedures are adequate and are implemented;
- The Health Safety and Wellbeing team provide periodic reports to services and others on the findings and recommendations of their inspections.

7. Information and Training

7.1 The Council will provide sufficient information, instruction and training to ensure full understanding of the health posed by radon in the workplace, and the importance of the management and control measures provided.

7.2 Information shall be provided by personal communication, articles in council newsletters and intranet site and the cascading of information within the council consultation network.

- 7.3 Employees who have a specific role to fulfil with the management of radon within the Highlands will be provided with suitable and sufficient training and information to ensure so far as is reasonably practicable their health, safety and wellbeing whilst at work.
- 7.4 Training needs are likely to include radon awareness briefings and familiarisation with this policy guidance.
- 7.5 All employees (e.g. building maintenance personnel) contractors and others who may work in radon affected areas shall be given information regarding the safe operation of all engineering controls such as switches, Radon barriers, ventilation systems, sump controls, fans, vents, etc.
- 7.6 BRE have developed an online training module entitled “Radon Awareness”. The course covers health risks from radon, measurement, radon pump systems, floor void ventilation and positive ventilation. This module would be suitable for persons involved in the management and control of radon such as maintenance officers, advisers and risk assessors. Further details can be sourced at: www.bre.co.uk (Telephone 01923 664829 or email train@bre.co.uk)
- 7.7 The Health, Safety and Wellbeing team can provide further advice and guidance on training for Council staff – contact healthsafetyandwellbeing@highland.gov.uk

8. Risk assessment

- 8.1 Highland Council will prioritise the assessment the health and safety risks from radon in workplaces in the following circumstances:
- All below ground workplaces (occupied greater than 1 hr/pwk, 52hrs/PA) or those containing an open water source.
 - All workplaces located in radon affected areas.
- 8.2 To assist with the assessment of the risks from radon in the workplace the assessor will need to consult the HPA maps to determine the likely extent of the radon hazard in that area. In the event that the premises are not located in an area of higher than 1% probability of exceeding the given action levels higher or intermediate area then the assessment will require no further action other than monitoring and review.
- 8.3 Public Health England (who have a radon role for the whole of the UK) have a radon hotline number for further guidance – contact **01235 822622**

9. Radon measurements

- 9.1 The radon concentration in buildings is determined by various factors including the geology of the ground beneath the building, details of the way the building is constructed, and factors such as the method of heating and of ventilation.

- 9.2 Measurement surveys are made using passive integrated detectors in each premise. The detectors are left in position for a nominal period of three months and the results combined to reflect typical occupancy. Individual detectors should not be placed near major sources of heating and ventilation.
- 9.3 Indoor levels are usually higher in colder temperatures; therefore testing should normally be conducted in winter months. Where this is not possible adjustments will be required to compensate for seasonal variations and average outdoor temperature variations.
- 9.4 Detectors can be sourced from HPA and can be returned for analysis after the survey period. HPA will provide for a free retest after any remediation works have been carried out.
- 9.5 Local maintenance officers and RPO will need to co-operate and liaise to ensure that there are sufficient detectors and that they are positioned safely and effectively.
- 9.6 The measurements will determine the degree of remedial action that may be required if any to help eliminate or reduce the level of radon infiltration.
- 9.7 The survey results should be recorded in the property logbook and communicated by the RPO to all who use the premises. The Highland Council website will also contain details about radon safety for public use. Specific queries regarding measurement and any protective measures should be communicated via the HPA and the area property maintenance section.
- 9.8 Highland Council will seek to encourage home testing to tenants who live in radon affected areas.
- 9.9 Residents who have concerns about radon in the area where they live or work within the Highlands should be encouraged to contact their local Environmental Health office or review the literature and information available online at the HPA and BRE websites

10. Radon protection measures

- 10.1 The Buildings Research Establishment (BRE) has produced guidance on cost effective remedial measures to mitigate radon ingress in buildings.
- 10.2 There are many practicable and relatively inexpensive measures that can be taken to combat radon ingress in buildings. The choice of mitigation system will rest primarily on its ability to reduce radon concentrations to below the appropriate action level. The measures will consider the cost and practicability to reduce radon concentrations to as low as reasonable practicable.
- 10.3 Some possible measures include:
- Sealing large gaps in floors and walls connected to ground
 - Improved under floor ventilation – install plastic vent blocks
 - Improved internal ventilation

- Provision of a ventilated sub floor
- Fitting of a sealed radon proof barrier/membrane
- Provision of a radon sump and extraction pipe work

10.4 The likely effectiveness of the solutions based on the actual floor types and other details can be viewed at www.bre.co.uk/radon/sumps.html and further information can be gained from the BRE dedicated radon advice helpline: **01923 664707**

10.5 Once mitigation measures have been installed, details of the system and test results should be recorded on the appropriate council property database.

11. Control of Exposure

11.1 Areas which have been identified as exceeding the radon action levels through testing will require appropriate controls to safeguard employees and occupants of the building. This will include the design and Installation of appropriate remediation systems.

11.2 Where it is deemed impractical to reduce radon concentration levels by engineering measures it may be necessary to consider restricted access to the area.

12. Monitoring

12.1 Arrangements for monitoring the management of Radon will be reviewed regularly to ensure their effectiveness. This role will be predominantly be undertaken by Area Housing and Property Service personnel and the corporate health safety and wellbeing team in consultation with the various service groups.

12.2 Any incidents involving radon shall be reported to the Corporate Health Safety and Wellbeing Team and investigated in accordance with the corporate policy on accidents reporting and investigation.

12.3 Local HPS staff shall ensure that all engineering measures taken to reduce radon within premises within their area of control are subjected to planned inspection and maintenance regimes. These will help to ensure that mitigation measures remain effective, e.g. fans switched on.

13. Policy review

13.1 This policy and associated guidance shall be reviewed on an annual basis or as significant changes dictate.