



PROTOCOL – Health and Safety

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1.0 Summary of Changes

1.1 This is a new joint protocol for Essex Police and Kent Police. This protocol should be read by all members of staff to ensure they are up to date with the health and safety direction which the organisation will follow.

2.0 What this Protocol is about

2.1 This is a joint protocol which describes the manner in which Essex Police and Kent Police manage Health & Safety in order to comply with, the Health and Safety at Work etc. Act 1974 and all subordinate Health and Safety legislation.

2.2 This protocol provides guidance on the “arrangements” to managers and staff in order Health & Safety is managed “so far as is reasonably practicable”.

2.3 This protocol details the procedures, responsibilities and arrangements to enable Essex Police and Kent Police to develop an effective safety culture, sustain a healthy work environment and avoid foreseeable accidents to individuals who might be affected by its undertakings.

Compliance with this protocol and any governing policy is mandatory. This protocol is not, nor is it intended to be, contractual.

3.0 Detail the Protocol

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3.1.1 Essex Police - Health and Safety Policy Statement

3.1.1.1 What this Protocol is about

The aim of this protocol is to set a clear health and safety direction for the organisation to follow and contains the general intentions and objectives and vision as to how health and safety is to be implemented into the organisation. It puts into place arrangements to enable Essex Police to take all reasonable actions to ensure an ongoing safe and healthy working environment for all its employees and to other persons who could be affected by Essex Police's undertaking with regard for their health, safety and wellbeing.

Effective health and safety policies and procedures contribute to operational performance by:

- Supporting human resource development;
- Recognising that accidents, ill health and incidents can result from failings in management control and are not necessarily the fault of individual staff; and
- Ensuring there is a systematic approach to the identification of risks and the allocation of resources to control them.

Essex Police attach great importance and are fully committed to safeguarding the health, safety and wellbeing of all its employees and other people who could be affected through its operational and non-operational work activities as far as is reasonably practicable.

Essex Police accepts that effective health and safety management systems makes good business sense in reducing lost time and resources. Essex Police staff invariably have to deal with risks created by others. It is, therefore, important not to lose sight of the sometimes very dynamic work situations that staff may find themselves in. The current thinking should be towards risk reduction (mitigating risk) rather than risk aversion by taking a pragmatic common-sense approach to health and safety

3.1.1.2 Statement of Policy - Health & Safety Legislation

The Health and Safety at Work Act 1974 (HASAW) is the primary legislation, upon which all secondary H&S regulations are founded.



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HASAW places a duty on Essex Police to ensure the health, safety and welfare of all employees and places other duties on the organisations to be vigilant for the safety of contractors, visitors to police premises and to anyone affected by the work that the service does.

This policy/protocol set out arrangements to ensure that, so far as is reasonably practicable, Essex Police are compliant with existing legislation. Compliance with legislation is the minimum standard required although Essex Police will endeavour wherever reasonably practicable to adopt best practice.

The Police Health & Safety Act 1997 acknowledges that police officers are appointed persons and not employees, but decrees that for the purposes of H&S legislation, police officers are to be considered as employees.

Any queries about legislation or any aspect of the service's H&S policy/protocol should be directed to the Health & Safety Team (HST) in the Dunmow Business Centre, in person, by email or by telephone.

3.1.1.3 Striking the Balance

In September 2009, the Health & Safety Executive (HSE) the enforcing authority, published a document called "Striking the balance" to clarify how H&S legislation will be applied to the operational circumstances of policing.

In the document, the HSE acknowledge that police officers need to consider complex and competing legal and moral demands; and to make tough decisions in what are often dangerous, emotionally charged and fast-moving situations.

With regard to the service's legal duties, the HSE note that the duties in HASAW are qualified by the test of what it is reasonably practicable to do and that HASAW does not require all risks to be eliminated. HSE go on to acknowledge that:

"...it may be necessary to take some risks to secure a wider benefit to public safety".

With regard to the legal duties of employees (including police officers), the HSE go on to say that:

"HSE recognises that, in protecting the public, individuals may, very occasionally in extreme cases, decide to put themselves at risk in acts of true heroism. In these rare circumstances, HSE takes the view that HASAW has not been breached by the Service and it would not be in the public interest to take action against the individual".



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Essex Police welcome the HSE's recognition of the heroism that is often apparent within the role of a police officer or public facing member of police staff. However, the service requires that officers and staff remain vigilant for their own safety and that of anyone affected by the work they do, at all times; and requires officers and staff to assess the risks apparent in situations they face before they decide on a course of action.

3.1.1.4 Health & Safety Executive (HSE) Guidance on Successful H&S Management

The service arrangements for successful H&S management are in compliance with guidance from the HSE, which recommends that the following process is put in place:

3.1.1.4.1 Policy

This policy and accompanying protocols establish the foundation for Health & Safety management within the service. All are available through the Policy and Procedure Document Library.

3.1.1.4.2 Procedures

The Chief Constable has day to day responsibility for the management of health and safety throughout Essex Police.

The Director of Human Resources has been assigned specific responsibilities for co-ordinating health and safety on behalf of Essex Police and in this role receives professional advice and support from the Force Health and Safety Department.

All LPA Commanders/Heads of Specialist Departments and managers are expected to ensure that the working environment is as safe as possible by identifying and assessing hazards and controlling significant risks in their area of business.

All staff are fully expected to cooperate in achieving compliance with this protocol and to understand their legal responsibilities and to take reasonable care of the health and safety of themselves and other persons who may be affected by what they do or fail to do at work.

LPA Commanders/Heads of Departments may delegate the duty of organising to a nominated person (SPOC), whose PDR objective will identify that they have responsibility for co-ordinating H&S.



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3.1.1.4.3 Plan

The policy, protocols and the H&S Action Plan (HSAP) have been produced by the HST, consulted upon with practitioners and discussed at the Service Safety Committee (FSC) before being approved by the Command Team. Responsibility for compliance with the HSAP rests with LPA Commanders/Heads of Departments, who may delegate duties, (N.B. responsibilities cannot be delegated) to ensure that it is completed; and audited annually by the HST to enable the service to demonstrate compliance with key H&S legislation. LPA Commanders/Heads of Departments will be required to submit a notice of compliance with H&S legislation to the Chief Constable once a year.

Progress against the HSAP must be reported to the LPA Commanders/Heads of Departments at quarterly safety meetings.

A copy of the HSAP template will be found on the HST section of the Health and Safety website.

3.1.1.4.4 Do

The Service Health and Safety Adviser will plan the work of the HST to support local policing Commanders. LPA Commanders/Heads of Departments may choose to appoint a Safety Co-ordinator to manage safety within their area of responsibility or may undertake the role themselves. Names and location of such appointees should be communicated to the HST, UNISON and Police Federation.

The Service Safety Committee has approved the introduction of a Health and Safety Action Plan (HSAP), which Safety Co-ordinators will complete to ensure that the service is compliant with key H&S legislation and with service policy and procedures.

The HST will produce and deliver appropriate training packages to support H&S management across the Essex Police Service.

3.1.1.4.5 Check

The effectiveness of the service's arrangements will be monitored at the FSC; at Functional Command Safety Meetings; and through regular interaction with the HST.

The HST will undertake a Buildings Inspection Programme to periodically check arrangements.

3.1.1.4.6 Act

Full H&S audits and inspections will be conducted by the HST in accordance with an agreed Audit & Inspection Procedure. The policy, protocols and HSAP will be reviewed every two years or when changes in circumstances or equipment occur or should changes in legislation make it necessary.



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3.1.1.5 Police Health & Safety Committee, Local Policing Command and Functional Command Safety Meetings

The service has a legal duty under the “Safety Representatives and Safety Committees Regulations 1977” to establish a Safety Committee. Membership of the FSC will be defined in J 0101 Procedure - Roles and Responsibilities. The Regulations require that invitations are extended to Staff Association representatives to attend all meetings of the FSC.

Through the Force Health & Safety meeting, the Chair will:

- Direct service H&S policy and protocols;
- Require statistical reports that demonstrate Essex Police Service compliance with H&S legislation;
- Deal with issues of compliance with regard to H&S procedures;
- Review significant accident investigations;
- Consider H&S issues raised by LSC and individuals; and
- Ensure the service is prepared for changes in H&S legislation.

3.1.1.6 Definitions

Hazard: The potential to cause harm.

Risk: The likelihood that harm will occur in the given circumstances.

Reasonably practicable: A balance between the risk and the time, trouble and cost of minimising (or eliminating) that risk.

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3.1.2 Kent Police - Health and Safety Policy Statement

It is the policy of the Kent Police and Crime Commissioner 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 employees (1).

This will be achieved through such leadership and resources so as to enable:

- The provision and maintenance of plant and systems of work that are safe and without risks to health;
- Arrangements for ensuring safety and absence of risks to health in connection with the use, handling, storage and transport of articles and substances;
- The provision of such information, instruction, training and supervision as is necessary to ensure the health and safety of all employees (1);
- The maintenance of any place of work, including access and egress, which is under the control of the Kent Police and Crime Commissioner in such a condition that it is safe and without risks to health; and
- The provision and maintenance of a working environment for all employees (1) that is safe, without risks to health and adequate as regards facilities and arrangements for their welfare at work.

The Kent Police and Crime Commissioner, Chief Constable and Senior Management also accept their respective responsibilities for the health and safety of non-employees (2) who may be affected by Kent Police activities, striving to prevent accidental loss through personal injury, ill health and damage to property and to maintain a safe and healthy place of work.

To this end Kent Police will comply with the requirements of the Health and Safety at Work Act 1974, all other relevant statutory provisions and recognised codes of practice. The Chief Constable and the Kent Police and Crime Commissioner expect all employees (1) and non-employees (2) working on behalf of Kent Police to comply fully in the achievement of this protocol.

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3.2.1 Essex Police - Health and Safety Policy Implementation

3.2.1.1 What this Protocol is about

The Chief Constable is ultimately responsible and liable for the health, safety and welfare of all employees, as defined in the Health and Safety at Work Act 1974 (HASAW). Responsibility and liability cannot be delegated; however, some of the duties in delivering that responsibility and liability have been delegated to the Director of Human resources.

The employers will ensure that adequate arrangements are in place to enable effective H&S management and to ensure that the force complies with relevant H&S legislation.

3.2.1.2 The Chief Constable of Essex Police (Corporations Sole)

The Chief Constable as the corporation's sole has overall and final responsibility for Health and safety In Essex Police. As the employer of police officers and police staff they are responsible for the satisfactory implementation of Essex Police's Health and Safety Policy and the management of health and safety matters and procedures within the Force. The Chief Constable provides overall objectives, direction and control of health and safety matters, ensuring that responsibilities for managing health and safety in the Force are properly assigned and that adequate resources are available for health and safety issues.

The Chief Constable has assigned the responsibility for ensuring that health and safety is implemented within the organisation to the Director of Human Resources. In cases where individuals are failing to meet their responsibilities under legislation and/or Force Policy, the Chief Constable will ensure that correct action is taken and that disciplinary proceedings are considered against the appropriate individual if relevant.

3.2.1.3 Deputy & Assistant Chief Constables

All the aforementioned senior officers are responsible to the Chief Constable for ensuring the effective implementation of Essex Police's Health, Safety and Welfare policies and arrangements in their respective areas of control within the Force.

3.2.1.4 Director of Human Resources (Health and Safety Director)

The Director of Human Resources is the lead member of the Chief Officer Group responsible for health and safety in the Force. They are responsible to the Chief Constable for ensuring the effective implementation of Essex Police's Health, Safety and Welfare policy and arrangements throughout the Force in consultation with the other Chief Officer Group members. They will be responsible for the adoption of Force policies and procedures relating to health, safety and welfare issues through their role as Chair of the Force Safety Committee.



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The Director of Human Resources is responsible for bringing to the attention of the Chief Constable any health and safety issues which they believe have a corporate implication.

The functional day-to-day management and implementation of the Force's safety policy, arrangements and guidance is the responsibility of individual Police Commanders and Departmental Heads.

3.2.1.5 LPA Commanders and Heads of Departments

LPA Commanders and Heads of Department are ultimately responsible to their relevant Chief Officer for ensuring the health and safety of their staff as far as is reasonably practicable. The responsibility for the effective implementation of the Force's Health and Safety Policy and arrangements throughout their area of control areas lies with them alone. LPA Commanders and Heads of Departments although being ultimately responsible for ensuring that all matters dealing with health and safety and fire safety are satisfactorily implemented within their areas of control, may if they wish, assign the task to a competent member of staff who has received suitable training to ensure that health and safety matters are satisfactorily addressed.

However, they cannot delegate the ultimate responsibility for health and safety in their areas of responsibility. Responsibility remains with the LPA Commander or Departmental Head. For the sake of clarity, the Human Resources Health and Safety team will support LPA Commanders and Heads of Departments with implementing health and safety.

Specific responsibilities are:

- To liaise and seek advice and guidance from the relevant Human Resources Health and Safety Team where required or requested;
- To have in place arrangements for ensuring that all operational and non-operational work activities within their area of responsibility are carried out in a safe manner so far as is reasonably practicable and in accordance with any published Force policy/procedure, Force issued guidance material, safe systems of work, or relevant risk assessments;
- To have in place arrangements for ensuring that persons under their control receive suitable and adequate information, instruction, training and supervision so as to enable them to carry out their tasks in a manner which, so far as is reasonably practicable, does not unnecessarily prejudice their health, safety and welfare or that of others;
- To have in place arrangements for ensuring that any plant, equipment and substances are used safely and if appropriate, correctly maintained, used only for its intended purpose and used only by an appropriately competent person trained in its use so far as is reasonably practicable;
- To have in place arrangements for ensuring that all protective clothing when required through an informed risk assessment is correctly used, maintained and suitable accommodation is provided when not in use;



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- To have in place arrangements for ensuring that items provided pursuant to certain health and safety statutory provisions, e.g. fire extinguishers etc., are not interfered with or misused;
- To have in place arrangements for ensuring that the working environment, this includes areas provided by the employer for rest and recreational use, within their area of responsibility, so far as is reasonably practicable, is safe and without risks to health with adequate facilities in place with regard to welfare;
- To have in place arrangements for ensuring that accidents and incidents (including near misses) which occur within their areas of responsibility are promptly notified to the relevant Human Resources Health and Safety team and that they ensure that prompt investigation and any remedial action required is taken where appropriate;
- To have in place arrangements for ensuring that work, being undertaken by visiting contractors, that they have instructed within their areas of responsibility, is carried out in a manner which does not prejudice the health and safety of Essex Police staff and other persons;
- To set a personal example by not condoning bad working practices.

Where one Policing Command or department is responsible for the management of a building/area and staff from another command or Department occupy areas within that area/building, the conduct of staff will remain the responsibility of the employing Police Command or Department. The exception is issues that relate directly to the physical accommodation, fabric and common areas of the building which remain the responsibility of the host Policing command or Department through the facilities or estates department.

Each LPA, or equivalent head of department, will appoint a SPOC at Command Team level.

3.2.1.6 Health and Safety Manager

The Force Health and Safety Manager is the “competent person” for Essex Police as required under the Management of Health and Safety at Work Regulations 1999 and provides expert advice on health and safety matters and facilitates health and safety management throughout the Force; liaises closely with external bodies such as the Health and Safety Executive and provides any employee with health and safety advice, as required.

In particular, the Health and Safety Manager will:

- Advise on and facilitate arrangements for the planning, organisation, control, monitoring and review of health and safety legislation;
- Produce corporate health and safety policies;
- Produce codes of practice and guidance;
- Propose, develop and monitor systems related to risk assessments undertaken by line management;
- Develop, promote, maintain and monitor a culture where health and safety is regarded as part of the normal managerial function at all levels;



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- Carry out health and safety audits of LPAs and Departments and their operations;
- Plan and facilitate the provision of health and safety training and evaluate effectiveness; investigate key accident and occupational illnesses;
- Prepare an annual health and safety report from data obtained from an annual Health and Safety Audit;
- Liaise and be the focus of communication with the HSE and other external bodies; disseminate health and safety information;
- On behalf of the Director of Human Resources, act as channel for advice, policy and strategy on health and safety;
- Produce statistical information on injuries on duty, use of force and working time;
- Liaise with regulatory authorities to monitor standards of safety.

3.2.1.7 Health and Safety Responsibilities of all Managers

The Chief Constable expects senior managers and managers at all levels of the organisation, whether they be police officers or police staff, to be instrumental in ensuring that Force policies, procedures and arrangements are satisfactorily implemented and remain effective within their areas of control. Where shortfalls are identified, these are to be formally brought to the attention of more senior management in writing. Equally important is the requirement to ensure that when appropriate that they take prompt remedial action to ensure that risks are appropriately managed. Managers are very important in getting the overall safety message across to all staff for which they are responsible for. They can strongly influence others through their actions or inactions, by either condoning, through neglect or by conniving to unsafe working practices.

The Chief Constable expects senior managers and managers to conduct safety tours of their area of responsibility every three months. This visually demonstrates to staff that managers are actively committed to their staff's health, safety and wellbeing.

Health and Safety obligations and responsibilities of police officers, police staff, members of the Special Constabulary Police Community Support Officers and Volunteers

Improvements in health and safety can only take place if all concerned take an active part. Health and Safety involves everyone in the organisation. Every person has a moral and statutory duty to consider other colleagues health and safety in what they do or fail to do. Their action or inaction could result in an accident and a colleague being needlessly hurt. Employment contracts have in them an implied common law duty of care which places obligations both on an employer and on an employee.



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The Health and Safety at Work etc Act 1974, Sections 7 and 8 and the Management of Health and Safety at Work Regulations 1999 regulation 14, place statutory obligations on the conduct of employees whilst in the course of their work. All personnel are required to take reasonable care for the health and safety of themselves and of other persons who may be affected by their acts or omissions at work and to co-operate with their employer so that they may fulfil their statutory and common law health and safety obligations to employees.

The message is, see it, sort it but do not ignore it. These obligations are in the main common sense and are as follows.

Staff will be expected to:

- Comply with all reasonable instructions given by the employer;
- Have knowledge of and have read any risk assessment applicable to their role;
- Wear the appropriate protective clothing in the prescribed manner where the need has been identified through a risk assessment or other document;
- Report any defects in plant, equipment or personal protective equipment as soon as practicable to their line manager;
- Use the correct machine guards and any other safety device or feature in accordance with the prescribed manner;
- Carry out all work operations in accordance with any documented safe system of work or issued work instruction;
- Report to the manager or immediate supervisor any accident or incident immediately;
- Notify their manager of any work situation which they believe might present a serious and imminent danger to any person;
- Use the correct tools, equipment and substances as provided by the Force for the work to be undertaken;
- Notify their line manager promptly having identified what they believe to be a shortcoming in the Force's health and safety arrangements, so that remedial action may be promptly considered;
- Co-operate in the investigation of accident and incidents with the prime aim of preventing a reoccurrence and learning from the event;
- Avoid taking any unauthorised short cuts whilst in the course of their work;
- Not to intentionally interfere with or misuse anything provided in the interests of health, safety and welfare.

3.2.1.8 The Force's Occupational Health Provision

The main philosophy of providing occupational medical services is to pro-actively manage the health and wellbeing of employees in the workplace so as to avoid the onset of ill health associated with work. Certain legislation requires an employer to provide health monitoring for its employees where a known health risk relating to a specific work activity is known to exist which could subsequently give rise to ill health and absenteeism from the workplace.



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The Force has an external Occupational Health provision (OHP) with the majority of medical services provided through one contractor. However, the service is also operated in tandem with a small number of other external medical providers for example physical therapies, employee assistance programme provider, specialist counsellors, etc.

The OHP contributes directly to service delivery and securing best value by promoting and maintaining the physical, mental and social wellbeing of staff in order to:

- Reduce long term ill health and short-term absenteeism;
- Reduce the cost of staff absence and sickness;
- Provide management support in a consistent, timely and professional way;
- Ensure compliance with relevant legislation;
- Minimise the risk of legal claims against the Authority;
- Secure and maintain effective personal and organisational performance.

Occupational Health Nurses and Force Medical Advisors work within a framework of safeguarding not only the health of the employee but also others who may be affected by work activity, together with protecting the Authority from the outcomes of work-related ill health. In situations where work is 'safety critical', or where incapacitating illness poses a significant risk to employees or others, then any health advice is central to a proper assessment and control of any risks.

The OHP advises the Chief Constable on a wide range of medical matters but covering the following broad areas:

- Pre-employment screening including medicals and drugs testing;
- Management referrals for short and long-term health issues;
- Ad-hoc screening/assessment for example extension of service medicals;
- Ill health retirement and injury on duty awards and reviews;
- Health monitoring and general health and safety issues.

3.2.1.9 Property Services

Property Services are responsible for:

- Ensuring the safe operation and installation of engineering services, equipment, fire protection and alarm systems;
- Monitoring and maintaining electrical safety in accordance with accepted National and Regional standards and the appropriate Codes of Practice etc;
- Ensuring new and existing buildings are built and maintained with due attention to relevant CDM and building regulations and fire safety standards;
- Ensuring that all Contractors' have satisfactory health and safety policies and procedures and that all their employees conform to Essex Police safety arrangements.



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3.2.1.10 Safety Representatives

Safety Representatives are nominated by the recognised Staff Associations and Trade Unions to represent employees on health and safety issues. They can attend and make representation to the various Health and Safety Committees on matters affecting health, safety and welfare at work. Essex Police will allow H&S Reps paid time as is necessary to perform their functions and training and be provided with assistance and information.

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3.2.2 Kent Police - Health and Safety Policy Implementation

In accordance with the Health and Safety at Work Act 1974 and the Police (Health and Safety) Act 1997, the Chief Constable has responsibility for the day-to-day implementation of health and safety within Kent Police.

The Kent Police and Crime Commissioner will assist the Chief Constable in the discharge of those health and safety duties and will ensure that adequate resources are available to address health and safety issues.

The Chief Constable, with the support of chief officers, will develop a strategic integrated approach for the day-to-day management of health and safety within Kent Police.

The Chief Constable will appoint the Director of Human Resources to lead on health and safety issues and ensure this protocol is implemented throughout Kent Police.

Divisional Commanders and Heads of Department have responsibility, on behalf of the Chief Constable and Kent Police and Crime Commissioner, for health and safety compliance within their Division or Department.

Where a corporate standard is imposed effectively removing the discretion of the Divisional Commander or Head of Department, this will be fully documented and responsibility on behalf of the Chief Constable and Kent Police and Crime Commissioner will rest with the corporate standard decision maker.

In accordance with the general protocol of the Chief Constable in relation to health and safety, the various staff associations and trade unions representing the interests of Kent Police personnel are entitled to appoint safety representatives as members of the Health & Safety Committee (Board), to consult and carry out the functions detailed in the Safety Representatives and Safety Committee Regulations 1977 (as amended). Whilst non-affiliated employees (1) may elect representatives by virtue of the Health and Safety (Consultations with Employees) Regulations 1996, the Police Federation and Unison have agreed to include non-contributing employees (1) in their consultation arrangements.

By Regulation 7 Management of Health and Safety at Work Regulations 1999, the Senior Health & Safety Advisor is appointed as the competent person to assist in undertaking the measures needed to comply with the requirements and prohibitions imposed on the Kent Police and Crime Commissioner and the Chief Constable, by or under any relevant statutory provisions. The main purpose of the role is to develop, implement and co-ordinate proactive Health and Safety initiatives for the force; provide expert advice and guidance; promote and facilitate training; to ensure that a safe and healthy environment is provided for all employees (1) of Kent Police and other individuals who visit police premises.

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3.3.1 Essex Police - Health and Safety Responsibilities

As above (included in Implementation statement) – [See Section 3.2.2.1](#)

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3.3.2 Kent Police - Health and Safety Responsibilities

3.3.2.1 Chief Constable

The Chief Constable has responsibility for the day-to-day management of health and safety within Kent Police and shall, so far as is reasonably practicable:

- Encourage and develop a culture of health and safety awareness throughout the force;
- In partnership with the Kent Police and Crime Commissioner and through the decision-making process, ensure that police funds include adequate resources to meet obligations under health and safety legislative requirements;
- Report to the Kent Police and Crime Commissioner any significant issues relating to the management of health and safety;
- Ensure through Divisional Commanders and Heads of Department the production of local health and safety policies in furtherance of the corporate standard, detailing the responsibilities of employees (1) and setting out, through the risk assessment process, significant local health and safety issues;
- Through the Director of Human Resources provide suitable training to employees (1) in order to address their health and safety responsibilities;
- Ensure, through the Chief Officers, Divisional Commanders and Heads of Department that consultation with staff association and trade union safety representatives is effective and meaningful;
- Through the Director of Human Resources ensure that Health Services are provided and that an occupational health, welfare and safety advisory service is available to Kent Police;
- Through the Director of Essex and Kent Support Services ensure that all premises controlled by the Kent Police and Crime Commissioner, including those buildings subject of a Private Finance Initiative (PFI), are adequately maintained and significant risks suitably controlled;
- Through Divisional Commanders and Heads of Department ensure that all places of work occupied by Kent Police employees (1) comply with fire precaution legislation and the provision of trained personnel to evacuate buildings in case of fire or other emergencies;
- Through Divisional Commanders and Heads of Department ensure that all places of work occupied by Kent Police employees (1) comply with first aid legislative requirements and the provision of trained first aiders;
- Through the Health & Safety Committee (Board) monitor and audit health and safety performance throughout the force, instigating change as necessary, reflecting such change within the Policing Plan; and
- Through the Director of Human Resources review the health and safety protocol at regular intervals.



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3.3.2.2 Kent Police and Crime Commissioner

Whilst the Kent Police and Crime Commissioner has responsibilities for police occupied premises, including agreed contractual obligations regarding Private Finance Initiative buildings and police employees (1), the Chief Constable undertakes the day to day control and management of health and safety issues within the force.

The Kent Police and Crime Commissioner shall therefore, so far as is reasonably practicable:

- Fully consider all the health and safety implications of reports and recommendations from the Chief Constable in the making of decisions or establishing policy;
- Ensure the Chief Constable has appropriate resources available to manage health and safety effectively;
- Within the Kent Police and Crime Commissioner structure, ensure an adequate mechanism which will have an overview and scrutiny role with regards to health and safety issues;
- Appoint a lead member for health and safety with a requirement to attend and report on Health & Safety Committee (Board) meetings;
- Review the force health and safety policy in conjunction with the Chief Constable;
- Keep itself advised of any significant developments in health and safety;
- Ensure that health and safety matters are dealt with as a priority and encourage and assist the Chief Constable with the development of a positive health and safety culture;
- Through the Kent Police and Crime Commissioner's lead for health and safety be given access to information relating to health and safety, to satisfy the Kent Police and Crime Commissioner that its obligations are met and that effective monitoring systems are in place; and
- Maintain access to information on health and safety and undergo appropriate training as deemed necessary by the Chief Constable.

3.3.2.3 Kent Police Deputy Chief Constable and Chief Officers

The Deputy Chief Constable and Chief Officers shall, so far as is reasonably practicable:

- Support the Chief Constable in the discharge of health and safety responsibilities;
- Ensure that through the strategic management of the force all reports give due consideration to health and safety implications;
- Ensure that health and safety issues are an integral part of all operational planning and decisions;
- Ensure those Divisional Commanders and Heads of Department who report to them have health and safety as a standing item at their management team meetings;
- Ensure that they engage with the staff associations and trade union in meaningful discussions on health and safety matters as appropriate;



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- Ensure that the Director of Human Resources is briefed on relevant health and safety issues within their knowledge, which may affect Kent Police;
- Receive copies of the Health & Safety Committee (Board) minutes;
- Ensure through their senior management teams, within Divisional, Directorate or Department, so far as is reasonably practicable, that adequate resources are made available to provide healthy and safe working conditions in the area for which they have particular responsibility;
- Ensure all their employees (1) are aware of their responsibilities under this protocol; and where appropriate seek the advice of the Health Services Manager or Senior Health and Safety Advisor when undertaking new work activities or protocols or using new equipment or hazardous substances.

3.3.2.4 Kent Police Director of Human Resources

In addition to the responsibilities described above, the Director of Human Resources shall, so far as is reasonably practicable:

- Implement and monitor the health and safety policy on behalf of the Chief Constable;
- Provide and maintain a comprehensive health care and safety advisory service through the Health Services Manager;
- Chair the Force Health and Safety Committee with terms of reference published on the force intranet site under Health & Safety;
- Ensure the availability of adequate and suitable training to all employees (1) who have responsibilities under health and safety legislation, on behalf of the Chief Constable;
- Ensure that meaningful discussions on health and safety take place in relation to strategic decisions at chief officer level;
- Liaise with the Health Services Manager and Senior Health and Safety Advisor on matters relating to health, safety and welfare;
- Provide and maintain a Health Services Department which is available to all employees (1);
- Ensure that the Kent Police and Crime Commissioner's lead for health and safety is kept informed of the force's health and safety performance and policy development;
- Be the Chief Constable's lead in all discussions with the Health and Safety Executive;
- Update the chief officers on any issues relating to health and safety matters relevant to them; and
- Receive regular updates on health and safety performance from the Senior Health and Safety Advisor.



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3.3.2.5 Kent Police Divisional Commanders and Heads of Department

Divisional Commanders and Heads of Department are accountable to the Chief Constable for the implementation of corporate policies at local level. They are responsible for the health and safety of their employees (1) while on duty and for non-employees (2) who may be affected by the work activity.

In particular each Head of Department/Divisional Commander will be responsible for:

- Implementing the corporate health and safety policy statement;
- Producing their own health and safety policy, including the organisational structure and arrangements in place to achieve and comply with the corporate policy;
- Allocate clear roles and responsibilities for health and safety matters within the area under their control, through the management chain of command;
- Ensure that any employee (1) having responsibility for health and safety receives the training he or she requires and those who have a managerial role accept and carry out those responsibilities;
- Setting out the criteria for the provision of information, instruction, training and supervision necessary for safe working practices and reviewing the same through the Performance Development Review process;
- Have in place arrangements to carry out risk assessments particularly all work with significant risks, establishing appropriate control measures to eliminate or reduce those risks;
- Establishing protocols to ensure an appropriate review of risk assessments, on a regular basis, of planned operations, work processes and significant spontaneous events;
- Establishing a structured approach to the investigation of accidents, assaults, incidents and occupational health concerns, including the appointment of independent investigators on significant issues, to ensure that appropriate remedial action is taken including where identified, revision of relevant risk assessments;
- Ensure that all work-related accidents, diseases and dangerous occurrences, as defined in legislation, are reported (in accordance with section 4.4.2) and have a system in place to inform trade union and staff association health and safety representatives accordingly;
- Establish a local health and safety committee to provide effective arrangements for staff consultation with recognised safety representatives from staff associations and unions;
- Ensuring such facilities and assistance to accredited safety representatives that they may reasonably require for the purpose of carrying out their duties;
- In conjunction with Estates have in place a system to monitor the health and safety arrangements of any non-employee (2) working within the Division or Department; and
- Making suitable arrangements to ensure the 'duty of care' cover to non-employees (2).



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To assist Heads of Department and Divisional Commanders in discharging their responsibilities, local policy will include the appointment of a suitably qualified safety advisor or advisors i.e., Health & Safety Single Point of Contact (SPOC).

There may be a need within a Division or Department where a specialist role requires specific policy to show their organisation and arrangements. This will be particularly relevant where a department, unit or section has a corporate responsibility in addition to local commitments.

3.3.2.6 Kent Police Managers and Supervisors

Managers and supervisors have an integral role in the day-to-day management of health and safety within Kent Police, through delegated responsibilities of corporate and local policy.

The Chief Constable and Kent Police and Crime Commissioner acknowledge the obligation to train managers and supervisors in order that they become competent and are authorised to carry out their responsibilities.

The prevention of accidents is a primary line management responsibility. All levels of management will be held accountable for carrying out their delegated health and safety duties and the achievement of adequate standards of safety and health within their area of responsibility.

3.3.2.7 Kent Police Health & Safety Manager (Senior Health & Safety Advisor)

The Force Health and Safety Manager is the “competent person” for Kent Police as required under the Management of Health and Safety at Work Regulations 1999 and provides expert advice on health and safety matters and facilitates health and safety management throughout the Force; liaises closely with external bodies such as the Health and Safety Executive and provides any employee with health and safety advice, as required.

In particular, the Health and Safety Manager will:

- Advise on and facilitate arrangements for the planning, organisation, control, monitoring and review of health and safety legislation;
- Produce corporate health and safety policies;
- Produce codes of practice and guidance;
- Propose, develop and monitor systems related to risk assessments undertaken by line management;
- Develop, promote, maintain and monitor a culture where health and safety is regarded as part of the normal managerial function at all levels;
- Carry out health and safety audits;
- Plan and facilitate the provision of health and safety training and evaluate effectiveness;



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- Investigate key accident and occupational illnesses;
- Liaise and be the focus of communication with the HSE and other external bodies; disseminate health and safety information;
- Produce statistical information on incidents, accidents.

3.3.2.8 Kent Police Health & Safety Single Point of Contact (SPOC)

Will be appointed at Divisional / Department level and will be responsible to:

- Manage H&S (i.e., legal compliance) at a local level on behalf of the Chief Officer;
- Champion H&S and encourage a positive H&S culture through colleagues' engagement;
- Facilitate and lead annual workplace inspections (in collaboration with other stakeholders i.e., H&S, Estate, Facilities, Police Federation, Unison);
- Attend and contribute at the Force and Divisional H&S meetings;
- Support accident and incident investigations locally (when required);
- Have oversight of the Fire Safety arrangements and ensure they are “suitable and sufficient” at a local level, and oversee the (minimum) biannual planned fire evacuation;
- Ensure “suitable and sufficient” risk assessments are in place for the specific local areas of risk.

3.3.2.9 All Kent Police Personnel

All employees (1), whilst at work, have a personal responsibility to take reasonable care for their own health and safety and that of other persons who may be affected by their acts or failure to act.

All employees (1) have a duty to co-operate with the Chief Constable in meeting any duty or requirement imposed on them by or under any relevant safety legislation.

All employees (1) have a responsibility to use correctly work equipment provided by the Kent Police and Crime Commissioner, in accordance with their training and instructions received to enable them to use the items safely.

Employees (1) shall inform their line manager, safety representative or health and safety advisor of any work situation which would reasonably be considered a serious and immediate danger to health and safety or a shortcoming in the Kent Police and Crime Commissioner's protection arrangements for health and safety.

No individual shall intentionally or recklessly interfere with or misuse anything provided in the interests of health, safety or welfare in pursuance of any relevant safety legislation.

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3.4.1 Essex Police - Health and Safety Reporting and Investigation

3.4.1.1 What this Protocol is about

The aim of this protocol is to ensure that all accidents and incidents are recorded accurately and within specified timescales and it will describe the minimum standards for the investigation of accidents and incidents within Essex Police.

The purpose of the protocol is to ensure Essex Police delivers a responsive, high quality investigation process for all accidents and incidents that affect Essex Police personnel and property.

This protocol applies to accidents and incidents to all employees of Essex Police and others who may be adversely affected by our operational activities. It should be read by all members of staff so they are aware of what health and safety incidents can be reported, what the definition of “when a person is considered to be at work” and the process which will be followed during an investigation

The investigation and analysis of work-related accidents and incidents forms an essential part of effectively managing health and safety. Essex Police will co-operate fully with the Health and Safety Executive (HSE) to provide assistance during any external investigations and will act on any advice given to reduce risk and prevent future accidents or losses.

Monthly analysis of all recorded accidents, assaults and dangerous occurrences will be undertaken by the Health and Safety Department. This information is communicated to all LPA and Function Command Teams and the Federation and Unison lead members for health and safety.

3.4.1.2 Reporting/Recording

All incidents as below must be recorded using the online accident reporting system on SAP.

The submission of a SAP report is required whenever:

- A police officer, member of police staff or the Special Constabulary is injured in the course of their duty, whether as a result of an accident or assault;
- A member of the public or a contractor is injured on police premises or a detained person dies or is injured on police premises and taken to hospital;
- A dangerous occurrence takes place (as proscribed by the Health and Safety Executive);
- On duty *includes* on the way to or from the workplace (**in the case of Police Officers Only**);
- Staff members who are injured whilst engaged in detaining or restraining individuals should record the incident as an ‘accident’ if the necessary intent or evidence of assault is absent.



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The purpose of the Incident report is to:

- Provide a single document to collect all information relating to injuries which arise from accidents and assaults;
- Focus the attention of management and supervisors on their responsibilities for taking appropriate action;
- Provide the necessary data for reporting incidents to the Health and Safety Executive (HSE) where this is required under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR);
- Ensure information is available for the DSS, should it be required.

This form must be completed (by the injured party, a supervisor, or another staff member) as soon as possible after the accident or incident has occurred and in any case within the following 48 hours. The form is electronic and will automatically be sent to the H&S Department. A paper copy is NOT required.

3.4.1.2.1 Reporting to Health and Safety Executive

Essex Police has a legal responsibility to report certain accidents and incidents to the Health and Safety Executive (HSE) in accordance with Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR). This function will be completed in all cases by the H&S Department.

3.4.1.2.1.1 Injuries to Members of the Public

A member of the public may suffer an injury as a result of police actions. Such an injury would be reportable via SAP reporting if:

- It resulted from an accident; and
- The accident arose out of, or in connection with, the work of the police; and
- The injured person dies or is taken from the site of the accident to a hospital for treatment (whether or not any treatment is given when they get there).

An injury to a member of the public resulting from deliberate police action directed at that individual, for example during arrest or self-defence, would not be regarded as arising from an accident, and hence would not be reportable. However, an injury to a member of the public may be reportable if it arises from an **unintentional** result of police actions i.e. police officers would not intend bystanders to suffer falls or bites from police dogs because they were pursuing or apprehending a suspect.

Where members of the public are injured at gatherings where there is public disorder it would depend on the circumstances i.e. if a person in a crowd is accidentally injured, that accident may be reportable, whereas an accident where the injury is clearly unconnected with police crowd control operations would not be reportable.



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3.4.1.2.1.2 Injuries to Staff in Training

Staff are required to take part in training. Accidents in training are reportable to the Health and Safety Executive if they result in a major or over 7 day injury i.e., if a member of staff is injured while taking part defensive skills training, the injury is regarded as resulting from an 'act of non-consensual physical violence' and is therefore reportable via the SAP report form.

3.4.1.2.1.3 Road Traffic Accidents

Road traffic accidents resulting in injury are to be reported via the SAP form.

3.4.1.3 Investigation

The purpose of accident investigation is to prevent future accidents occurring by:

- Establishing the cause of accidents to enable an understanding of how and why things went wrong;
- Ensuring suitable controls are in place;
- Ensuring systems of work and training are re-evaluated to ensure they are fit for purpose.

Accident investigations also help to minimise future losses i.e. disruption; replacement of staff; costs of criminal and civil actions etc. They also provide information to enable Essex Police to respond appropriately to claims made against the Force.

The scale of the investigation will depend upon the seriousness of an incident and should be in accordance with the following:

3.4.1.3.1 Level 1 - Minor injuries

All incidents involving minor injuries i.e. where the person is unfit for his or her normal work for less than 7 days only require a minimal **Level 1** investigation. In these cases, the supervisor must carry out a short investigation into the circumstances of the event to identify if any action is needed to prevent a recurrence. The results of this investigation will be recorded in SAP Part 2 of the Incident report.

3.4.1.3.2 Level 2 - Serious injury

Serious injuries and incidents of ill health will require investigation at Level 2

Managers will be responsible for the appointment of an Investigation Team which must include:

- The line manager;
- Local Federation or Unison Representative.



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Business Managers must initiate Level 2 investigations within 24 hours. The results of Level 2 investigations must be recorded on SAP **Part 2** of the **Incident report**.

3.4.1.3.3 Level 3 – Major Injuries and Dangerous Occurrences

All incidents involving major injuries or dangerous occurrences must be subject to a Level 3 investigation.

The Force Health and Safety Officer will be responsible for the appointment of a Level 3 Investigation Team within 24 hours of the incident occurring. The Investigation Team must include:

- A member of the Health and Safety Department;
- The Federation and /or Unison lead member for health and safety;
- A Senior Manager;
- A technical expert, if necessary.

In some cases, following a referral, the Health and Safety Executive may wish to carry out an independent investigation into the incidents. In the event of such action a liaison officer will be appointed to assist the HSE in their investigation.

All Level 3 investigation will be subject to an [accident investigation report](#). Completed Accident Investigation Reports will be retained by the Health and Safety Department for a period of 3 years. It is possible that such documents may be used as evidence in any proceedings brought against the Force by the HSE or in civil claims by injured parties.

The investigation report must include details such as:

- Overview of the event;
- Activities being performed;
- Equipment used;
- Working conditions;
- Maintenance;
- Competence of people involved;
- Any other conditions which may have influenced the event.

A copy of this report will be submitted to the Force H & S Committee.

Where appropriate an action plan will be prepared to record the recommendations and areas for improvement. The plan will be monitored by the Health and Safety Department.



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3.4.1.4 Near Misses

Near misses are not as serious as dangerous occurrences but there is the potential for the undesired circumstance to translate into an accident. Near misses must be reported on the [Health and safety Incident report LFL003](#). The Health and Safety Department will determine the level of investigation according to the potential consequences and the likelihood of the adverse event recurring i.e. is the harm likely to be serious and is it likely to happen again.

3.4.1.5 Claims

Organisations must make full disclosure of the circumstances of an accident to the injured parties that are considering legal action.

A claimant has three years from the date of the incident to bring proceedings. It is therefore important that the accident is investigated, and documentary evidence obtained as soon as possible after the event. The investigation findings provide essential information for insurers in event of a claim.

3.4.1.6 Risk Assessment

Section 2 of the Health & Safety at Work Act 1974 requires Essex Police to ensure, as far as is reasonably practicable, the health & safety of all its employees and others who may be affected by its operational activities.

Section 3 of the Health & Safety at Work Act 1974 expands this duty to those not in our employment.

Regulation 5 of The Management of Health and Safety at Work Regulations 1999 requires employers to plan, organise, control, monitor and review their health and safety arrangements. Health and safety investigations form an essential part of this process.

Implicit within this Act is the requirement to investigate accidents.

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3.4.2 Kent Police - Health & Safety Accident Management

3.4.2.1 Introduction

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), as amended, consolidate and simplify the law by applying a single set of reporting requirements to all work activities.

Whilst the main purpose of legislation is to generate reports to the Health and Safety Executive (HSE) the process also provides an opportunity to identify incidents commonly referred to as “hurt on duties”, in order to provide data to indicate where and how risks arise and to identify particular trends where action should be taken to prevent injuries, ill health and loss of resources.

In line with UK police forces, Kent Police utilise the basis of nationally agreed Form 2508 for reporting injuries, dangerous occurrences and near misses. This has been developed as an electronic form to be completed online. For guidance on completion of the accident reports see the intranet site Health & Safety; Accident Reporting.

3.4.2.2 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

These regulations apply to events that arise out of, or in connection with, work activities covered by the Health and Safety at Work etc Act 1974.

For Kent Police, ‘RIDDOR’ therefore relates to incidents on police premises, or where our personnel are engaged ‘at work’ on other locations, i.e. operational staff engaged with an incident.

The electronic version of Form 2508 (LFL003) will be used in reporting the following circumstances to Kent Police Health & Safety:

- An accident involving physical injury;
- A dangerous occurrence as detailed in the [guidance notes](#) of Form 2508;
- An event that occurs which could have resulted in a physical injury (a near miss).

Whenever any of the following events arises out of or in connection with work, in addition to any internal records, the event must be reported to the HSE, namely:

- a) Death of any person as a result of an accident at work;
- b) Someone at work suffering a major injury (as defined in the guidance notes) as a result of an accident;
- c) Someone not at work (e.g., member of public) who suffers an injury as a result of an accident caused by police activity and is taken from the scene to hospital;
- d) One of a list of specified dangerous occurrences takes place;



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- f) Someone at work is unable to do their normal work for more than 7 days as a result of an injury caused by an accident at work;
- g) The death of an employee not more than one year after a reportable injury which is the cause of death.

NB: If (a), (b), (c), or (d) above happens the HSE must first be notified by the quickest practicable means.

RIDDOR reports will only be submitted to the HSE by the Kent Police Health & Safety Department.

3.4.2.3 Definitions Appropriate to this Protocol

The following definitions will apply for the purposes of this protocol:

- Accident - Any unplanned and uncontrolled event that results in injury or ill health, including any act of non-consensual physical violence done to a person at work;
- Dangerous occurrence - Occurrences, as specified, which arise out of or in connection with work;
- Near-miss - An unplanned and uncontrolled event that could have resulted in injury or ill health.

3.4.2.4. Reporting accidents, dangerous occurrences and near misses to the Health & Safety Department

An essential element of force health and safety management is an effective protocol for the accurate and timely reporting of accidents, dangerous occurrences and near misses.

This has a number of 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 reoccurrence, particularly through command and control procedures.

Management Information - it enables managers to consider:

- What preventative action needs to be taken to avoid further/future damage/injury;
- Implications for force health and safety policy, protocols and training requirements.

Statutory Obligations - it provides the information Kent Police require:

- To comply with RIDDOR; and
- To comply with Social Security (Claims and Payments) Regulations;
- Data supplied to the Research Development and Statistics Directorate.



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3.4.2.5 Kent Police Reporting Protocols

The use of the electronic version of Form 2508 relates to incidents on police premises or as a result of police activity involving:

- *Employees - police officers, police support staff, members of the Special Constabulary, volunteers and individuals on work experience attachments;
- Non-employees - members of the public, agency staff, the self-employed and those working on behalf of an external contractor;
- Completion of the electronic version of Form 2508 is set out on the intranet site under 'Health Services/Health and Safety/Accident Reporting/Reporting Procedures';
- Completion and submission of Stage One will automatically forward a copy to the nominated supervisor and a copy to the Health and Safety Department;
- The nominated supervisor will complete Stage Two and submission will again automatically send a copy to the Health and Safety Department;
- Upon receipt of the form 2508, the Health and Safety Department, FHQ will ensure a full SAP record is established. In addition, where required, the Health and Safety department will notify the HSE by electronic notification in compliance with the mandatory notification reporting protocol. It is essential therefore that the electronic completion of the 2508 occurs as soon as possible and in any case within 5 days of the incident occurring.

3.4.2.6 Reportable Diseases

On rare occasions Kent Police are advised in writing by a medical practitioner that an employee, or non-employee where relevant, has contracted a reportable disease. The reporting process to the HSE will involve their national reporting document Form 2508A, prepared and submitted, following liaison between the relevant business manager and the Force health and safety advisor.

3.4.2.7 Role of the Force Health and Safety Advisor

The force Health and Safety Advisor is responsible for collating all reports of injuries, dangerous occurrences, near misses, and reportable diseases for the force and ensuring compliance with the reporting requirements of 'RIDDOR.'

On receipt of an electronic copy of a form 2508 or 2508A the health and safety advisor will ensure that the SAP record is created and assess whether the appropriate level of investigation has taken place in respect of the incident.

Appointed investigators and reporting supervisors or managers can contact the force Health and Safety Advisor for advice on the reporting process should it be required.

The force Health and Safety Advisor will retain copies of reports for 10 years, unless the report relates to exposure to hazardous substance when these will be retained for 50 years.



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RIDDOR reports will only be submitted to the HSE by the Kent Police Health & Safety Department.

3.4.2.8 Investigation Protocols

Each accident or occurrence outlined in this protocol should be investigated to identify the cause, what lessons can be learnt and implement action to prevent reoccurrence.

For Level 1 investigations, the enquiry can be carried out informally by the immediate supervisor or line manager with the staff concerned.

Those more serious cases requiring a Level 2 or Level 3 investigation will require a more formal enquiry by an appointed local or senior investigator.

Advice on the appropriate level of investigation can be obtained from the Force health and safety advisor, however, any accident involving more than three days absence from work, major injury or death will necessitate a more formal investigation.

In some cases, the HSE may wish to carry out an independent investigation and will be given every assistance should they choose to do so.

As a result of a formal investigation, the Divisional Commander or Head of Department will retain the completed report and an electronic copy will be forwarded to the Force health and safety advisor, for retention with the electronic file copy of Form 2508.

3.4.2.9 Conducting Investigations

Investigations in respect of health and safety incidents at work are conducted to establish cause and lessons learnt with a view to preventing similar situations in the future. Guidance on the investigation process can be found on the intranet site under 'Health Services/Health and Safety/Accident Reporting/Accident Investigations'.

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3.5.1 Essex Police - Risk Assessment

3.5.1.1 What this Protocol is about

The Health and Safety at Work etc Act 1974 (HASAW) is the primary legislation, upon which all secondary legislation (regulations) is founded.

Under the auspices of HASAW, Regulation 3 of the Management of Health and Safety at Work Regulations 1999, requires that the force makes suitable and sufficient assessment of risks to the health and safety of employees and to other persons not in the employment of the force, who may be affected by the work that the officers and staff of the force undertake.

Risk Assessment (RA) is a highly effective management tool that enables managers at a corporate and local level to apply a formal process to the identification, evaluation and control of hazards and risks. Through effective RA, the force can demonstrate that it is creating a healthy and safe working environment, so far as it is reasonably practicable to do.

3.5.1.2 How to Assess the Risks in Your Workplace

- [Identify the hazards;](#)
- [Decide who might be harmed and how;](#)
- [Evaluate the risks and decide on precautions;](#)
- [Record your significant findings;](#)
- [Review your assessment and update if necessary;](#)

3.5.1.3 What Does “Suitable and Sufficient” Mean?

To have delivered a suitable and sufficient RA, the force should be able to demonstrate that:

- A proper check was made;
- They have asked those who might be affected by the RA (or a suitably sized proportion) for their views;
- They have dealt with all the significant risks, taking into account the number of people involved; and that
- The control measures put in place are reasonable and that the remaining risk is as low as reasonably practicable.

A significant risk is one that may result in a fatality or serious injury; or one that results in minor injuries so often that measures should be introduced so that minor injuries are no longer incurred.



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3.5.1.4 Who Should Conduct a Risk Assessment?

A risk assessment should be conducted by a 'competent person'. A 'competent person' is someone who has the necessary technical expertise, knowledge and experience to carry out the role. It is more important that the technical expertise is related to the role being assessed, than to the production of an RA. For example, a custody sergeant who is trained and experienced is eminently more competent to conduct a risk assessment of custody, than a fully qualified H&S professional who has not spent time working in the custody suite.

Once appointed, the competent person becomes the Risk Assessor.

3.5.1.5 Special Considerations

Health & Safety legislation determines that when conducting RA, special consideration must be given to:

- Pregnant women, in order to protect the two lives that may be exposed to risk; and
- Young people, in order to take into account their inexperience, the effect of hazards on a body that has not fully grown; and to recognise that they not have a full awareness of risk.

3.5.1.6 How do you do a Risk Assessment?

The Risk Assessor must review the previous RA or work activity in question and use their technical expertise, knowledge and experience to identify which hazards, in their professional opinion, are most likely to cause harm, damage or injuries; and then evaluate them to see which take priority, which should be recorded and what control measures can be put in place to manage the risk. The Risk Assessor may want to seek support from the HR team, to establish how many injuries and near misses have been reported in each of the last three years, to guide their judgement.

Having given consideration to the hazards, the Risk Assessor must complete the approved RA form. Examples for referral can be found on the Health and safety website. An explanation on what information should be included in the boxes on the RA form is below:

3.5.1.6.1 Premises/Function

What premises or work function does the RA refer to? For example, the premises may be "Colchester Police Stations" or the work function may be "Roads Policing" or "Custody".

3.5.1.6.2 Area/Function

Which area or function strand of command does the premises or work activity fall into?



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3.5.1.7 Risk Assessor

Who has conducted this RA? If kept in hard copy only, the Risk Assessor should also sign the final version in this box.

3.5.1.8 Nominated Health & Safety SPOC.

Who is the Health & Safety SPOC with responsibility for this premises or work function?

3.5.1.9 Date

What date has the RA been signed off by the risk assessor and the nominated Single Point of Contact (SPOC)

3.5.1.10 Review Date

The review date should be one year less one day from the date in the “DATE” box in order to ensure that RA are reviewed annually.

3.5.1.11 Premises / Duties

Within the function, certain duties will encounter hazards. For example, in a Custody RA, duties are likely to include “Receiving new detainees”, “Serving refreshments” and “Emergency Evacuation”.

Within premises, there will be areas that may have different risks associated with them. For example, an RA of A Block at HQ would need to differentiate between the Range, the Plant Rooms and office areas.

3.5.1.12 Hazard

Within the identified duties, what hazards are there, that pose a significant risk? For example, in a Custody RA, a risk assessor may record, against the duty of “receiving new detainees, that one of the hazards may be “assault”. The risk assessor is asked to record their professional opinion on whether an injury caused by a hazard could be slightly, moderately or extremely harmful to the victim. For example, an assault in custody has potential to be extremely harmful, while stubbing a toe is likely to be slightly harmful.



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A general view on interpreting how harmful a hazard may be is given below, however, an RA asks for the risk assessor’s professional opinion and it is for the risk assessor to decide:

Slightly harmful	Moderately harmful	Extremely harmful
Any hazard causing an injury that is not defined as moderately or extremely harmful.	Any hazard causing an injury that requires medical treatment from a doctor; a hospital visit that does not require an overnight stay; or an injury that leads to the victim being off work or having their duties restricted for four or more days, as a result.	Any hazard causing a fatality or major injury that requires the victim to be hospitalised.

3.5.1.13 Risk

Once hazards have been identified, the risk assessor is then asked to identify whether they are likely, possible or unlikely to actually cause harm. For example, the hazard of assault in custody is certainly possible and, dependent upon statistics could be considered likely. The chances of being struck by lightning while driving a fork lift truck may be considered unlikely.

3.5.1.13.1 Risk Assessment

Section 2 of the Health & Safety at Work Etc. Act 1974 requires Essex Police to ensure, as far as is reasonably practicable, the health and safety of all its employees and others who may be affected by its operational activities.

Section 3 of the Health & Safety at Work Etc. Act 1974 expands this duty to those not in our employment.

3.5.1.13.2 Generic Risk Assessments

Essex Police have published 23 Generic Risk Assessments which provide pre-generated risk assessments for the control of many everyday hazards and risks faced at work. They can be used by managers to assist in making their areas of work safer and compliant with the HSWA etc 1974. Please be aware that the Generic Risk Assessments do not cover every aspect of work carried out by Essex Police. Additional risk assessments are required for example from Road Policing, Firearms, Police Use of Drones, Workshops, TSU, etc (This list is not exhaustive).

The Essex Health and Safety Team must be consulted for advice on completion of workplace risk assessments and should be supplied with a copy before publication.



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3.5.1.13.3 Communicating and Availability

Risk assessments have no value unless the message and detail they contain is communicated to the people the assessment directly or indirectly affect. All risk assessments must be published and reviewed to ensure they are fit for purpose. Generally, on the Essex Police Connexions site. Staff must be made aware that they exist, their content, how to comply with them, they must be given time to read and understand them. Staff must be encouraged to question and raise safety concerns with their managers.

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3.5.2 Kent Police - Risk Assessment

3.5.2.1 This protocol applies to Kent Police personnel and facilities to enable Kent Police and line management to comply with their responsibilities to conduct a “suitable and sufficient” risk assessment in accordance with the requirements of the Management of Health at Work Regulations (MHSW) 1999 (reg.3), and other Health and Safety legislation subordinate to the Health and Safety at Work Act 1974

3.5.2.2 Definitions

- **Hazard** – Something with the potential to cause harm:
 - *A hazard is defined as something with the ‘potential to cause injury or loss (harm) to people, environment, other living organisms or equipment’.*
- **Risk** – The likelihood of potential harm from that hazard being realised. The extent of the risk will depend on:
 - The likelihood of that harm occurring;
 - The potential severity of that harm, i.e. of any resultant injury or adverse health effect;
 - The population which might be affected by the hazard, i.e. the number of people who might be exposed.
- **Risk Assessment** – A risk assessment is a careful examination of what, in our work could cause harm to people, property or the environment, so that we can weigh up whether we have taken enough precautions or should do more to prevent harm or loss;
- **Control measures** – The hierarchical approach to applying preventative and protective measures to mitigate the identified risks;
- **Residual risk** - The level of risk remaining, when all specified control measures are implemented;
- **So Far As is Reasonably Practicable (SFARP)** – It has been interpreted by the Courts as allowing economic considerations to be taken into account as one factor with, for example time or trouble, to be set against the risk. It is reasonably practicable to take measures up to the point where the taking of further measures becomes grossly disproportionate to any residual risk. The greater risk, the more likely it is reasonable to go to substantial expense, trouble and intervention to reduce it. However, if the risk is small, it would not be considered reasonable to go to great expense. Ultimately, the judgement is an objective one based on the health & safety risk and not on the size or financial position of the employer;
- **As Low as Reasonably Practicable (ALARP)** – Essentially the same as SFARP and is used to describe the level to which the Health and Safety Executive (HSE) expects the workplace risks to be controlled;
- **Generic Risk Assessment** – A risk assessments for common tasks or processes conducted across the business;
- **Dynamic Risk Assessment (Operational only)** – The continuous process of identifying hazards, assessing risk, taking action to eliminate or reduce risk. monitoring and reviewing, in the rapidly changing circumstances of an operational incident using the National Decision Model.



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3.5.2.3 Roles and Responsibility

3.5.2.3.1 Risk Assessors

- Lead the risk assessment process;
- Facilitate Risk Assessment meetings (as Risk Assessment is a group exercise);
- Co-ordinate information and opinion from those closely involved in the proposed task, activity or workplace e.g. from managers, colleagues and using existing standards and guidance (both with Kent Police and externally);
- Compile the final risk assessment for review (where applicable) and line management approval.

3.5.2.3.2 Reviewer (where applicable)

- Provides pertinent information and opinion on the quality of the Risk Assessment and the suitability of controls;
- Provides support and constructive criticism to the Risk Assessor.

3.5.2.3.3 Line management Authorisation

- Provides the final level of review of the Risk Assessment;
- Ensures that the appropriate application of the hierarchy of control measure has been made;
- Accepts on behalf of management that the levels of residual risk and that risks are controlled “So Far As is Reasonably Practicable”.

3.5.2.3.4 All Kent Police Staff

- Where a Kent Police risk assessment exists for a task, workplace or operation that staff will read, understand and comply with the instructions and controls from the appropriated risk assessment (unless when completing an Operational Dynamic Risk Assessment using the National Decision Model identifies to do so would expose staff to an unforeseen or unmitigated risk);
- Question managers or colleagues if there is an ambiguous or contradictory instruction or information in the Risk Assessment;
- Are empowered to stop work, and alert line management, if they believe the control measures are not adequate to control the risk.

3.5.2.4 Kent Police Risk Assessment Principles

Risk Assessment is a management tool to:

- Protect people, property and the environment through the control of risk;
- Aid the development of safe systems of work;



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- Aid management in demonstrating where additional resources / facilities are required to reduce residual risk to an acceptable level;
- Allow Kent Police to demonstrate to the regulatory bodies a diligent and consistent approach to the management of risk, through the creation of legacy documents that are proportional in size to the hazard and complexity of task.

Kent Police is required by statute to undertake “suitable and sufficient” risk assessments; however, that does not require the elimination of all risk, but management of risk in such a way as to protect people “so far as reasonably practicable”.

Risk assessments should assess risk based on the **worst case scenario**; if it is decided by the risk assessor to set the severity rating as the “most credible” outcome (e.g., a high speed road traffic collision resulting in “whiplash” rather than death) then the likelihood rating should be increased correspondingly to reflect this.

Kent Police generic risk assessments are intended to be standard setting and to support the adoption of best practice across Kent Police.

Kent Police “approved” Generic Risk Assessments are published on the Kent Police Health & Safety Website.

Line management are responsible for making their staff aware of the Generic Risk Assessments pertinent to their role.

When the generic risk assessment can be followed in full then no further risk assessment is required for the operation or activity covered.

When a control in a generic risk assessment cannot be implemented in full then a separate “local” risk assessment is required, and the residual risk increased accordingly.

Risk assessors may use elements of (best practice) generic risk assessments (if appropriate) in the development of local risk assessments.

Dynamic risk assessment is intended to supplement generic or specific operation risk assessments in order for officers to manage risk in the rapidly changing circumstances of an operational incident; they are not intended to replace formal risk assessments for planned operation events.

When completing dynamic operational risk assessments, the National Decision Model (NDM) and THRIVE principles (Threat, Harm, Risk, Investigation, Vulnerability, Engagement) will be used.

Dynamic operational risk assessments do not require formal written recording as other records will provide an appropriate audit trail (e.g., pocket notebook, statements, recording of radio transmissions etc.).



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To allow risk assessments to be accessible by all in the organisation, the security classification of risk assessments should not be above the classification of “**OFFICIAL**”.

3.5.2.5 Risk Assessment Process

Kent Police has adopted the Health and Safety Executives 5 step process to risk assessment.

Risk assessment is a largely subjective process and is best conducted as an iterative group exercise in order to achieve the best-informed result and can be broken down into 5 logical steps following defining the scope of the risk assessment (which should be detailed in Part 1 of Kent Police Risk Assessment Form).

3.5.2.5.1 Step 1 – Identify the hazards

Review the task / operation or work area, talk with the persons involved and identify any hazards, remembering to include hazards from normal activities (including cleaning and maintenance where applicable) and potential hazards if anything goes wrong (emergency situations).

Review practical guidance where it exists, check manufactures instructions, safety data sheets for chemicals or materials, accident or incident data; and remember to consider long-term hazards to health e.g. exposure to asbestos, dust or fumes.

Focus on the reasonably foreseeable (that is an event that can logically be predicted to occur) and not very remote possibilities.

Record the hazards identified on the Risk Assessment Form Hazard Checklist (Part 2) as this will help ensure hazards are not missed later on in the detailed risk assessment process; include any additional hazards identified under “others”.

Annotate the hazard checklist with:

S – When a significant hazard is identified (and requiring detailed risk assessment in the body of the form);

T – When a trivial hazard is identified (requiring no further risk assessment);

n/a – The hazard is not relevant.

Remove the grey shading from the elements of the hazard checklist where hazards are identified as being relevant, i.e. **S** or **T**, to draw the readers’ attention more easily.

3.5.2.5.2 Step 2 – Decide who Might be Harmed and How

For each significant hazard identified, decide how harm can occur, e.g. inhaling a dust causing asthma or (30 years later) lung disease, carrying heavy boxes causing a prolapsed disc.



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Establish who might be harmed, as it will help identify the best way to manage the risk. This does not mean listing everyone by name, but rather identifying groups of people, e.g., storeroom staff, visitors, members of the public etc.

Some workers have particular requirements on a temporary or permanent basis e.g. new and young workers, women of childbearing age, new or expectant mothers and people with disabilities may be at particular risk. In addition, consider those people returning to work after significant periods of absence from illness or injury, or those with chronic conditions, e.g., asthma, diabetes, angina, immunosuppressed conditions etc.

3.5.2.5.3 Step 3 – Evaluate the Risks and Decide on Precautions

In order to establish the pre-control risk rating, and residual risk rating, as risk rating system is used based upon a 3 x 3 matrix (see Appendix A).

- a) Assess the **pre-control risk rating** level (i.e., the risk without any control measures implemented), by considering the perceived severity and the perceived likelihood of occurrence and plotting these on the matrix which will result in a Low, Medium or High level of risk;
- b) Next specify the precautions which are required to control the risk against each hazard type “so far as is reasonably practicable”;
- c) Assess the **Residual risk rating** level (i.e., the risk assuming all control measures are fully implemented) by considering the perceived severity and the perceived likelihood of occurrence and plotting these on the matrix which will result in a Low, Medium or High level of residual risk.

Note 1: Use the hierarchy of controls when specifying controls.

Note 2: risk control measure usually only control the likelihood of occurrence rather than the severity.

3.5.2.5.4 Step 4 – Record your Findings and Implement Them

Record the findings of your risk assessment on the risk assessment form (Appendix C) using the numbers from the matrix reflecting the perceived severity and the perceived likelihood of occurrence.

Colour code the table with the appropriate pre-control risk and residual risk rating, using:

Low=	L	Medium =	M	High =	H
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Ensure that all risk controls measures can be are implemented in full and make the risk assessment available to those conducting the task.



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3.5.2.5.5 Step 5 – Review your assessment and update if necessary

Risk assessments need to be reviewed when:

- a) Significant change occurs e.g., the task is performed in a different place, equipment is changed, different groups of worker complete the activities, following an incident or when H&S law changes;
- b) Periodically, usually 3 years from the date of authorisation (unless there are specific requirements for an earlier review).

3.5.2.6 Kent Police Generic Risk Assessments

These are coordinated by Kent Police Health & Safety in consultation with:

- The Kent Police Force Health & Safety Committee (on behalf of the Chief Officer);
- The Police Federation;
- Unison;
- The Superintendents Association.

The Kent Police Generic Risk Assessments are intended to be standard setting and mainly applicable to Operational policing, when supplemented with dynamic risk assessment.

The Kent Police Generic Risk Assessments once agreed will be published on the intranet.

When the generic risk assessment can be adopted in full then no other risk assessment will be required.

Risk assessors may also use elements of the best practice documents (if appropriate) in the development of other risk assessments.

3.5.2.7 Persons on Limited Duties (i.e., Recuperative Duties or Adjusted Duties)

Police officers and police staff who are placed on limited duties (as a result of illness, injury, or other medical reasons) should have personal risk assessments completed with them by their direct line management, to identify the specific hazards and risks which could be created by the illness, injury or medical condition, and to document the limitations in their role and / or other additional control measures required to mitigate additional risks to that individual.



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3.5.2.8 Review and Retention of Documents

3.5.2.8.1 Review

Risk assessments will be subject to a thorough review to establish they remain “suitable and sufficient” i.e.:

- a) Periodically at a maximum of 3 years from the date of authorisation;
- b) Preceding a significant change to the task, process, procedure or line management;
- c) Prior to the introduction of a “vulnerable” person;
- d) Following a change in relevant legislation or other applicable standards;
- e) If there is reason to doubt the effectiveness of the assessment;
- f) Following a significant incident or accident.

3.5.2.8.2 Retention

Local risk assessments must be held locally in department files for at least 3 years after the activity is completed.

Risk assessments should be achieved for a period of at least 40 years.

3.5.2.9 Risk Assessment Training and Competence

3.5.2.9.1 Risk Assessor Training

Staff selected by line managements to become Risk Assessors must attend and successfully passed the Kent Police Risk Assessment training course, or the IOSH Managing Safely course before leading a risk assessment.

3.5.2.9.2 Risk Assessor Competence

Line management are responsible for ensuring the Risk Assessors are suitable i.e. Skilled, Knowledgeable, have the appropriate Attitude, are Trained, and Experienced (SKATE) in order to be deemed competent.

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3.6.1 Essex Police - DSE procedures

3.6.1.1 Detail the Protocol

This protocol outlines the process for ensuring that the force complies with the Health & Safety (Display Screen Equipment) Regulations 1992.

The Force will support all Visual Display Unit (VDU) users, in order to ensure that their workstation, DSE, seating and working environment do not compromise their health, safety or welfare.

The Force expects all managers, supervisors, officers and members of police staff to act responsibly in their use of DSE, taking responsibility for setting up their workspace to meet the requirements of their body shape, height and any medical requirements that they have. The Force also expects that individuals encountering problems will raise the issue with their line management to seek resolution either through the introduction of new practices, physical solutions from Property Services or IT; or reasonable adjustments with the support of the Equality Team or Occupational Health.

3.6.1.2 Duties the DSE Regulations Place Upon the Force

The Regulations apply to Visual Display Screen Users. The Health & Safety Department have provided helpful guidance on the Connexions2 intranet page. As an employer, the force has a duty to:

- Conduct workstation assessments annually and, where risks are identified, to take steps to manage risk to as low a level as reasonably practicable;
- Ensure that workstations meet minimum requirements;
- Plan work so that there are breaks or changes of activity;
- On request, arrange eye tests and provide spectacles if special ones are required; and
- Provide health and safety training and information.

3.6.1.3 7-Step Process used by the Force

The Force uses the 7-step process recommended by the HSE in their document HSG90, as a base for its delivery of the legal duties.

3.6.1.3.1 Step 1: Decide who is covered by the Regulations

Managers have responsibility for deciding whether an individual is covered by regulations by defining whether they are a “DSE” user. Where there is doubt or challenge, the Occupational Health Department has produced a checklist to determine whether individuals are considered to be DSE users, covered by the DSE Regulations 1992



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Any appeals against a management decision will be heard and decided upon by the Occupational Health Manager

3.6.1.3.2 Step 2: Train Users and Assessors

The force will not provide training for users and assessors. The DSE risk assessment is written in a user-friendly fashion that does not require training. Individuals identify problems and managers have a support mechanism to help them deal with issues that arise.

Managers are able to consult the Occupational Health Department; the Equality Unit; or the Health & Safety Department for support. Where a more complex solution is required, managers or individuals may wish to consult the Department for Work and Pensions' Access to Work Team. This can be arranged via the HR department.

3.6.1.3.3 Step 3: Assess Workstations and Reduce the Risks

- Managers will issue, on an annual basis, an electronic version of the DSE User Assessment to all officers and staff and require its completion and return within one week. Managers may choose to keep a record of the form's issue and return;
- Where circumstances change before a year has passed – for example, an office move, a change of furniture or deterioration in an individual's health – managers should ask the staff affected by the change to complete a DSE User Assessment;
- Managers will review all returned forms and where no problems are noted, forward the form to HR for filing on the personal file;
- Where problems are noted, the manager will take appropriate steps to resolve the problem, attaching a record of their actions to the form before forwarding to HR for filing.

3.6.1.3.4 Step 4: Make sure Workstations and Equipment Comply with Minimum Requirements

Regulations require that workstations and equipment are adequate for the user. Completion of a DSE risk assessment – DSE Workstation Assessment annually will meet this duty.

3.6.1.3.4.1 Portable Computers

Managers should note that laptops are subject to the regulations if they are in prolonged use. Design features of portables can lead to postural and other problems. Managers should require anyone involved in the prolonged use of a laptop to take more frequent breaks and to ensure that when laptops are used for a prolonged period, they should be used whilst working in a comfortable chair on a proper surface, such as a table. Wherever possible, laptops should be used in a docking station or with a full-sized screen and independent keyboard.



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3.6.1.3.5 Step 5: Plan Changes of Activity or Breaks for Users

The timing and length of breaks is not set down in law. Needs vary, depending on the work and the individual, but breaks should be adequate.

The force recommends that DSE Users should be responsible for planning their work so that they are able to take a screen break of five minutes in every hour. Screen breaks could be as simple as turning the screen off while you make a phone call, doing some filing or making a drink away from the screen.

While the responsibility for taking a break lies with the individual, managers must deliver their duty of care by ensuring that regular breaks are taken.

3.6.1.3.6 Step 6: Provide Eye Tests and any necessary Spectacles for DSE

The provision of tests and spectacles is dealt with in procedures for spectacles.

3.6.1.3.7 Step 7: Training and information

The HSE provide user-friendly guidance which can be found on their website:
<http://www.hse.gov.uk/msd/dse/guidance.htm>

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3.6.2 Kent Police - Display Screen Equipment

3.6.2.1 What this Protocol is about

This procedure outlines the process for ensuring that the force complies with the Health & Safety (Display Screen Equipment) Regulations 1992.

3.6.2.2 Definitions

- (a) “display screen equipment” means any alphanumeric or graphic display screen, regardless of the display process involved;
- (b) “operator” means a self-employed person who habitually uses display screen equipment as a significant part of their normal work;
- (c) “use” means use for or in connection with work;
- (d) “user” means an employee who habitually uses display screen equipment significant part of their normal work, more specifically:
 - Normally use DSE for continuous or near-continuous spells of an hour or more at a time; and
 - Use DSE in this way more or less daily; and
 - Have to transfer information quickly to or from the DSE; and
 - Also need to apply high levels of attention and concentration; or are
 - Highly dependent on DSE or have little choice about using it; or
 - Need special training or skills to use the DSE
- (e) “workstation” means an assembly comprising:
 - (i) display screen equipment (whether provided with software determining the interface between the equipment and its operator or user, a keyboard or any other input device),
 - (ii) any optional accessories to the display screen equipment,
 - (iii) any disk drive, telephone, modem, printer, document holder, work chair, work desk, work surface or other item peripheral to the display screen equipment, and
 - (iv) the immediate work environment around the display screen equipment.

3.6.2.3 Detail the Protocol

The Force will support all DSE “users” and “operators”, in order to ensure that their DSE workstation does not compromise their health, safety or welfare.

The Force expects:

- All managers, supervisors, officers and members of police staff to act responsibly in their use of DSE, and if a DSE “user” completing the online DSE training package (NCALT) , setting up their workspace to meet the requirements of their body shape, height and any specific medical requirements that they have and then completing a DSE risk assessment (LFL004);



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- Individuals encountering problems will raise the issue with their line management who have the responsibility for resolution either through the introduction of new practices, provision of equipment; or other “reasonable adjustments” with the support of the Health & Safety, Occupational Health and HR.

3.6.2.4 Duties the DSE Regulations Place Upon the Force

As an employer, the force has a duty to:

- Ensure a workstation risk assessment is completed and is reviewed when no longer considered valid;
- Where risks are identified to take steps to manage risk to as low a level as reasonably practicable;
- Ensure that workstations meet minimum requirements;
- Plan work so that there are breaks from DSE use, or changes of activity;
- On request, arrange eye tests and provide spectacles if special ones are required; and
- Provide health and safety training and information.

3.6.2.5 DSE and Risk Mitigation Process

The Force uses the 7-step process recommended by the HSE in their document HSG90, as a base for its delivery of the legal duties.

3.6.2.5.1 Step 1: Decide who is Covered by the Regulations

Managers should decide which of their staff are “users”, as defined under the regulations (see 2.1 of the procedure) and then guide them through the DSE risk assessment process.

3.6.2.5.2 Step 2: Train Users

All “users” must be directed by their manager to complete the (NCALT) DSE training.

Note: Upon completion of the DSE training, “users” should raise a “Service Manager” request if there is a need to correct any defective equipment; “users” should then set up their workstation appropriately as trained, and use the workstation once reconfigured for a number of days prior to moving to Step 3.

3.6.2.5.3 Step 3: Assess Workstations and Reduce the Risks

- “User” must complete the DSE risk-assessment form (LFL004), this is a self-assessment process which will highlight to the manager (as part of a workflow) any specific risk areas that require action / mitigation;



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- The risk assessment only needs to be recompleted where significant change occurs e.g. the “user” moves to a different work location (where the equipment is different) or declares a health / medical condition that may be exacerbated by a poor DSE workstation;
- Where problems are noted in the DSE risk assessment form (LFL004), the manager is responsible for identifying and implementing these changes;
- Where the changes are simple these should be implemented immediately by the line manager;
- Where the changes are more complex assistance should be sought from the Health & Safety team before progressing;
- Where the changes are related to a medical or health condition that may be exacerbated by a poor DSE workstation, a referral of the “user” to Occupational Health must also be made;
- Where a very complex solution is required, managers or “users” may wish to contact the Department for Work and Pensions’ “Access to Work” Team, however this should only be considered where “reasonable adjustments” have a very high value (as the Force must pay the first £1000 + 20%);
- Only once all adjustments are complete and in place should the line manager complete and “submit” the DSE risk assessment form which will send a copy of the completed DSE risk assessment to Business Services to establish an audit trail in the “users” personnel records.

3.6.2.5.4 Step 4: Make Sure Workstations and Equipment Comply with Minimum Requirements

The DSE Regulations require that workstations and equipment are adequate / appropriate for the “user”, completing the DSE risk Assessment with line management resolving any issues will meet this duty.

3.6.2.5.5 Step 5: Plan Changes of Activity or Breaks for Users

The timing and length of (postural) breaks from DSE use is not set down in law. Needs vary, depending on the type and nature of the DSE work and the individual, but breaks should be adequate.

DSE “users” should be responsible for planning their work so that they are able to take a postural / screen break of five minutes in every hour. Postural / screen breaks could be as simple as turning the screen off while you make a phone call, stretching, or completing another task away from workstation.

While the responsibility for taking a break lies with the individual, managers must deliver their duty of care by ensuring that regular breaks are taken.



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3.6.2.5.6 Step 6: Provide Eye Tests and any necessary Spectacles for DSE use

DSE “users” have the right to request an eye test and where prescribed by a competent person have spectacles provide solely for the purpose of DSE use at the expense of the employer

The provision of tests and spectacles is detailed on the Extranet Collaboration website

3.6.2.5.7 Step 7: Provision of Information

The Health and Safety Executive (HSE) document Health and Safety (Display Screen Equipment) Regulations 1992 as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002 – Guidance document L26 should be accessed for addition information.

3.6.2.6 Portable Computers (i.e., Laptops)

The use of portable laptop computers are subject to the regulations in full. The small compact design features of portable computers can lead to postural and other ergonomic problems. For occasional short term use they should be used whilst working in a comfortable chair on a proper surface, such as a table (it is not appropriate to use the devices in ergonomically compromised positions e.g. working whilst sitting in the driving seat of a car and working on the passenger seat). Where laptop computers are provided for prolonged use they must be used with a full-size screen, a fully adjustable chair, full sized independent keyboard and mouse in order to establish a complaint DSE workstation.

3.6.2.7 Mobile Devices (i.e., Mobile Phones and Tablets)

Mobile devices when used continuously / routinely for long periods of time (i.e. > 1 hour) are considered to be Display Screen Equipment under the DSE regulations.

The Force has issued the following guidance in respect to the use of Mobile Devices:

- Keep the screen clean so that you can see the display;
- If you find yourself leaning forward or straining to view the screen, enlarge the image or text;
- If you are using the device for a prolonged period of typing, prop your phone up on your Mobile First beanbag and use your “Bluetooth” keyboard to type;
- When using the device for more than 10-20 minutes take a short break to stretch your hands, shoulders and neck. Relax your eyes by looking into the distance;
- Users must not operate device whilst driving. Wait until it is safe to pull over and take the key out of the ignition before operating the device;
- Do not operate your device in a situation when it could impair your concentration and/or put you at risk;
- Turn off your mobile device when not on shift to ensure you do not work whilst you are meant to be on rest or leave;



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- Ensure the device is locked when not being used or when it is vulnerable - for example if put on a table at a victim's house whilst having a conversation;
- Ensure that nobody can see sensitive data on your phone whilst you are using it;
- For protracted task please consider using a desktop workstation.

3.6.2.6 Agile Working / Hot-Desking

With the ongoing roll out of hot-desking / agile working across the Force, it is not feasible or practicable for each workstation to be subject to an individual DSE risk assessment each time a person moves location.

DSE users who routinely hot desk should:

- a) Complete the NCALT “Display Screen Equipment (DSE) training video which will instruct them how to establish a “safe” and “effective” DSE workstation;
- b) Complete the LFL004 – DSE User Risk Assessment for their primary work location (if one exists) – Note: this is a one-off exercise (reviewed 3 yearly, or if the user detects they may be developing a DSE related ill health condition as a result of hot-desking);
- c) Move to an alternative DSE workstation when the workstation does not allow for the necessary adjustment to the individual user (in line with DSE training);
- d) Where necessary, through the DSE User Risk Assessment process obtain appropriate “portable” aids to be able to configure the hot desk to the User, or in the event of severe ill health / medical condition likely to exacerbated by a less than perfect DSE workstation then discontinue hot desk use and report this to line management.

3.6.2.7 Working from Home

Whilst Kent Police have a responsibility under the DSE regulations to individuals who are “instructed” to work from home as part of their rostered duties, employees of the Force who are not required to but choose to work from home are responsible for establishing a safe DSE working environment for themselves when choosing to homework.

Where, as part of managing people on “limited duties” requires an individual DSE “user” to work from home (as part / the whole of their rostered duties), then Kent Police has a responsibility to ensure that the DSE regulations are complied with to mitigate the risks associated with prolonged computer use.



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Line managers should as part of their assessment of the suitability of the individual's home prior to recommending homeworking:

- a) Review the DSE Risk Assessment Flowchart;
- b) Complete the NCALT Display Screen Equipment (DSE) E-learning package to:
 - o Understand the different types of DSE and the best ways to use them;
 - o Recognise the potential hazards and risks that come with using DSE;
 - o How to take action to keep the workspace safe;
 - o Know what to keep in mind when using portable DSE.
- c) Instruct the “user” to complete the NCALT Display Screen Equipment (DSE) E-learning package;
- d) Instruct the DSE “user” to complete a separate DSE user risk assessment for their home workstation;
- e) Discuss the outcome of the DSE user risk assessment with the individual where it is proposed that the individual uses a computer when working from home on “limited” duties;
- f) Make arrangements to provide the appropriate equipment in the “users” home to ensure that the risks to the “user” (identified in the DSE user risk assessment) are fully mitigated e.g. provision of full-sized keyboard, full size mouse, lap top riser, adjustable chair etc.;
- g) When all risks to the DSE “user” have been mitigated, “sign off” i.e., submit the DSE user risk assessment.

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3.7.1 Essex Police - Lone Working

3.7.1.1 What this protocol is about

This protocol is provided for use of all staff in their day-to-day work. The protocol applies to all situations involving lone working arising in connection with the duties and activities of our staff.

This protocol does not seek to negate or reduce any Standard Operating Procedure that accompanies a task or role. A similar caveat applies in respect of any overarching organisational risk assessment or existing document, which is unique to a particular role.

3.7.1.2 Detail the Protocol

The objectives of this protocol are to:

- Increase staff awareness of safety issues relating to lone working;
- Ensure that the risk of lone working is assessed in a systematic and ongoing way, and that safe systems, equipment and methods of work are put in place to reduce the risk, so far as is reasonably practicable;
- Ensure that appropriate training is available to all staff in all areas that equips them to recognise risk and provides practical advice on safety when working alone;
- Ensure that appropriate support is available to staff who have to work alone;
- Encourage full reporting and recording of all incidents relating to lone working;
- Eliminate any incidents or potential injuries to staff related to lone working.

3.7.1.3 Policy Statement

Essex Police recognises that some staff are required to work by themselves for significant periods of time without close or direct supervision. The purpose of this policy/protocol is to proactively protect our staff from any risks associated with lone working.

Line managers need to be aware of the particular circumstances of the lone worker, especially when undertaking their risk assessment, and producing safe systems of work.

Lone workers are defined as ‘those who work by themselves in situations where there is no close support or direct contact with a colleague or supervisor’.

The term Lone worker/working covers:

- Those who work alone on the premises;
- Those who work from home;
- Those working alone away from their fixed base;



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- Those who work outside core office hours, with reduced levels of supervision;
- Contractors working alone within Essex Police locations Note: Contractors are engaged in line with agreed terms and conditions. Whilst primary responsibility for Health and Safety is with their own employer, there remains a responsibility from Essex Police for their safety whilst working alone on our premises.

Lone working requires special consideration – pre-planned working requires the appropriate level of risk assessment to be carried out. The same applies for the individual to assess unanticipated lone working situations. Lone workers should not be exposed to a greater degree of risk than two or more persons carrying out the same task would be exposed to.

The activities to be undertaken should be taken into account and the degree of supervision that is or is not available for any person working on their own.

3.7.1.4 Responsibilities

3.7.1.4.1 Director of Human Resources

The Director of Human Resources will:

- Ensure that there are arrangements for identifying, evaluating and managing risk associated with lone working;
- Provide resources for putting the policy into practice;
- Ensure that there are arrangements for monitoring incidents linked to lone working and that the effectiveness of this policy/protocol is regularly reviewed.

3.7.4.2 Local Policing Commanders/ Heads of Department, Managers, Health and Safety Managers, Line Managers/responsible persons and where appropriate Health and Safety Representatives are responsible for:

- Ensuring that written policies and procedures are available to staff. The Health and Safety Executive have produced a document entitled 'Working Alone in Safety'. Lone workers and their supervisors should be aware of the document: [Working Alone-Health and Safety Guidance \(HSE webpage\)](#);
- Ensuring that role and task risk assessments are carried out and reviewed regularly (local Health and Safety advisors can help you with this process). The lone worker and respective manager should jointly compile such risk assessments;
- Putting procedures and safe systems of work into practice which are designed to eliminate or reduce the risks associated with working alone;
- Ensuring that individuals identified as being at risk are given appropriate information, instruction and training, particularly at induction and during staff appraisals;
- Ensuring that response arrangements are clear, workable and appropriate support is given to staff involved in any incident;
- Managing the effectiveness of preventative measures through a system of reporting, investigating and recording incidents;



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- Lone workers must be suitably experienced, have received suitable instructions and if necessary, training on the risks they are exposed to and the precautions to be used. The adequacy of supervision will depend on the level of risk, types of risk and duration of exposure. This may involve some of the following:
 - Periodic visual checks on lone workers;
 - Periodic telephone contact with lone workers;
 - Contact with other lone workers – records kept;
 - Automatic warning devices, or other systems for example mobile telephones and Apps;
 - General or specific alarms for emergencies;
 - Checks on lone workers to ensure they have returned to base of home or completion of activities.

3.7.1.4.3 Lone workers must:

- Take reasonable care to look after their own health and safety;
- Safeguard the health and safety of other people affected by their work;
- Comply with the organisation's health and safety procedures;
- Take part in training designed to meet the requirements of the policy;
- Operate authorised equipment in accordance with relevant safety instructions and any training they have been given;
- Report any dangers or identified areas of risk as soon as practicable to an appropriate manager. This will include any accidents, or incidents that could have given rise to an accident;
- Notify their manager, at the first opportunity, of any change in their ability to undertake their role, including any adverse medical conditions.

3.7.1.5 Operational Procedure (Risk Assessment)

Documented risk assessment is required for all pre-planned work sites where there is any significant risk. Individuals must also have the ability to dynamically assess spontaneous workplace situations. Risk assessment is essential to good risk management.

Identify all persons who are lone workers. Line managers need to consider the applicability of this protocol in relation to each job function under their control. A generic lone working risk assessment is available on the Essex Police Health and Safety Intranet pages and is included as part of other wider Generic Risk assessments such as Police Patrolling and Working Outside. All give examples of roles that are considered as 'lone worker' and mitigations of risks. This is not an exhaustive list and other roles that may involve elements of lone working should also be included, when appropriate.



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Identify the locations and the tasks carried out. In all cases there is a fundamental requirement to assess the need for lone working. Managers must decide whether systems can be adopted to avoid workers carrying out tasks on their own. If this is not possible, the working practice of the member of staff plus other contributory factors must be risk assessed.

There is a need for greater management awareness of certain aspects of lone working. Examples include regular communication, contact and line management support.

Some of the things to consider when examining possible risks to staff are:

- Does anyone know where they are?
- If they change their plans, do they inform you?
- Can they be contacted?
- Is there a check-in system and do they use it?
- Do they think about where they park - is it safe?
- Do they carry money or valuables?
- Do they use the quickest route or the safest route?
- Do they carry an alarm and do they know how to use it?
- Is it safe, and are they competent, to use a particular item of equipment or machinery alone?
- Are they currently medically fit to work lone?
- Are staff aware of emergency procedures?
- How will the person be supervised?
- The risk assessment process is designed to eliminate or reduce the risks to staff as far as is reasonably possible.

The lone worker must, therefore, have authority to suspend work when necessary, and confidence in a full and effective support system in the event of emergencies.

3.7.1.6 Incident Reporting

An incident can be defined as an unplanned or uncontrolled event or sequence of events that has the potential to cause injury, ill health or damage. In order to maintain an appropriate record of incidents involving lone workers it is essential that all incidents be reported through the Responsible Person/Line Manager.

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3.7.2 Kent Police - Lone Working

3.7.2.1 What this Protocol is about

This protocol is provided for use of all staff in their day-to-day work. The protocol applies to all situations involving lone working arising in connection with the duties and activities of our staff.

This protocol does not seek to negate or reduce any Standard Operating Procedure that accompanies a task or role. A similar caveat applies in respect of any overarching organisational risk assessment or existing document, which is unique to a particular role.

3.7.2.2 Detail the Protocol

The objectives of this protocol are to:

- Increase staff awareness of safety issues relating to lone working;
- Ensure that the risk of lone working is assessed in a systematic and ongoing way, and that safe systems, equipment and methods of work are put in place to reduce the risk, so far as is reasonably practicable;
- Ensure that appropriate training is available to all staff in all areas that equips them to recognise risk and provides practical advice on safety when working alone;
- Ensure that appropriate support is available to staff who have to work alone;
- Encourage full reporting and recording of all incidents relating to lone working;
- Eliminate any incidents or potential injuries to staff related to lone working.

3.7.2.3 Policy Statement

Kent Police recognises that some staff are required to work by themselves for significant periods of time without close or direct supervision. The purpose of this policy/protocol is to proactively protect our staff from any risks associated with lone working.

Line managers need to be aware of the particular circumstances of the lone worker, especially when undertaking their risk assessment, and producing safe systems of work.

Lone workers are defined as ‘those who work by themselves in situations where there is no close support or direct contact with a colleague or supervisor’.

The term Lone worker/working covers;

- Those who work alone on the premises;
- Those who work from home;
- Those working alone away from their fixed base;



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- Those who work outside core office hours, with reduced levels of supervision;
- Contractors working alone within Kent Police locations Note: Contractors are engaged in line with agreed terms and conditions. Whilst primary responsibility for Health and Safety is with their own employer, there remains a responsibility from Kent Police for their safety whilst working alone on our premises.

Lone working requires special consideration – pre-planned working requires the appropriate level of risk assessment to be carried out. The same applies for the individual to assess unanticipated lone working situations. Lone workers should not be exposed to a greater degree of risk than two or more persons carrying out the same task would be exposed to.

The activities to be undertaken should be taken into account and the degree of supervision that is or is not available for any person working on their own.

3.7.2.4 Responsibilities

- 3.7.2.4.1 **The Director of Human Resources** will: Ensure that there are arrangements for identifying, evaluating and managing risk associated with lone working;
- Provide resources for putting the policy into practice;
- Ensure that there are arrangements for monitoring incidents linked to lone working and that the effectiveness of this policy/protocol is regularly reviewed.

3.7.2.4.2 **Divisional Commanders/ Heads of Department, Managers, Health and Safety Managers, Line Managers/responsible persons** and where appropriate Health and Safety Representatives are responsible for:

- Ensuring that written policies and procedures are available to staff. The Health and Safety Executive have produced a document entitled 'Working Alone in Safety'. Lone workers and their supervisors should be aware of the document: [Working Alone-Health and Safety Guidance](#).
- Ensuring that role and task risk assessments are carried out and reviewed regularly (local Health and Safety advisors can help you with this process). The lone worker and respective manager should jointly compile such risk assessments;
- Putting procedures and safe systems of work into practice which are designed to eliminate or reduce the risks associated with working alone;
- Ensuring that individuals identified as being at risk are given appropriate information, instruction and training, particularly at induction and during staff appraisals;
- Ensuring that response arrangements are clear, workable and appropriate support is given to staff involved in any incident;
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- Lone workers must be suitably experienced, have received suitable instructions and if necessary, training on the risks they are exposed to and the precautions to be used. The adequacy of supervision will depend on the level of risk, types of risk and duration of exposure. This may involve some of the following:
- Periodic visual checks on lone workers;
- Periodic telephone contact with lone workers;
- Contact with other lone workers – records kept;
- Automatic warning devices;
- General or specific alarms for emergencies;
- Checks on lone workers to ensure they have returned to base of home or completion of activities.

3.7.2.4.3 Lone workers must:

- Take reasonable care to look after their own health and safety;
- Safeguard the health and safety of other people affected by their work;
- Comply with the organisation's health and safety procedures;
- Take part in training designed to meet the requirements of the policy;
- Operate authorised equipment in accordance with relevant safety instructions and any training they have been given;
- Report any dangers or identified areas of risk as soon as practicable to an appropriate manager. This will include any accidents, or incidents that could have given rise to an accident;
- Notify their manager, at the first opportunity, of any change in their ability to undertake their role, including any adverse medical conditions.

3.7.2.5 Operational Procedures (Risk Assessment)

Documented risk assessment is required for all pre-planned work sites where there is any significant risk. Individuals must also have the ability to dynamically assess spontaneous workplace situations. Risk assessment is essential to good risk management.

Identify all persons who are lone workers. Line managers need to consider the applicability of this policy/protocol in relation to each job function under their control. Appendix A gives examples of roles that are considered as 'lone worker'. This is not an exhaustive list and other roles that may involve elements of lone working should also be included, when appropriate.

Identify the locations and the tasks carried out. In all cases there is a fundamental requirement to assess the need for lone working. Managers must decide whether systems can be adopted to avoid workers carrying out tasks on their own. If this is not possible, the working practice of the member of staff plus other contributory factors must be risk assessed.



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There is a need for greater management awareness of certain aspects of lone working. Examples include regular communication, contact and line management support.

Some of the things to consider when examining possible risks to staff are:

- Does anyone know where they are?
- If they change their plans, do they inform you?
- Can they be contacted?
- Is there a check-in system and do they use it?
- Do they think about where they park - is it safe?
- Do they carry money or valuables?
- Do they use the quickest route or the safest route?
- Do they carry an alarm, and do they know how to use it?
- Is it safe, and are they competent, to use a particular item of equipment or machinery alone?
- Are they currently medically fit to work lone?
- Are staff aware of emergency procedures?
- How will the person be supervised?
- The risk assessment process is designed to eliminate or reduce the risks to staff as far as is reasonably possible.

The lone worker must, therefore, have authority to suspend work when necessary, and confidence in a full and effective support system in the event of emergencies.

3.7.2.6 Incident Reporting

An incident can be defined as an unplanned or uncontrolled event or sequence of events that has the potential to cause injury, ill health or damage. In order to maintain an appropriate record of incidents involving lone workers it is essential that all incidents be reported through the Responsible Person/Line Manager.

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3.8.1 Essex Police - Manual Handling

3.8.1.1 Detail the Protocol

This protocol describes how Essex Police manage manual handling operations to reduce the risk of injury to employees.

3.8.1.1.1 Level 1

All Essex Police personnel must read the [Health and Safety Executive Guidance](#) for Safe Moving and Handling, the generic risk assessment and complete the on line NCALT training.

When completed a central computer record will be generated on NCALT showing the completion of this training, mark achieved and issue a certificate of proof of course. Central records are held at EPC.

Managers will allow employees sufficient working time to read guidance and complete the NCALT training.

3.8.1.1.2 Level 2

Essex Police employees whose role provides a significant risk of manual handling injuries will also be provided with Level 2 training.

The training is an instructor-based course of 3 - 4 hours duration the principles and practice of manual handling.

This training will be in addition to the Level 1 above.

Focus will include:

- Basic Anatomy and Physiology of the Spine;
- Musculoskeletal Disorders – consequences;
- The Principles of Efficient Movement;
- Safe and Efficient Movement;
- Techniques for Safe Moving and Handling;
- A practical demonstration of safe lifting;
- Delegates will be required to demonstrate their understanding practically.

Employee roles that should receive Level 2 training:

- Facilities staff;
- Detention Officers;
- Crime Scene Investigators;
- Print Shop Staff;



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- Property store staff;
- IT store staff;
- Post room staff;
- Transport Services (mail drivers);
- Kennel Staff;
- Others as identified.

3.8.1.2 Risk Assessment

The Manual Handling Operations Regulations 1992 as amended by the Health and Safety (miscellaneous Amendments) Regulations 2002 require employers to undertake a risk assessments of all manual handling activities.

The objective of the assessment is to reduce the risk of manual handling injuries through the use of a hierarchy of control measures which include training in safe lifting techniques.

An assessment of the manual handling tasks that are undertaken by Essex Police personnel has identified that for the majority the risk of manual handling injuries is low.

Training in safe lifting techniques in these circumstances is not necessary but it is accepted that all personnel would benefit from the knowledge of efficient movement

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3.8.2 Kent Police - Manual Handling Kent

3.8.2.1 What this Protocol is about:

This protocol outlines how Kent Police will look to manage manual handling operations within the organisation, drawing from the guidance of the Manual Handling Operations Regulations 1992 to reduce as far as is practical the risk of injury to employees.

3.8.2.2 Definition

The Manual Handling Operations Regulations 1992 (MHOR 1992) define manual handling as “any transporting or supporting of a load which can include the lifting, putting down, pushing, pulling carrying or moving by hand or bodily force”.

The MHOR 1992 set out a clear ranking of measures for dealing with risks from manual handling, these are:

- first: avoid hazardous manual handling operations so far as is reasonably practicable;
- second: assess any hazardous manual handling operations that cannot be avoided; and
- third: reduce the risk of injury so far as is reasonably practicable

3.8.2.3 Detail the Protocol

This protocol should be read by all employees regardless of rank to ensure that they reduce the risk of injury whilst undertaking manual handling activities.

All Kent police employees both uniformed staff, Police Support Employees and volunteers, must complete the mandated NCALT online learning package Manual Handling eLearning, time to complete this package should be allocated to staff within their normal working hours.

Employees with a role related need to undertake specific manual handling tasks, (such as the movement of detained persons) as defined via their generic risk assessment and/or job description, should receive (as well as completing the NCALT package Manual Handling eLearning) practical manual handling training relative to their role within the organisation.

The delivery of this training can be facilitated through mandated training such as Personal Safety Training (PST) as delivered by Kent Police Staff Safety Training Unit and by Essex Police Personal Safety Training, or via a needs analysis of the person’s role being undertaken by Line Management, and manual handling training being sourced to accommodate the analysis outcome.



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Employees have a duty to take reasonable care for the health and safety of their selves whilst in the workplace, and as such it is recommended that any employee suffering an injury, illness or medical condition that may preclude their ability to undertake manual handling related activities should inform their Line Management as soon as is practical and not undertake such activities.

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3.9.1 Essex Police – Control of Substances Harmful to Health (COSHH)

3.9.1.1 What this Protocol is about

This protocol sets out simple processes which, if complied with, should ensure that Essex Police comply with the Control of Substances Hazardous to Health (COSHH) Regulations.

The COSHH Regulations apply to all substances hazardous to health which may be used at work with the exception of:

- Lead;
- Asbestos;
- Radioactive;
- Explosive;
- Flammable substances;
- High and low temperature substances; or
- Substances at high pressure.

The substances listed above are subject to separate, specific legislation and controls.

The principles within this procedure are to ensure that all hazardous substances and processes are suitably and sufficiently assessed, as to their potential risk to health, in order to eliminate, control and protect both the health of employees, contractors, visitors and the environment.

3.9.1.2 Detail the Protocol

3.9.1.2.1 General

When chemicals/substances are to be used in the work process, a COSHH Assessment (risk assessment) must be conducted, in accordance with - Risk Assessment procedures, prior to any activity taking place. This assessment must be written unless there are extenuating circumstances preventing this option, for example when police officers unexpectedly encounter chemicals during patrol, in which case a dynamic risk assessment must be undertaken and recorded as soon as it is safe to do so. Specialist assistance from the Fire Brigade being a priority in this process.

Identification of potential hazards and evaluation of risk will require a risk assessment of a substance, its usage, correct handling methods and limits on exposure levels. Managers must require personnel who may be exposed to the substance to read the risk assessment and follow the controls detailed within it.



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3.9.1.2.2 Definition of Hazardous Substances

A hazardous substance is defined as any substance which is listed in Part 1 of the HSE Approved Supply List as:

- Dangerous for supply because it is very toxic, toxic, harmful, corrosive or irritant;
- Any substance which has a Workplace Exposure Limit (WEL);
- Any biological agents used at work;
- Any dust other than one with a WEL at a concentration in air above 10 mg/m³ averaged over 8 hours, or any such dust particles above 4 mg/m³ over 8 hours;
- Any other substance that creates a risk to health because of its properties and the way it is used or is present in the workplace.

3.9.1.2.3 Labelling of Hazardous Substances

Purchasing of hazardous substances from reliable and reputable suppliers will assist in ensuring, substance containers are adequately labelled. All hazardous substance containers must be labelled with its contents. Proprietary packaging for dangerous goods must contain the following:

- Chemical Name;
- Details of Manufacturer or Importer;
- United Nation Number/EU Reference;
- Ingredients and formulation information;
- Risk Phases;
- Safety Phases;
- Where Stored/Used;
- Emergency Contact Details.

3.9.1.2.4 What is a COSHH Assessment?

Conducting a simple risk assessment will determine whether a more detailed COSHH Assessment is necessary. The presence of a warning label on the container will indicate whether a COSHH assessment is required. For example, a warning label that bleach or detergent is an irritant will require a COSHH assessment.

A COSHH Assessment is a detailed Risk Assessment of specific risks identified in Material Safety Data Sheets (MSDS) that accompany hazardous substances. The assessment will be completed on the Force Risk Assessment form and will follow the procedure laid out on the Essex Health and Safety intranet page.



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3.9.1.2.5 Pre-Planned Activity

When, for example, carrying out maintenance, a written COSHH assessment must be conducted prior to the task being undertaken. Substances subject to COSHH legislation must not be utilised within the areas of activity unless a COSHH assessment has been undertaken. A COSHH assessment will require an MSDS to be supplied. Substances supplied without a suitable MSDS shall not be used and should be held in quarantine until the MSDS is obtained or returned to the supplier and another suitable substance for which the MSDS is available, is obtained.

When the planning of a police operation identifies that officers may be exposed to hazardous substances, such as cannabis, a COSHH assessment must be made as part of the operational order.

3.9.1.2.6 Assessment

Once determined that COSHH does apply, the following steps are necessary in order to conduct an effective and efficient assessment.

Stage	Procedure
1	<p>A suitable and sufficient COSHH Assessment showing the risk to health must be formulated by appointed competent personnel.</p> <p>Assessors must gather all relevant information; on substances deemed to be hazardous to health in the workplace. This includes substances that have been supplied accompanied by a current and relevant MSDS. An assessment will be required of any substances which may be generated through work activities, producing any of the following:</p> <ul style="list-style-type: none"> • Fumes, • Vapours, • Aerosols, • Final products and • Waste materials.
2	Assessors identify potential hazards and those that may result, from exposure of two or more incompatible substances, for example, mixing bleach with detergent.
3	<p>Determine the number of people being exposed for example:</p> <ul style="list-style-type: none"> • Employees • Contractors; or • Visitors.



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4	<p>Establish by way of the MSDS; how the identified substances can affect those exposed and any others employed within the area or near the vicinity, for example;</p> <ul style="list-style-type: none">• Through skin absorption,• Ingestion• Inhalation; or• Direct entry through cuts or abrasions.
5	<p>Estimate the frequency of the exposure and its duration, confirming how many minutes or hours officers may be exposed to a hazardous substance at any one time and then either consult the Health & Safety Team; or refer to HSE guidance document EH40 (accessed at http://www.hse.gov.uk/pubns/priced/eh40.pdf) to establish safe levels of exposure and the need for personal protective equipment. The link should be used to access EH40 as it is constantly updated with new information.</p> <p>The safety instructions within EH40 MUST be complied with as an ABSOLUTE minimum.</p>
6	<p>When COSHH Assessments have been completed; they must be retained by the Divisional Safety Co-ordinator and reviewed regularly at pre-determined intervals appropriate to the risk, but annually as a minimum. COSHH assessments must be reviewed should there be an injury or near miss; or if any circumstances relating to the hazardous substance change.</p> <p>COSHH assessments must remain accessible to all relevant staff.</p> <p>All COSHH Assessments classified as medium or high risk, must be copied immediately to the Health & Safety Department at Essex Police for authority to proceed.</p>
7	<p>Managers must be held accountable for ensuring that all relevant personnel, who may be directly or indirectly exposed to substances at work, must be required to read COSHH assessments and comply with the control measures.</p>
8	<p>The Health and Safety SPOC must report to the LPA or Departmental Command Team, annually through the LPA Safety Committee, on the number and detail of COSHH assessments.</p>



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3.9.1.2.7 COSHH Health Surveillance

Health surveillance is about systematically watching out for early signs of work-related ill health in employees exposed to certain health risks and can cover everything from hearing checks for someone working in an impactful environment, to being exposed to hazardous substances.

If there is a belief that officers or staff have been exposed to hazardous substances, managers must contact Occupational Health for advice and / or refer staff as appropriate. A referral to Occupational Health for health surveillance should be made after the individual has received immediate medical treatment for any exposure.

3.9.1.2.8 Records Management

Engineering Control Records	Retain for 5 years
Respiratory Protective Records	Retain for 5 years
Local Exhaust Ventilation (LEV) Records	Retain for 5 years
Risk Assessment	Retain for 7 years
COSHH Assessment	Retain for 7 years
COSHH Health Records	Retain for 40 years

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3.9.2 Kent Police – Exposure to Toxic Hazardous Materials Kent

3.9.2.1 Introduction

Where the incident involves accidental release the incident management will depend on the dynamics of the incident and a co-ordinated approach between the emergency services in attendance.

The urgency for medical treatment directly relates to the time and type of exposure and whether that contamination occurs during or immediately after an incident, or as a delayed reaction.

As a precautionary measure this protocol details the protocol to be followed for all who have attended an incident involving toxic substances where there is a realistic possibility of exposure having taken place.

It should be noted the effect of exposure to radiation is more damaging to female employees with reproductive capacity. The risk difference comes from exposure to the reproductive organs and in particular the potential damage to the female ova. As a result, there is a caveat for women of reproductive capacity that they must not exceed a dose of 12 millisieverts (mSv) in any 3-month consecutive period (the limit for other employees is 20 mSv). Pregnant women or women who are breast feeding should not be exposed to any radiation.

3.9.2.2 Exposure During an Incident

Normally, the immediate response to the crisis or emergency phase of an incident will be co-ordinated by the police if the release is deliberate and by the Fire and Rescue Service if it is accidental. Depending on the nature of the incident the Ambulance Service and/or other health care providers will provide the necessary and appropriate medical and decontamination response; administer necessary treatments and antidotes; and give advice and guidance to those affected by contaminated materials.

At an incident the scene management may involve containment, decontamination, treatment and or transfer to hospital. The treatment of personnel affected by actual exposure is primarily the remit of the NHS. Therefore, where personnel are affected by the exposure to a toxic hazard during an incident, they may be dealt with at the scene, along with others similarly affected or taken by ambulance to the nearest appropriate hospital where the necessary facilities are available.

There may, however, be occasions when affected personnel are conveyed to an appropriate hospital by police vehicle. This should only occur where, due to the urgency of the situation, the ambulance service is not available to adequately respond. Such transfer to hospital must be co-ordinated between the service providers.



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The senior police supervisor of the incident will liaise with the Kent Fire and Rescue services and ensure that information is passed to the Force Control Room at the earliest opportunity.

3.9.2.3 Adverse Reaction on Duty Post Incident

Where the effects of exposure become apparent after the incident but during the tour of duty, individuals will be escorted to the nearest appropriate hospital, being conveyed by ambulance. Where, in the opinion of the supervisor, the effects are less serious, police transport may be used.

The individual's supervisor must ensure that the hospital is provided with all relevant information including the identity of the toxic substance.

3.9.2.4 Adverse Reaction Sometime after the Incident

As a precautionary measure following an incident, the incident supervisor or individual's supervisor will ensure that personnel engaged in the incident are advised as to the action to be taken should they suffer ill effects which may have been caused by the toxic substance.

The personnel involved will be handed in duplicate, appendix A to this protocol, giving details of the location, date, time and name of the toxic substance.

Where the effects of exposure become apparent or are suspected sometime after an incident, individuals must consult their own General Practitioner (GP), giving the GP one copy of Appendix A at the time of their examination. The GP will arrange hospital admission if necessary.

3.9.2.5 Record of attendance at toxic substance incident

The supervisor in charge of the incident will ensure that details of all police personnel deployed to the incident are recorded in accordance with appendix B to this protocol.

The form requires the level of exposure to be recorded in respect of each individual attending the scene, namely: -

- Level 1 - personnel who suffer immediate effects of exposure;
- Level 2 - personnel who have had direct contact with the substance but no adverse reaction;
- Level 3 - personnel attending the incident but not falling into Level 1 or 2.

The form will be forwarded to the Occupational Health Department at Force Headquarters, with a copy being sent to the Business Centre for information and filing in the personal file. Where appropriate the form will also be filed in the operation protocol file.



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Following an incident involving a toxic substance the senior police supervisor will ensure that form LFL003 Hurt on Duty report is completed in respect of each attendee falling into level 1 or level 2 described above.

If an individual later suffers ill effects which may have been caused by the toxic substance, the line manager must ensure that a LFL003 Hurt on Duty report is submitted and an appropriate referral to Occupational Health is made.

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3.10.1 Essex Police - Workplace Inspections

3.10.1.1 What this protocol is about

This protocol will explain about the local Health and Safety checks annually which need to be conducted on all Essex Police premises.

3.10.1.2 Detail the Protocol

Essex Police requires regular inspections to be undertaken at all police premises to ensure that the buildings are safe environments to work in and to ensure that the Force is compliant with Health & Safety legislation.

The nominated Chief Inspector (or staff equivalent level) SPOC, is responsible for ensuring that regular inspections are carried out and recorded at the premises, using whatever resources are available within their command.

An inspection checklist, which must be completed on a regular basis, every 3 – 6 months is recommended.

Inspections should be recorded using the Inspections Checklist and retained in the building for 12 months and the completion of the next assessment.

The checklist can be obtained from the Essex Health and Safety intranet page. The Health & Safety Team will audit compliance annually as part of the audit process.

In addition to local inspections, the Health and Safety Team will carry out an annual site safety inspection which will include fire risks. Whilst local inspections are important, the site safety inspection carried out by the Health and Safety Team drills down deeper and provides a thorough analysis of hazards and associated risks at the site.

Estates, Facilities, Unison and the Federation will usually accompany the Safety Team on these site safety auditing/inspections.

3.10.1.3 Auditing/Inspections Report

When completed the Health and Safety Team will produce a Site Safety Report which uses a RED/AMBER/GREEN system to indicate actions required based against risk.

RED – Immediate action required

AMBER – Action required within 1 – 6 months (Will be indicated on report)

GREEN – Advisory or no action required

The safety audit will indicate to each department (Estates, Facilities, Local Command), what action is required and indicate the urgency.



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The Health and Safety Team are responsible for auditing these actions to ensure compliance. Where there are issues these will be referred to the Force Health and Safety Committee. Urgent issues will be progressed directly to the Chief Officer Group, through existing channels.

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3.10.2 Kent Police - Workplace Inspections

3.10.2.1 Purpose

Formal Workplace Inspection Programme (for large occupancy buildings on the Kent Police Estate).

3.10.2.2 Detail

As part of the Safety Improvement Programme it is necessary to implement a Formal Workplace Inspection Programme to identify / mitigate risks to the “users”, and specifically to:

- Monitor the completion of statutory tests e.g. Lifts (LOLER) / Control of Legionella;
- Assess the physical condition of the building and surrounding estate e.g. car parks / public facing areas;
- Review Housekeeping i.e., use of the workplace;
- Conduct the (minimum) annual Planned Fire Evacuation Drill.

The responsibility to facilitate and lead annual workplace inspections is a responsibility of the appointed Health & Safety Single Points of Contact (SPOC) as defined in section 4.3.2.8 of this protocol, however it is felt that this is rarely able to be delivered in a structured manner due to the conflicting work demands of Policing.

The Health & Safety Department will assume the responsibility to Control and Co-ordinate the annual H&S inspections (for the large occupancy buildings on the Kent Police estate) in order to assist the H&S SPOCs to discharge their responsibility.

In order for this process to be effective, workplace inspections need to be supported by a wide group of stakeholders (whose attendance is mandated), these should include:

- Health & Safety (Lead);
- Health & Safety SPOC(s) for the area;
- Estates representative (who will also supply the appropriate records for scrutiny);
- Facilities Representative;
- Police Federation Representative;
- Unison Representative;
- PFI representative (for PFI buildings only).

When a required representative cannot attend an inspection, they must delegate this to a nominated person.



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3.10.2.3 Records required to be reviewed during inspection (where applicable)

- Fire Risk Assessment (and corrective actions);
- Fire Alarm Maintenance Logbook (Inc., any previous Fire Evacuation Drills);
- Legionella Risk Assessment (and recommendations);
- Written scheme for the control of legionella;
- Legionella Water Quality Monitoring Results;
- Records of statutory testing of lifts (under Lifting Operation and Lifting Equipment Regulations);
- Control of Asbestos Regulations – Asbestos Management Plan / Risk Assessment;
- Asbestos Register;
- Electricity at Work Regulations – 60-month statutory fixed wiring test;
- Control of Contractors – Contractor Signing in records.

3.10.2.4 Report / Actions

A full report will not be created for each of the inspections, only actions to mitigate risk will be documented.

Actions and action holders will be agreed at the end of inspection debrief, and all agreed actions will be uploaded to the Corporate H&S action tracker; once the action is completed the action owner will need to update the action tracker and place the action “in review” so H&S can complete verification / close the action.

Periodic reminders will be sent out by the Corporate H&S action tracker to remind owners of “open” actions.

Where an individual who has actions moves post etc. the action should either be completed prior to leaving the post or formally transferred to their replacement through contact with H&S.

3.10.2.5 Buildings not covered the Formal Inspection Programme

These should be inspected on an annual basis by the H&S SPOC and any actions identified resolved by the H&S SPOC

4.0 Equality Impact Assessment

This protocol has been assessed with regard to an Equality Impact Assessment. As a result of this assessment it has been graded as having a low potential impact as the proposals in this protocol would have no potential or actual differential impact on grounds of race, ethnicity, nationality, gender, transgender, disability, age, religion or belief or sexual orientation.

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5.0 Risk Assessment

[See Section 3.4.1.6](#) - Safety Reporting and Investigation

[See Section 3.5.1.13](#) - Risk Assessments

[See Section 3.8.1.2](#) – Manual Handling

6.0 Consultation

The following have been consulted during the formulation of this document:

- Unison
- Police Federation
- Health & Safety
- Strategic Change Team
- PSD D/Superintendent
- Policy/Risk
- Superintendents Association
- Strategic Force Crime & Incident Registrar
- Information Management

7.0 Monitoring and Review

This protocol will be monitored by the Force Health and Safety team to ensure compliance with Health and Safety legislation.

The protocol will be reviewed by, on or behalf of the owner, every 2 years.

8.0 Governing force policy.

Related force policies or related procedures (Essex) / linked standard operating procedures (Kent)

8.1 This HR protocol supports the overarching [HR policy L1](#).

8.2 Data Security

8.2.1 Essex Police and Kent Police have measures in place to protect the security of your data in accordance with our Information Management Policy – [W1000 Policy – Information Management](#).

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8.3 Retention & Disposal of Records

8.3.1 Essex Police and Kent Police will hold data in accordance with our Records Review, Retention & Disposal Policy – [W 1012 Procedure/SOP - Records Review, Retention and Disposal.](#)

8.3.2 We will only hold data for as long as necessary for the purposes for which we collected.

9.0 Other source documents, e.g., legislation, Authorised Professional Practice (APP), Force forms, partnership agreements (if applicable)

- Health & Safety (Display Screen Equipment) Regulations 1992
- Health and Safety Connexions2 intranet site;
 - I. DSE NCALT training
 - II. DSE Risk Assessment LFL004
 - III. DSE Flowchart
 - IV. Workplace exercises
 - V. Helpful hints

Protocol Author: Martin Bradley, Attendance Management Assistant, HR

Protocol Owner: Amanda Humphrey, Head of Health and Wellbeing, HR

Cancellations:

Essex Police:

- J 0100 Policy – Health and Safety
- J 0101 Procedure – Health and Safety – roles and Responsibilities
- J 0102 Procedure – Health and Safety Incident Reporting
- J 0103 Procedure – Health and Safety – Incident Investigation
- J 0105 Procedure – Display Screen Equipment
- J 0106 Procedure – Local Inspection Programme
- J 0107 Procedure – Manual Handling
- J 0108 Procedure – Health and Safety – Emergency Evacuation
- J 0109 Procedure – Control of Substances Hazardous to Health (COSHH)
- J 0111 Procedure – Risk Assessments

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