Lincolnshire Police

Policy Document

Health and safety policy PD 27

Policy document information

Reference number: PD 27

Policy sponsor: Paul Gibson, Chief Constable

Policy owner: Sharon Clark, Director of Finance and Corporate Services

Author: Nick Cornwell-Smith, Former Head of Health, Safety and Wellbeing.

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Version history

Version	Date	Reason for issue
15	July 2024	Review of current Policy

Code of Ethics

All staff involved in carrying out functions under this policy and associated procedures and appendices will do so in accordance with the principles of the Code of Ethics. The aim of the Code of Ethics is to support each member of the policing profession to deliver the highest professional standards in their service to the public.

Legislative compliance

This document has been completed within the principles of the Health and Safety at Work etc. Act 1974.

Proportionality has been identified as the key to Human Rights compliance, this means striking a fair balance between the rights of the individual and those of the rest of the community.

Equality and Diversity issues have also been considered to ensure compliance with the Equality Act 2010 and meet our legal obligation in relation to the equality duty.

In addition, Data Protection, Freedom of Information and Health and Safety Issues have been considered. Adherence to this policy or procedure will therefore ensure compliance with all relevant legislation and internal policies.

Legislation/law which you must check this document against:

- Health and Safety at Work etc. Act 1974
- The Management of Health and Safety at Work Regulations 1999
- Police (Health and Safety) Act 1997
- Equality Act 2010
- Data Protection Act 2018

- Freedom Of Information Act 2000

Security classification

Policy to be published on Intranet: Yes

Policy to be published on Force Website: Yes

Authorised Professional Practice (APP)

APP is developed and owned by the College of Policing (the professional body for policing) and can be accessed online. It is authorised by the College of Policing as the official and most up-to-date source of policing practice. The range of subjects covered by APP is growing all the time.

It has the same legal status as previous guidance; it is not the law and so, while Police Officers and Staff are expected to have regard to APP in discharging their responsibilities, the status of APP is advisory. There may be circumstances when it is legitimate to deviate from APP, providing there is a clear rationale for doing so.

This policy has been checked against APP and there is nothing specific in relation to the subject matter of this Policy.

1. Policy aims (Purpose)

1.1. This policy sets out the general statement for safeguarding the health, safety and welfare of all employees and others, working for Lincolnshire Police. This includes persons directly employed by the Chief Constable or the Police and Crime Commissioner, and in conjunction with the Strategic Partner. It also details the organisation and arrangements for carrying out this policy.

2. Policy statement (Key information)

2.1 The Police and Crime Commissioner for Lincolnshire (PCC) and the Chief Constable of Lincolnshire Police recognise and accept their responsibility as employers, as defined by the Health and Safety at Work etc. Act 1974

2.2 and the Police Health and Safety Act 1997, for providing safe and healthy workplaces and working environments for all persons, both employees and non-employees whilst complying with the Equality Act 2010 and the Human Rights Act 1998.

2.3 The Chief Constable and the PCC each have a legal, moral, and financial responsibility to ensure that its workforces are well trained, managed, motivated, and involved in good health and safety practice at all levels.

2.4 Addressing health and safety should not be seen as a regulatory burden: it offers significant opportunities. Benefits can include:

- reduced costs.
- reduced risks.
- lower employee absence and turnover rates.
- fewer accidents.
- lessened threat of legal action.
- improved standing among suppliers and partners.
- better reputation for corporate responsibility among investors, customers, and communities.
- increased productivity because employees are healthier, happier, and better motivated.

2.5 The National Police Chiefs' Council's Benchmarking Standards for Health and Safety, require Chief Constables to have a health and safety management system in place.

2.6 The Corporate Manslaughter and Corporate Homicide Act 2007, though not introducing new duties, raised awareness of the need to ensure a robust health and safety management system.

2.7 The Health and Safety Executive, in consultation with leading police and health and safety stakeholders, has published guidance on health and safety in the police service – Striking the Balance. This re-emphasises the need to ensure effective health and safety, so far as is reasonably practicable, during operational policing.

2.8 The Chief Constable and the PCC will take all steps within their power to action this policy to ensure that its operations and services are conducted in such a manner to, so far as is reasonably practicable, prevent accidents and ill health to employees and others, to prevent damage to plant, materials, property, and the environment, and to lead to a continuous improvement in health, safety and wellbeing.

3. Other related documents and appendices

3.1. Appendices

- Appendix 1: Joint Safety Policy Statement
- Appendix 2: Organising safety.
- Appendix 3: Safety arrangements
- Appendix 4: Health and Safety Governance Structure

Internal Policy/Strategy Links

- PD 1 – Alcohol, Drug and Other Substance Misuse – In-service screening and Support
- PD 6 – Managing Attendance Policy
- PD 12 – Personal Safety Training Policy
- PD 39 – Smoking at Work Policy
- PD 105 – Occupational Stress Policy
- PD 106 – Drivers' Policy
- PD 116 – Alcohol, Drug and Other Substance Misuse – Pre-employment Screening
- PD 133 – Appearance Standards Policy

4. Monitoring and review

4.1 As required by the Health and Safety at Work, etc. Act 1974 the monitoring of the implementation and compliance with this policy will be carried out by the Force Health and Safety Committees in conjunction with the designated competent health and safety practitioner.

4.2 The policy will be formally reviewed two years after implementation, or prior to that date in the case of legislative changes or any identified inefficiencies.

5. Who to contact about this policy

5.1 This policy is owned by Sharon Clark, Director of Finance and Corporate Services

5.2 Any enquires about this policy should be directed to the Health and Safety Business Partner for Lincolnshire Police. jane.betts@lincs.police.uk

Appendix 1: Joint Safety Policy Statement

1.1 Terms used in this policy

- '**We'** and '**us'** means Chief Constable of Lincolnshire Police and the Police and Crime Commissioner for Lincolnshire (PCC) as employers. This includes the Chief Constable as employer of police officers and police staff, the PCC as employer of PCC staff.
- '**Employees'** means people employed by us and people working with or for us or working as volunteers in whatever capacity. This includes police officers, police staff, PCC employees, cadets, the special constabulary, and police support volunteers.
- '**Others'** includes the public, people receiving or affected by our operations and services, visitors, agency staff and contractors working on our premises together with their employees.

1.2 We believe that the health, safety, and welfare of our employees and those for whom we provide services or affected by our operations is vitally important, so we are committed to encouraging a positive health and safety culture throughout the force. We also believe that promoting health and safety is an important part of our commitment to provide quality services. We aim to continually improve our health and safety management and performance.

1.3 We accept our legal responsibility for providing a safe and healthy working environment and will comply, as a minimum, with all current legislation, including the:

- Health and Safety at Work etc. Act 1974
- Police Health and Safety Act 1997
- Management of Health and Safety at Work Regulations 1999
- Human Rights Act 1998
- Equalities Act 2010
- and other relevant statutory provisions, including regulations made under these Acts, and all associated approved codes of practice.

1.4 We recognise that we should continually strive to exceed minimum standards and constantly aim to achieve compliance in all activities at all levels. As far as reasonably practicable, we will make sure that our operations and services are run in such a way that prevents accidents or illness to employees and others, and prevents damage to plant, materials, property, and the environment. We acknowledge our responsibility, for the health and safety of others who may be affected by any of our activities, acts or omissions.

1.5 The Chief Constable is legally responsible for making sure sufficient resources are available to the force to implement this policy and enhance it using health and safety legislation as a minimum standard.

1.6 This policy will be supported by the Force Health and Safety Action Plan.

1.7 We know that a safety policy can't succeed without involving employees. We will co-operate fully with the safety representatives appointed by the recognised trade unions, the police staff associations and non-union representatives and will provide sufficient facilities and access to training for them.

1.8 This policy applies to everyone working or volunteering for us, in whatever capacity. We expect all employees, irrespective of rank, grade, or position, along with contractors working on behalf of the force, to co-operate fully in achieving the aims of this policy.

1.9 In accordance with the Management of Health and Safety at Work Regulations 1999, we will co-operate with each other as employers and building owners, sharing a workplace, to enable each to comply with the requirements of relevant statutory health and safety provisions.

1.10 We will remind employees of their responsibilities under section 7 of the Health and Safety at Work etc. Act 1974. These responsibilities are to take care of their own health and safety and that of others, and to co-operate fully with us so we can fulfil our health, safety, and welfare responsibilities.

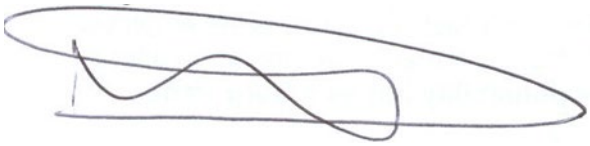
1.11 All employees must comply with the statutory obligations of this policy.

1.12 We will make sure a copy of the safety policy statement is available to all employees, including the employees of any contractors working for us and will display an extract in all force establishments. We will review it and modify it from time to time and may supplement it, when necessary, by further policies, procedures, and guidance.

SIGNED:

Chief Constable of Lincolnshire Police

SIGNED:



Police and Crime Commissioner for Lincolnshire

Date: 5 April 2024

Appendix 2: Organising safety.

2.1 Health and safety as a management function

2.1.1 Health and safety is an integral part of the management function and so it must be managed like any other process. Provision of health, safety and welfare is the responsibility of management at every level. There must be adequate and suitable arrangements to implement this policy and to plan, monitor and review the health and safety activities of the force.

2.1.2 Organising for health and safety is the process of creating a structure of responsibilities and relationships to enable work to take place in a safe manner. The organisation section of our health and safety management system has four key components:

- Co-operation – arrangements to ensure everyone's participation in health and safety e.g., through safety committees. Effective co-operation relies upon a network of safety reps throughout the force.
- Control – allocating responsibilities for health and safety and how people will be held to account. The main responsibilities for health and safety are laid down in this section. The responsibilities are not exhaustive, e.g., they do not cover all related duties. Where specific health and safety responsibilities are assigned to individuals, performance should be measured, and any identified training.
- Communication – arrangements for receiving and transmitting information on health and safety issues. In addition to the health and safety pages on the intranet, the health and safety committees and SLT meetings should be effectively utilised by management to communicate significant health and safety issues.
- Competence – establishing the level of competence necessary for specific tasks and ensuring that individuals can carry out those tasks.

2.2 The Chief Constable and the Police and Crime Commissioner.

2.2.1 The Chief Constable and Police and Crime Commissioner (PCC) together have overall responsibility for the management of health and safety throughout the force. For the purposes of health and safety legislation, the Chief Constable is the employer for police officers and most police staff, and the PCC is the employer for some OPCC staff.

2.2.2 Employers are legally required to make sure that sufficient financial, staffing, and other resources are allocated to implement all relevant health and safety legislation effectively and that there are suitable arrangements for managing health and safety throughout the force. The relevant budget holders are responsible for authorising the necessary finance.

2.2.3 The Health and Safety Business Partner has the delegated responsibility for the overall day-to-day management of health and safety for Police Officers and Police Staff and is accountable to the Chief Constable. The Health and Safety Business Partner will monitor and revise the policy regularly, when necessary, and will make sure, through the senior officers and line management, that a positive health and safety culture is evident across the whole force and in all our work activities.

2.3 The Chief Officer Team and Heads of Departments

2.3.1 The Chief Officer Team, under the direction of Chief Constable, is responsible for the day-to-day arrangements for implementing the force's health and safety policy. The Director of People Services and Director of Finance and Corporate Services will be the portfolio holder for health, safety, and welfare.

2.3.2 Heads of Departments are accountable to the Chief Officer Team for implementing the force's health and safety policy in areas under their control. They are responsible for the health and safety of their staff whilst on duty, and for others who may be affected by their work activities. They must make sure that appropriate risk assessments, policies, procedures,

and safe systems are developed for any risks or work activities which are not covered by the general policy. When necessary, they must also develop additional procedures to the ones in the general corporate policy.

2.4 Managers

2.4.1 Managers have the most influence over the practical day-to-day systems, procedures and methods of working affecting the health, safety, and welfare of their employees. They are responsible for managing health and safety effectively within their area of control. They must make sure that systems and procedures are fully implemented.

2.4.2 Managers must also make sure that:

- the risks to the health and safety of all employees are either eliminated or reduced to the lowest level 'reasonably practicable'. If risks cannot be eliminated or reduced, they must report them to senior management who must take the necessary action to remedy them.
- adequate risk assessments have been done, and explained to the employees concerned;
- the relevant parts of this policy, safe systems of work and procedures are brought to the attention of the employees concerned;
- they identify the health and safety training needs of employees and provide appropriate training, paying particular attention to young or inexperienced employees. They must make sure that each employee gets the appropriate information, instruction, training, and supervision so that they can do their work without risking their health and safety or others.
- monitoring systems are implemented effectively. They must do regular observational inspections and safety tours, either with the staff associations or individually as part of their management responsibilities, to pinpoint potential problems in the workplace or working practices. If any problems are identified, they must do everything reasonably practicable to reduce the risks;

- personal protective equipment is requested, issued, worn, and correctly monitored, including training in its use.
- every new employee has an induction training session covering the hazards, precautions to take, and safe systems of work for that workplace. They must make sure that all employees understand their statutory duty at work to take reasonable care for the health and safety of themselves and others who may be affected by their acts or omissions;
- any plant and equipment used is safe, has all safety devices fitted, is used correctly, and is properly maintained and inspected.
- all accidents, incidents, near accidents and diseases are investigated - initially by the line manager/supervisor concerned, and reported via Report an accident - Intranet. H&S Business Partner will assist in investigating and any preventative actions needed including reporting of estate issues to Facilities Services.facilities.services@lincs.police.uk
- they liaise with appointed safety representatives so that they can fulfil their statutory functions;
- the health and safety performance of contractors assigned tasks by managers is closely monitored. They must get further guidance from the Health and Safety Compliance Manager and / or the Health & Safety Business Partner if there are any actual or potential shortfalls in health and safety standards.

2.4.3 Managers must also take personal responsibility for keeping their knowledge on relevant health and safety legislation, approved codes of practice and guidance notes up to date in relation to their specific role. If there are gaps in this knowledge due to role change, [promotion etc. this can be addressed with the H&S Business Partner and role specific needs assessed.

2.5 Employees and volunteers

2.5.1 It is everyone's duty to take reasonable care of themselves and anyone else who may be affected by what they do or fail to do. This duty of care to others is particularly important for:

- visitors and the public who visit police buildings;
- people in police custody;
- agencies and contractors and their employees while they are working on police property.

2.5.2 Employees and volunteers must:

- work safely, paying attention to the health, safety, and welfare of others, including the public.
- follow safe working practices, rules, regulations, instructions, training, and advice.
- co-operate with their line manager, senior officer, or safety representative to improve health and safety in their workplace on health and safety issues.
- use equipment safely, including personal protective equipment, and follow the instructions, correct working procedures and training given;
- not interfere with or misuse, intentionally or recklessly, anything provided for health, safety, or welfare.
- inspect plant and equipment, report any defects, and make sure they and others use everything properly.
- make sure that they know about, and conform to, all force policies and procedures dealing with health, safety, and welfare.
- report incidents that have, or may, lead to injuries or illness;
- report anything unsafe, regardless of where it is or whether it's within their own remit;
- co-operate with management when accidents or incidents need investigating;

- comply with all the legal requirements and approved codes of practice.

2.5.3 Employees and volunteers are encouraged to be proactive by suggesting improvements to their health and safety, and that of others by contacting their line manager, safety representative or the Health & Safety Business Partner.

2.6 Health, safety and welfare advice, information, and monitoring

2.6.1 The Health & Safety Business Partner for the Force is responsible for providing advice and information on health, safety, and welfare throughout the force.

2.6.2 The Health & Safety Business Partner is the appointed competent person required under the Management of Health and Safety at Work Regulations 1999.

2.6.3 The Health & Safety Business Partner who reports to the Chief Constable through the Director of People Services and the Director of Finance and Corporate Services is responsible for monitoring and reviewing the force's health and safety performance and arrangements, and for providing guidance for safe working practices.

2.6.4 The Health & Safety Business Partner and the Health & Safety Compliance Manager audit premises and working practices as part of the monitoring system. From these audits, recommendations are sent to the management teams responsible so they can implement the necessary action or controls.

2.6.5 The Health & Safety Business Partner main responsibilities are to:

- give competent advice to the Chief Constable and the PCC and their employees;
- produce corporate health and safety policies, procedures, and guidance.
- propose, develop, and monitor systems related to risk assessments.

- develop, promote, maintain, and monitor a culture where health and safety are part of the normal managerial function at all levels.
- advise the various health and safety committees and other relevant working groups;
- maintain a health and safety resource, including legislation, guidance, chemical data sheets and relevant safety, health, and welfare information.
- receive, record, and analyse accident and assault reports to reveal incidents and trends.
- help design, plan, implement and deliver effective safety education campaigns and training programmes;
- keep up to date on relevant health and safety legislation, approved codes of practice, guidance, and best practice.
- work with national and regional colleagues and agencies.

2.6.6 The force has an inhouse Health and Care team to promote and maintain the health and wellbeing of all employees. medical examinations to establish fitness for work. This may include assessment for fitness for appointment, fitness to return to work following sickness absence, advice on rehabilitation programmes and on the need for any work adjustments.

- medical assessment of groups working in specific higher risk areas or where there is exposure to specific work risks. This includes health surveillance and periodic medical examination to establish ongoing suitability for specific roles.
- assessment and advice about work and the work environment to minimise health and wellbeing risks.
- promoting healthy lifestyle practices and providing periodic medical screening as part of a health promotion programme.
- wellbeing and counselling facilities by an appropriate service

2.7 Safety representatives

2.7.1 Under the Health and Safety at Work etc. Act 1974 and this policy, the various staff associations and recognised trade unions representing employees' interests can appoint safety representatives. Their role is to consult with management on health and safety issues and fulfil the functions detailed in the Safety Representatives and Safety Committees Regulations 1977, including inspecting premises and working practices. Non-union employees can consult directly with management on health and safety issues under the Health and Safety Consultation with Employees Regulations 1996.

2.8 Health and safety committees

2.8.1 We know that joint consultation with employees on health, safety and welfare issues is important, so we have set up appropriate health and safety committees, with representation between employer and employees.

2.8.2 The current health and safety committees sit within the SLT meetings:

- Force Health and Safety Committee
- Crime Directorate SLT
- Local Policing SLT
- Central Operations SLT
- Learning and Development SLT
- Citizens in Policing Meetings

2.8.3 Specific details of the health and safety input are included in their terms of reference and their membership lists.

2.8.4 Additionally, the Police Federation and Unison are members of other health and safety related working groups.

2.8.5 The Health and Safety Business Partner inputs to the Police Federation meetings.

2.8.6 Health and Safety is also an agenda item on departmental meetings.

Appendix 3: Workplace health and safety arrangements

3.1 General arrangements

3.1.1 These general arrangements supplement the policy statement. They are not exhaustive: departments may issue arrangements covering their specific operations, if necessary. It is everyone's responsibility to follow this policy, procedures, and guidance all the time they are at work to proactively manage the legal and financial risks in relation to Health and Safety.

3.2 Health, safety, and welfare information

3.2.1 The Health & Safety Business Partner maintains access to health and safety information. This is available to all departmental management, employees, and representatives.

3.2.2 When we consider the need for force-wide health and safety information, we will produce supplementary policies, procedures, or guidance notes. These will be based on current legislation, official guidance, and best practice. Such information will be circulated regularly and available on the intranet.

3.2.3 The Health & Safety Business Partner will maintain specific intranet pages which will act as an electronic health and safety manual. This will contain links to force policies, procedures, guidance, risk assessments, statistics and other health and safety information. All managers and employees must read such guidance and work to its recommendations, checking anything out that they don't understand. We will review the guidance regularly and revise it if necessary.

3.3 Training

3.3.1 We recognise our responsibility for health and safety training for all employees. Employees must co-operate with us by taking part in such training as required.

3.3.2 To make sure that all managers and employees understand their responsibilities, we consider that training and updating of information on health and safety is vital across the whole force. Managers must get regular training and information in health and safety issues so that they can fulfil their responsibilities fully.

3.4 Operational Deployment and operational orders

3.4.1 Lincolnshire Police will ensure that police resources are deployed safely, efficiently, and effectively at such times and on such duties as are commensurate with operational demands and legal requirements. When deploying resources in operational situations due regard will be taken of officer safety issues.

3.4.2 Any officer or member of staff, who is preparing an operational order, be it local or force-wide will ensure that a suitable and sufficient risk assessment is carried out in relation to the operation. Generic risk assessments (as available on the Force Intranet) can be used if relevant and referred to in the Operational Order They will also ensure that this risk assessment is brought to the attention of everyone involved in the operation.

3.4.3 Where, in implementing the operation, employees identify or experience hazards not previously identified, these must be communicated back to the Operational Commander who is responsible for providing details to the senior management team and the Health & Safety Business Partner and ensuring the relevant risk assessment is modified.

3.5 Working Time

3.5.1 The force has reached separate agreement for the Working Time Regulations 1998 (as variously amended). This was agreed between The Chief Constable of Lincolnshire Police, and the Police Federation, Superintendents' Association, CPOSA and UNISON. It is available on the Force intranet along with operational guidance.

3.6 Occupational Stress

3.6.1 The force recognises that people are its most valuable resource, and their safety and wellbeing must be proactively managed. The aim of the Occupational Stress policy is to maintain and improve the wellbeing of its workforce. The force has a duty of care to reduce, where possible, the risk to the workforce of stress caused or aggravated by organisational factors. The outcome is to bring about a reduction in the number of individuals who go off sick, or who cannot perform well at work because of stress. The force has adopted the HSE Management Standards for Stress as the basis from which to operate.

3.7 Risk assessment

3.7.1 The Management of Health and Safety at Work Regulations 1999 require the force to assess the risks to employees and others who may be affected by their work. This risk assessment usually identifies the hazards present, who may be harmed, evaluates the level of risk, and recommends control measures.

3.7.2 The managers responsible must then take appropriate action to reduce the level of risk to a safe one, so far as is reasonably practicable.
As employers, we are committed to making sure that such risk assessments are done and are reviewed when they are no longer valid, or something has changed. All new activities must also be risk assessed before they begin.

3.7.3 Managers must follow the force risk assessment process. Employees who are allocated the review of a risk assessment should be competent in relation to what they are assessing. If they require refreshment of the process this can be done via the CoP eLearn, review of the Risk Assessment Guidance or in consultation with the H&S Business Partner.

3.7.4 The Health & Safety Business Partner co-ordinates risk assessments and makes sure that copies of generic risk assessments are available on the Intranet. Heads of Departments are responsible for adapting the generic risk assessments to their own specific needs and for disseminating the

information in their risk assessments to the relevant people who may need to act on it.

3.7.5 Heads of Departments must also make sure that copies of the local risk assessments are held locally and send electronic copies to the Health & Safety Business Partner for input onto the Intranet.

3.7.6 Line managers must arrange individual risk assessments for people 'particularly at risk' under their control. Those who need individual risk assessments include young people aged 16-18, pregnant workers, nursing mothers returning to work, anyone with disabilities or on restricted/recuperative duties.

3.7.7 An individual risk assessment is to make sure that the force does not expose that person, or an unborn child, to unnecessary risk and that, by introducing appropriate control measures, can eliminate or reduce any risks identified. Managers should contact the Health & Safety Business Partner or occupational health service staff for further help on this.

3.8 Safety inspections

3.8.1 Departmental managers must carry out regular visual health and safety inspections and report any issues or required rectification to the appropriate department to assist to co-ordinate remedial actions. Safety representatives also have the right to do health and safety inspections, and it may be appropriate to do joint inspections. If safety representatives do an inspection, this does not absolve the need for management to do their own inspections.

3.8.2 The frequency of safety inspections should be in accordance with the level of risk and the complexity of the premises but should be no less than every 6 months.

3.8.3 Additional health and safety inspections may be carried out by the Health & Safety Business Partner, Health and Safety Compliance Manager or another relevant person.

3.9 Fire and emergency procedures

3.9.1 All employees are responsible for making sure that they know the fire, emergency, and bomb alert procedures for their workplace. They must also follow basic fire precautionary measures and know where the fire exits, assembly point and fire extinguishers are. Training will be given at suitable regular intervals in these procedures including induction. Fire Orders are produced to ensure that information is available to all employees. Any queries around Fire arrangements should be directed to the H&S Compliance Manager.

3.9.2 The Health and Safety Compliance Manager will make sure there is a fire risk assessment for each establishment, working with the personal responsible at each business premises. Managers must follow the requirements of the fire risk assessment, including fire drills, training etc. and highlight any gaps in the fire risk assessment to the Health and Safety Compliance Manager to ensure continual improvement.

3.10 First aid

3.10.1 The force recognises its general duty to provide enough trained first aiders, together with suitable equipment and facilities to provide first aid treatment within its premises.

3.10.2 Under the Health and Safety (First Aid) Regulations 1981, the force must make sure that an adequate number of first aiders are present and that the necessary training, equipment, and support is available. The locations of first equipment in each establishment, must be displayed.

3.10.3 The force will ensure that all front line police officers and police staff have basic emergency first aid training, including regular refresher training.

3.11 Accident and near accident reporting

3.11.1 It is every employee's responsibility to notify their manager about any accident, assault, injury, dangerous occurrence or near accident without delay. They must also make sure that it is recorded on the appropriate

accident form on the intranet online reporting tool, no matter how trivial or insignificant it may appear at the time. If the employee is unable to do this, then a manager must take the responsibility to do it for them.

3.11.2 Departments must report any fatality, major injury, or dangerous occurrence to the Health & Safety Business Partner at force headquarters immediately. For all other reported incidents, accidents, dangerous occurrences and near accidents, the department concerned will investigate initially and submit a report within 7 days. The Health & Safety Business Partner will be available to advise them on accident investigation procedures and can help the investigation, if requested.

3.12 Occupational Road risk

3.12.1 A large amount of work undertaken by Lincolnshire Police is carried out using vehicles. This includes roads policing, routine patrols, travelling between premises, the use of mobile police stations and emergency response. For these reasons health and safety on the roads is an important issue. The force has several policies which relate to this including Drivers' Policy and vehicle procurement arrangements. To support these policies a variety of guidance notes and training courses have been produced. There is also a Vehicle Users Group.

3.13 Manual handling

3.13.1 All manual handling operations with a potential risk of injury must be risk assessed as part of the generic risk assessment process. Employees must follow all instructions on safe systems of manual handling. When they identify manual handling training needs, managers should contact Learning and Development. Managers can get further manual handling and safe lifting guidance from the Health & Safety Business Partner, or from the HSE website. eLearn is available on the College of Policing and part of the mandatory learning on induction.

3.14 General work equipment

3.14.1 Providing and using the correct work equipment, along with appropriate safe systems of work and training are essential to minimise health and safety risks. Departments must make sure that any work equipment supplied is checked and that people get proper instructions and take relevant safety precautions before using it. They must also get the best appropriate advice available before new or replacement equipment is supplied, installed, sited, or fitted on their premises.

3.14.2 Departments must maintain comprehensive records for all vehicles, plant and equipment controlled by them, and have a clear system for correct maintenance, training, and inspection. They are also legally required to keep inspection and test certificates and thorough examination reports up to date for hoists, compressors, air vessels, vehicles and other plant and equipment or, on expiry, take the item out of service until newly certificated. They must keep these records and copies of the certificates on site or in a suitable location.

3.14.3 The management of each force establishment led by the Estates Team must make sure that all electrical systems are constructed and maintained to always prevent danger, so far as is reasonably practicable. To meet this requirement, they must arrange for suitably qualified competent people to examine the electrical systems at all force establishments fully every five years and inspect any portable electrical equipment regularly. Adequate records of all inspections must be kept.

3.15 Personal safety equipment (Baton, handcuffs), personal protective equipment (PPE) and clothing

3.15.1 The force is fully committed to a policy of training and equipping all officers and staff to the best and most appropriate standard. It is fully understood that officers and staff are, from time to time, faced with hazardous situations. It is important for all officers and staff to know that their safety is of paramount importance and every step is and will be taken to train, equip and prepare officers for all foreseeable situations they may face.

3.15.2 Lincolnshire Police will have clear arrangements for the identification, selection, evaluation and purchasing of personal safety equipment and uniform. The Force Protective Equipment and Uniform Focus Group is charged with implementing those arrangements.

3.15.3 Using PPE should always be a last resort, after considering all other control measures. The force will provide the necessary protective clothing and other PPE required for safe systems and places place of work and will replace them when needed. PPE must be suitable for the task and for the employee for whom it is to be provided.

3.15.4 Employees must use PPE and personal safety equipment correctly and it is their responsibility to report anything unsuitable or unserviceable to their manager so they can arrange replacements. Line managers must make sure that all relevant staff are trained on the correct care and use of the personal protective equipment supplied so they can do their tasks safely.

3.16 Display Screen Equipment

3.16.1 The force will safeguard the health and safety of its people when using DSE under the Health and Safety (Display. Screen Equipment) Regulations 1992. DSE eLearn is part of the mandatory induction package for all employees. Departments will need to ensure that all display screen users receive appropriate training and information regarding the safe use of DSE. Self-assessment forms will be issued to all DSE users, which will be reviewed by the manager and H&S Business Partner. These will need to be repeated following any significant changes to the work environment or changes in the health and wellbeing of the individual.

3.16.2 Managers and H&S Business Partner will make sure that people are informed of their right to eye and eye-sight tests and corrective appliances, and that job design incorporates natural breaks away from DSE to avoid long continual use of DSE.

3.17 Hazardous and dangerous substances

3.17.1 Managers must seek advice from the Health and Safety Compliance Manager to assess all substances designated under the Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended) and The Dangerous Substances and Explosive Atmospheres Regulations 2002 (DSEAR) and record the assessment.

3.17.2 Anyone working with chemicals will require specific training under COSHH /DSEAR. Line managers must identify specific training needs and seek information, instruction, training, and advice to relevant employees from the Health and Safety Compliance Manager or Health and Safety Business Partner.

3.17.3 Each establishment must maintain a complete list of chemicals used by people there, maintain these records and monitor them. Managers must identify all hazards from those chemicals and substances under the COSHH and DSEAR legislation so that each establishment can introduce appropriate controls for storage and use.

3.17.4 Managers must get material safety data sheets for all the substances stocked from the suppliers or manufacturers and maintain them in a designated place at each establishment. All employees have a responsibility to notify their manager of any substance or working practice that they consider may expose them or others to risks from hazardous substances.

3.17.5 Line managers must review their stocks of chemicals and substances regularly to establish whether they are still required or whether there are newer, safer alternatives to use. They must not buy in new products without consulting their manager, head of section or the force Health & Safety Compliance Manager beforehand.

3.17.6 Manufacturers must supply a material safety data sheet if the product falls under the requirements of the COSHH or DSEAR regulations. Managers must complete an assessment on form H13 using the information from the data sheet. This makes sure that we meet the correct control measures,

first aid or personal protective equipment, PPE, requirements for that product. Managers must pass this information on to everyone who will use it. This principle applies equally for drugs testing kits and Crime Scene Investigators' chemicals, traffic vehicle etching fluids and similar, as well as cleaners' and caretakers' chemicals.

3.17.7 Managers must send a copy of the list of all chemicals and substances used or stored at each establishment, as well as any amendments to this list, to the Health & Safety Compliance Manager for inclusion in the COSHH/DSEAR database.

3.18 Asbestos

3.18.1 Lincolnshire Police has a policy of managing asbestos. An Asbestos Management Plan has been developed and is managed on a day-to-day basis by Facilities Management. Asbestos surveys have been carried out and recorded in the Asbestos Register which is maintained by Facilities Management. Before any structural work is to be carried out on the buildings, the asbestos register must be consulted.

3.19 Legionella

3.19.1 Lincolnshire Police has a policy for managing Legionella. Water quality surveys are carried out on a regular basis and a water treatment programme put into place. The management of water quality lies within Facilities Management.

3.20 Alcohol, drug and other substance misuse

3.20.1 Lincolnshire Police is committed to providing a safe, healthy, and productive working environment. Misuse of alcohol and drugs can lead to reduced efficiency, increased risk of accidents, increased health/wellbeing issues, increased vulnerability to corruption and potential criminal and disciplinary consequences. This can have serious consequences for individuals, their families, the public and it is costly for the Lincolnshire

Police. We operate a substance misuse policy, detailed in policy documents:

- PD 01 - Alcohol, Drug and Other Substance Misuse – In-service
- PD 116 - Alcohol, Drug and Other Substance Misuse – Pre-employment

3.21 Smoking

3.21.1 We operate a no-smoking at work policy, detailed in policy document PD 39 - Smoking at Work.

3.21.2 Whenever practicable, and subject to operational requirements, we will help employees who want to stop smoking through self-help and counselling. We can signpost to the NHS stop smoking services.

3.22 Construction works

3.22.1 All construction work, including design and demolition works, must comply with the requirements of The Construction (Design and Management) Regulations 2015, as necessary. There must be adequate consultation between the client, principal designer, designers, Principal Contractor & other contractors, and site management. The management of construction works lies within Facilities Management.

3.23 Contractors and sub-contractors

3.23.1 When contractors and sub-contractors are employed by, or on behalf of the force, the responsible manager must make sure that every contract awarded requires that contractors and sub-contractors will adopt safe methods of work. This means complying with the relevant health and safety legislation including the Health and Safety at Work, etc. Act 1974, the • The Management of Health and Safety at Work Regulations 1999 and, where relevant, The Construction (Design and Management) Regulations 2015 and any other regulations related to the specific contracted activity.

3.23.2 If a contractor or sub-contractor fails to meet the health and safety standards required by the force or the requirements of the contract, the relevant manager must seek timely remedial action to ensure compliance. We may exclude contractors that continually fail to use safe working practices from tendering for future work for the force.

3.23.3 Contractors working at force premises must report any accidents, injuries or assaults or dangerous occurrences to either; their nominated point of contact, Facilities Management or to the Health & Safety Business Partner if they happen within the force premises boundaries. They must record the details of the occurrence. When a manager gets an occurrence report from a contractor, including accident, assault, disease, dangerous occurrence, or anything legally 'notifiable' to the HSE, they must notify the Health & Safety Business Partner immediately.

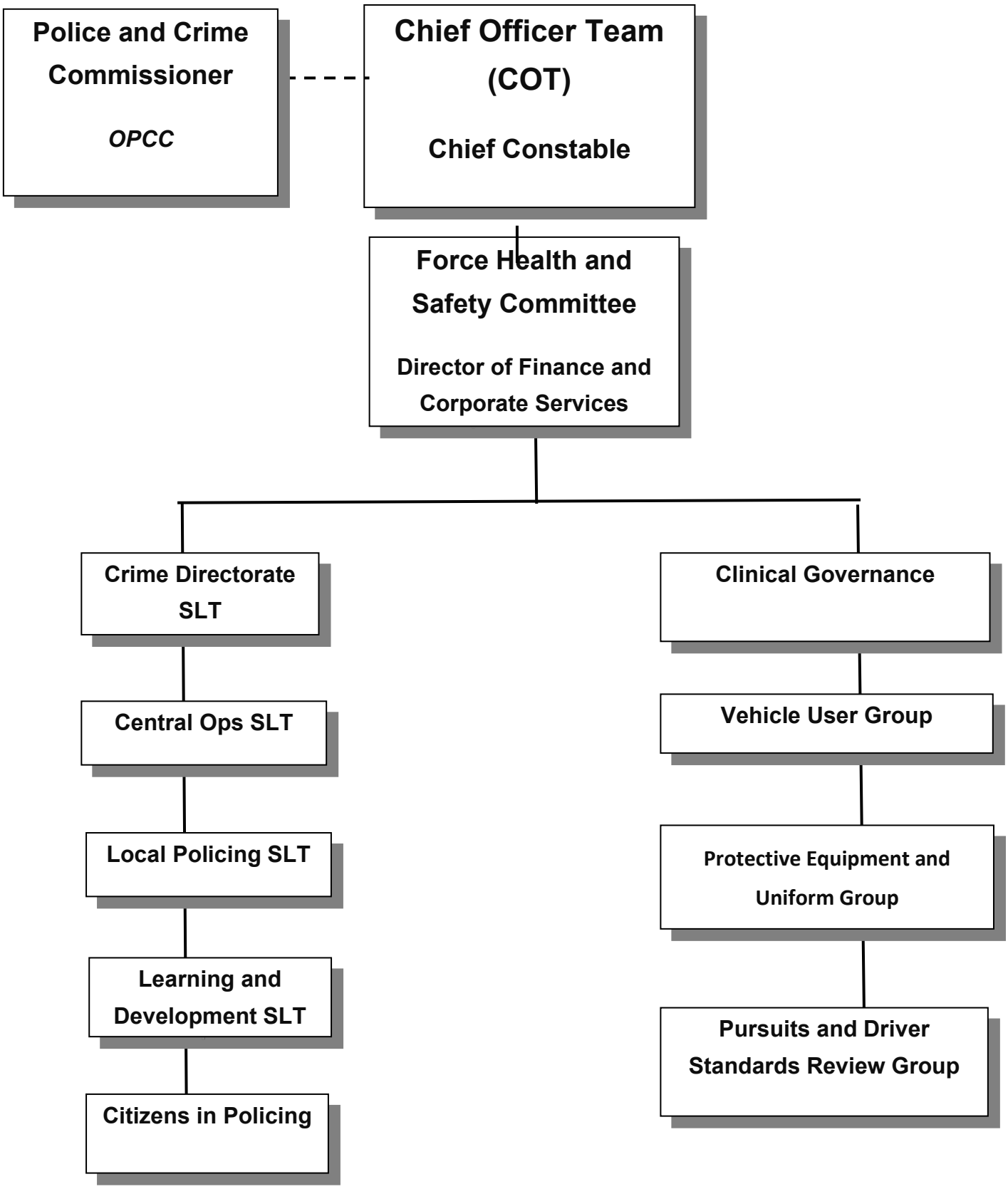
3.23.4 The Health & Safety Business Partner always has the right of entry into any of the contractor's areas of work at any force establishment to do any necessary accident investigation procedures or to make sure that safe systems of work are in place and are being followed.

3.24 Rescue from hazardous places

3.24.1 Health and Safety at Work etc. Act 1974 places duties on Police Officers and Police Staff to take reasonable care of themselves and others and to co-operate with their employer. In essence, this means that police officers and staff should act sensibly and responsibly within the command and control of their employer; they should not act recklessly. However, the 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, the HSE takes the view that HSWA has not been breached by Lincolnshire Police and that it would not be in the public interest to take action against the individual. Equally, the HSE, like the Police Service, recognises that in such extreme cases everyone has the right to make personal choices and that individuals may choose not to put themselves at unreasonable risk. The HSE's position is summarised in their document "Striking the Balance."

3.24.2 Any attempt at rescue must take in to account other actions that the person can take first without endangering themselves or others, any personal protective equipment available, any training and safety information received, and the likelihood of a successful outcome.

Appendix 4: Health and Safety Governance Structure



Pro-forma for the initial assessment

This screening document is the first stage in a two-stage process to take a systematic approach to assessing the impact of an activity on equality. An activity may mean a:

- policy or policy review
- a business case
- a business plan
- a project initiation
- a decision to implement a service
- a decision to decommission a service.

This screening should be completed by the lead person for the activity with assistance from any of the following departments:

- Human Resources (where appropriate)
- Equality and Diversity

Department:	Resources	**Section:**	Health and Safety	**Person responsible for initial assessment:**	Nick Cornwell-Smith
Policy being assessed:	Health and safety policy	**Date of assessment:**	May 2024	**Is this a new or existing policy?**	Existing but revised

Question	Answer
1. Briefly describe the aims, objectives, and purpose of the policy.	This policy sets out the force's general policy for safeguarding the health, safety and wellbeing of employees and others. It also details the organisation and arrangements in force for carrying out this policy.
2. Are there any associated objectives of the policy? Please explain.	This policy has been prepared under Section 2(3) of the Health and Safety at Work, etc. Act 1974. The Act requires a regular review of the safety policy.
3. Who is intended to benefit from the policy and in what way?	All employees (Police Officers, Police Staff), volunteers and those members of the public coming in to contact with Lincolnshire Police
4. What outcomes are wanted from this policy?	The health and safety of officers, staff and managers and the public.
5. What factors/forces could contribute/detract from the outcomes?	Failure to follow the policy, training and other force requirements in health and safety can lead to increased accidents and work related ill-health.
6. Who are the main stakeholders in relation to the Policy?	All Police officers and Police staff, their immediate managers, the Chief Officer Group, the Office of Lincolnshire Police and Crime Commissioner.
7. Who implements the policy and who is responsible for the activity?	All Police officers and Police staff, their immediate managers, the Chief Officer Group, the Office of Lincolnshire Police and Crime Commissioner.
8. Is there any likelihood the policy **could** have a differential impact on racial groups? (Including Gypsies and Travellers)	**No** This Policy aims to ensure the health, safety, and welfare of all working within Lincolnshire Police and affected by its actions. There are no specific elements likely to have a differential impact on racial groups

What existing evidence (either presumed or otherwise) do you have for this?	Not applicable
9. Is there any likelihood the policy **could** have a differential impact due to gender?	**No** This Policy aims to ensure the health, safety, and welfare of all working within Lincolnshire Police and affected by its actions. There are no specific elements likely to have a differential impact due to gender.
What existing evidence (either presumed or otherwise) do you have for this?	Not applicable
10. Is there any likelihood the policy **could** have a differential impact on due disability?	**No** This Policy aims to ensure the health, safety, and welfare of all working within Lincolnshire Police and affected by its actions. There are no specific elements likely to have a differential impact due to disability.
What existing evidence (either presumed or otherwise) do you have for this?	Not applicable
11. Is there any likelihood the policy **could** have a differential impact on people due to sexual orientation?	**No** This Policy aims to ensure the health, safety, and welfare of all working within Lincolnshire Police and affected by its actions. There are no specific elements likely to have a differential impact due to sexual orientation.

What existing evidence (either presumed or otherwise) do you have for this?	Not applicable
12. Is there any likelihood the policy **could** have a differential impact on people due to their age?	**No** This Policy aims to ensure the health, safety, and welfare of all working within Lincolnshire Police and affected by its actions. There are no specific elements likely to have a differential impact due to age.
12a. Is there any likelihood the policy **could** have a differential impact on Young People and Children?	**No** This Policy aims to ensure the health, safety, and welfare of all working within Lincolnshire Police and affected by its actions. There are no specific elements likely to have a differential impact on Young People and Children.
What existing evidence (either presumed or otherwise) do you have for this?	Not applicable
12b. Is there any likelihood the policy **could** have a differential impact on Older People?	**No** This Policy aims to ensure the health, safety, and welfare of all working within Lincolnshire Police and affected by its actions. There are no specific elements likely to have a differential impact on Older People.
What existing evidence (either presumed or otherwise) do you have for this?	Not applicable

13. Is there any likelihood the policy **could** have a differential impact on people due to their religious belief?	**No** This Policy aims to ensure the health, safety, and welfare of all working within Lincolnshire Police and affected by its actions. There are no specific elements likely to have a differential impact due to their religious belief.
What existing evidence (either presumed or otherwise) do you have for this?	Not applicable
14. Is there any likelihood the policy **could** have a differential impact on people due to them having dependants/caring responsibilities?	**No** This Policy aims to ensure the health, safety, and welfare of all working within Lincolnshire Police and affected by its actions. There are no specific elements likely to have a differential impact due to them having dependants/caring responsibilities.
What existing evidence (either presumed or otherwise) do you have for this?	Not applicable
15. Is there any likelihood the activity **could** have a differential impact on people due to Marriage or Civil partnership?	**No** This Policy aims to ensure the health, safety, and welfare of all working within Lincolnshire Police and affected by its actions. There are no specific elements likely to have a differential impact due to Marriage or Civil partnership.
What existing evidence (either presumed or otherwise) do you have for this?	Not applicable

16. Is there any likelihood the policy **could** have a differential impact on people due to them being Transgender or Transsexual?	**No** This Policy aims to ensure the health, safety, and welfare of all working within Lincolnshire Police and affected by its actions. There are no specific elements likely to have a differential impact due to them being Transgender or Transsexual.
What existing evidence (either presumed or otherwise) do you have for this?	Not applicable
17. If a differential impact has been identified in 8-16, will this amount to there being the potential for an adverse impact in this policy?	Not applicable
18. Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group? Or any other reason?	Not applicable
19. If Yes, is there enough evidence to proceed to a full EIA?	**No**
20. Date on which Full impact assessment to be completed by.	Not applicable

Signed (completing officer): J Betts

Signed (Lead officer): J Betts

Groups affected

Please identify the anticipated impact this activity will have on the following population groups.

- Tick the appropriate box and give explanation if so required,
- Please note that there are both likely benefits and adverse impact within the same group
- Any groups highlighted as likely to be adversely affected should be consulted in the second stage Full Impact Assessment if one has been identified as being needed.

	Likely to Benefit	No Impact	Adverse Impact
Disability: Physical, Sensory, Learning Disability, Mental Health, Carers	☐	☒	☐
Gender: Male, Female	☐	☒	☐
Transgender	☐	☒	☐
Race: Traveller and Gypsy etc	☐	☒	☐
Sexual Orientation: Lesbian, Gay, Bisexual	☐	☒	☐
Religion and Belief	☐	☒	☐
Age: Young and Old	☐	☒	☐
Marriage and Civil Partnerships	☐	☒	☐