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A Guide for Senior Officers

Health and Safety

**fire service guide
Volume 1**



Scottish Office



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A Guide for Senior Officers

Health and Safety

**fire service guide
Volume 1**

HM Fire Service Inspectorate
Publications Section

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A Guide for Senior Officers

Executive Summary

This guide has been prepared to give Chief Fire Officers, Firemasters and other senior fire officers an overview of a health and safety structure required for a brigade.

Introduction

The aims of this volume are to describe:







- 🔥 The benefits of effective health and safety management.
- 🔥 The duties and responsibilities of Chief Fire Officers, Firemasters as employers under health and safety legislation.
- 🔥 The practical steps which need to be taken to establish a good health and safety management system in order to comply with the legislation.
- 🔥 How to use the package of guidance, of which this is a part.
- 🔥 The role of Inspectors of the Health and Safety Executive (HSE)

Management of Health and Safety

The guide recommends that the way in which to comply with the legislation and to achieve a lasting improvement in health and safety at work is to:

- 🔥 Integrate the management of health and safety with the general management of the brigade.
- 🔥 Change attitudes towards health and safety so that they become ingrained into the culture of the brigade.

In practical terms the steps which will need to be taken to achieve these objectives and to comply with the Health and Safety at Work etc Act 1974 (HASWA) are:

-  To ensure that there is in place a written statement of the policy, organisation and arrangements for managing health and safety at work.
-  To identify and allocate responsibility and accountability to named managers.
-  To ensure that all significant hazards are identified, by undertaking risk assessments and that action is taken to eliminate or control the hazards.
-  To provide adequate resources, including the appointment of competent staff to advise on health and safety matters.
-  To involve employees:
 - By providing adequate information, instruction and training.
 - Through staff consultation and the appointment by unions or others of safety representatives and the establishment of safety committees.
-  To establish monitoring systems so that health and safety policies can be reviewed.

A Guide for Senior Officers

The Benefits of Effective Health and Safety Management

Definitions

Accident includes any undesired circumstances which may or may not give rise to ill-health or injury, damage to property, plant, products or the environment, production losses or increased liabilities.

Incident includes any undesired circumstances and 'near-misses' which could cause accidents.

Costs of Accidents

Health and safety management is a quality issue. To quantify the benefits Chief Fire Officers, Firemasters may calculate the cost of non-compliance in terms of:

- 🔥 Money.
- 🔥 Human suffering.
- 🔥 Civil and criminal action.

Money is lost as a result of repairs to, and the extra maintenance of, property, appliances and equipment. More importantly, an accident resulting in injury to a person may lead to losses due to sickness costs, training costs, pension costs, legal costs and costs associated with the temporary or permanent replacement of those injured. Obviously, in addition to any moral case it makes sound financial sense for fire brigades to reduce accidents to a minimum.

All managers should recognise the need to investigate the cause of an accident which has caused serious injury. However, it is wrong merely to consider the seriousness of an accident in relation to its outcome. For example, if a firefighter slips on oil which has leaked from an appliance the consequences may range from soiled clothing to fatal injury. The precise outcome of an accident cannot be readily predicted. The only effective way to reduce injuries is to investigate all accidents and take the necessary measures to eliminate their causes.

Not all accidents need to be investigated to the same extent or depth. The greatest effort should concentrate on significant events where there has been serious injury, ill-health or loss, as well as those which had the potential to cause serious injury or loss.

HSG65 Successful Health and Safety Management (second edition) 1997 HSE

It has been demonstrated that uninsured costs such as equipment and property damage, loss of experience/expertise and legal costs, can vary between 8-36 times that of the insured cost. The cost of accidents to the British Fire Service has been calculated by Ernst & Young in a study. This was commissioned by the Fire Brigades Union and published in November 1996. The figures quoted in that document, give a range of £74 millions to £109 millions, projected to rise to a range of £130 millions to £193 millions in 5-10 years.

Avoiding Loss

Experience has shown that there are many near-misses for every accident that causes harm. If brigades fail to eradicate the causes of a near-miss, they will probably fail to prevent injury, or damage in the future.

Fire service managers should aim to eliminate or minimise events which have the potential to cause accidents. This requires the systematic identification of hazards associated with the organisation's activities and an analysis of the risk relating to those hazards, the preventive and protective measures necessary and the elements of the organisation which can influence such hazards, risks and control measures. This is the basis for risk management.

Health and safety measures should not be viewed as an extra cost being imposed on brigades but as an opportunity to reduce unnecessary expenditure and free up resources. To quote Robert E McKee, Chairman and Managing Director of Conoco (UK) Ltd.

**“Safety is, without doubt,
the most crucial investment
we can make ... the question
is not what it costs us, but
what it saves”.**

**Robert E McKee
Chairman and
Management Director
Conoco (UK) Ltd**

A Guide for Senior Officers

Health and Safety Management

Effective Health and Safety Management

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

- 🔥 Integrate the management of health and safety with the general management system for the brigade.
- 🔥 Change attitudes towards health and safety so that they become ingrained into the culture of the brigade.

It follows from this that the responsibility cannot be delegated to the brigade health and safety advisers, however competent they may be. Whilst advisers have a key role to play, the overall task of ensuring that a brigade fulfils its responsibilities under the 1974 Act falls on the Fire Authority as the employer, as well as the Chief Fire Officer, Firemaster and the managers designated to assist them.

Key Elements of Health and Safety Management

Guidance issued by the HSE identifies 5 key elements in successful health and safety management.

- 🔥 **Policy:** Effective health and safety policies are in place, which set a clear direction for the organisation.
- 🔥 **Organising:** An effective management structure and organisational arrangements are in place for delivering the policy.
- 🔥 **Planning:** There is a planned and systematic approach to implementing the health and safety policy through an effective health and safety management system.
- 🔥 **Measuring Performance:** Performance is measured against agreed *standards to reveal when and where improvement is needed.*
- 🔥 **Auditing and Reviewing Performance:** The organisation learns from **all** relevant experience and applies the lessons.



Officers will recognise that the elements of effective health and safety management reflect the principles of total quality management.

'Successful Health and Safety Management' (HSG65 second edition 1997) which is summarised in the leaflet 'Managing Health and Safety: Five Steps to Success'. (IND(G)132L).

Policy

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

The detail of those arrangements will vary within the context of each brigade's local conditions and existing organisational arrangements. Nevertheless, the essential content and the underlying principles of the policy are broadly similar for all brigades and should include:

-  A short general statement of commitment to ensuring the health and safety of all personnel, contractors and other third parties and members of the public who may be affected by the activities of the fire service.
-  A declaration by the Chief Fire Officer, Firemaster, setting out the organisational and management arrangements for delivering the policy.





This statement should take account of relevant statutory requirements made under the Health and Safety at Work etc Act 1974 (HASWA).

An essential feature of the statement is that it must demonstrate a clear and unequivocal commitment on the part of senior management to health and safety. It would be appropriate, therefore, for the statement to be signed by the Chief Fire Officer, Firemaster and formally adopted by the fire authority.

The document will require periodic review and amendments in the light of experience and changing conditions.

Organising

For any brigade health and safety policy to be fully effective it is essential that brigade employees are involved and committed. This requires:




-  **Control:** allocating responsibilities and securing commitment.
-  **Co-operation:** between individuals and groups, especially between and with the representative bodies.
-  **Communication:** verbal and written.
-  **Competence:** recruitment, training and advisory support.

Organisation of staff

The health and safety policy provides a structure which allocates responsibilities from the Chief Fire Officer, Firemaster downwards. By designating health and safety responsibilities to senior officers it also provides a framework for co-operation and accountability.

Consultation with employees

Regulations made under the HASWA require employers to consult with employees and/or their representatives on health and safety matters. The key provisions of the Regulations are discussed in Appendix B, however, briefly, they state that:

-  Recognised trade unions may appoint safety representatives to represent employees in these consultations.
-  If requested to do so by the safety representatives employers are required to establish formal **safety committees** to keep under review the making and maintenance of health and safety arrangements and of checking their effectiveness.
-  Employers are required to consult employees not represented by recognised trade union safety representatives.

The Management of Health and Safety at Work Regulations, 1992 require every employer to appoint one or more competent persons to assist in the measures needed to comply with the relevant statutory provisions and provide that a person shall be regarded as competent where they have sufficient training and experience or knowledge and other qualities properly to undertake these measures.

It must be emphasised, however, that the main responsibility for ensuring the health and safety of employees rests with **line management** and cannot be delegated to health and safety advisers. It is essential, therefore, that managers are given the necessary training and resources to enable them to fulfil this responsibility effectively.

Role and functions of brigade health and safety advisers

Organisations which successfully manage health and safety, ensure that their health and safety advisers not only have the competence but also the status to advise management with authority and independence.

Subjects on which they advise include:

- 🔥 Health and safety policy formulation and development.
- 🔥 The implementation and monitoring of policy.

To fulfil these functions they have to:

- 🔥 Be able to interpret the law and understand how it applies to the fire service.
- 🔥 Assist management in establishing and maintaining appropriate monitoring and auditing systems.
- 🔥 Present their advice to brigade managers in an independent and effective manner.
- 🔥 Have a direct reporting line to the senior officer responsible for co-ordinating brigade health and safety matters.
- 🔥 Establish effective links both within the brigade and with outside bodies.

Information on professional and training bodies relevant to health and safety can be found in Appendix C.

Appendix D contains a summary of the CACFOA guidance 'The Health and Safety Adviser Role', including a list of an adviser's key functions.

Planning

Planning is essential for the implementation of health and safety policies. Adequate control of risks can only be achieved through co-ordinated action by all members of the brigade. Effective health and safety planning requires brigades to establish and operate a health and safety management system which:

- 🔥 Controls risks.
- 🔥 Reacts to changing demands.
- 🔥 Sustains a positive health and safety policy.





This can best be achieved by implementing a planned programme of risk assessment.

Risk assessment is the process of analysing the level of risk, considering those in danger and evaluating whether or not hazards are adequately controlled, taking into account any existing control measures.

Within the fire service an assessment of risk is achieved through the systematic examination of the hazards associated with fire service activities, equipment and operating environment. This includes the risks to both uniformed and non-uniformed personnel, which arise out of both operational and non-operational work activities.

Risk assessment is likely to be the largest task which a brigade will face in reviewing its health and safety arrangements, and to a greater or lesser extent, is likely to involve all levels of management.

The broad aims are to:

-  Identify the hazards which might pose serious risks to brigade personnel or others who might be affected by the brigade's activities.
-  Measure the effectiveness of any existing risk control measures.
-  Identify and implement any additional control measures necessary to reduce the risk to an acceptable level.
-  Record significant findings.





In view of the size of the task and in order to complete it, careful planning and appropriate training will be required. It is suggested that this strategy might be developed and co-ordinated centrally within the brigade.

In preparing brigade risk assessments, the guidance and content of the generic model risk assessments in Volume 3 should be used. Brigades may also wish to consider the guidance set out in DCO/DFmr letters of 1996 'Guidance on the Application of Risk Assessment in the Fire Service' and any other relevant guidance.

The law requires brigades to review assessments from time to time. The frequency of review will be dependent on the level of risk, the accident experience of the brigade and any significant changes in working practices.

Dynamic Risk Assessment

All firefighters in the UK have been provided with a personal issue of a document giving guidance on dynamic risk assessment. This is defined as "Continuous Assessment of Risk in the rapidly changing circumstances of an operational incident, in order to implement the control measures necessary to ensure an acceptable level of safety" The personal issue document explains the following:

-  Levels of operational risk management.
-  The safe person concept.
-  Dynamic management of risk.
-  Dynamic assessment method.

Measuring Performance

In the same way that a fire brigade needs to monitor its finances and other performance indicators it needs to measure its health and safety performance to find out if it is being successful.

Active monitoring, involves regular inspection and checking to ensure that standards are being implemented and controls are working. The cost of mending a broken stair is much cheaper than paying for the injuries which could result from someone falling down the stairs.

Reactive monitoring, after things go wrong, involves identifying systems failures whether or not they result in injuries, illnesses or damage. Practical guidance on monitoring is contained in Volume 2 'A Guide for Managers.'

It includes the monitoring of:

- 🔥 Injuries and ill-health.
- 🔥 *Damage to property.*
- 🔥 Near misses.
- 🔥 Hazards.
- 🔥 Costs.
- 🔥 Enforcement action by the HSE.

Auditing and Reviewing Performance

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

Learning from all relevant experience and applying the lessons learnt are important elements in effective health and safety management. This needs to be done systematically through regular reviews of performance based on data both from:

- 🔥 Monitoring activities.
- 🔥 Robust audits of the whole health and safety management system.

Audit and review may be achieved through:

- 🔥 Peer review.
- 🔥 External consultation.
- 🔥 Internal audit.
- 🔥 A combination of the above.

These form the basis for self-regulation and for securing compliance with Sections 2 to 6 of HASWA.

Brigades should be committed to continuous improvement through the constant development of, policies, approaches to implementation and techniques of risk control.

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Content



In addition to the 'Dynamic Management of Risks at Operational Incidents' and this guide, the package of guidance comprises two further documents:

Volume 2: Health and Safety:
A Guide for Managers

Volume 3: Health and Safety: A Guide to
Operational Risk Assessment

Volume 2: Health and Safety: A Guide for Managers

This volume and the companion volume on risk assessment complement the guidance for senior officers. Together they provide managers with:

-  An overview of health and safety legislation and the responsibilities of managers and employees.
-  Practical guidance and reference materials on health and safety matters.

The guidance does not make a distinction between uniformed and non-uniformed managers.

Volume 2 comprises five sections:

- Section 1: Health and Safety law and the legal responsibilities of Fire Service managers.
- Section 2: Guidance on training.
- Section 3: Accidents and injuries.
- Section 4: Work related sickness.
- Section 5: Modular guidance.

Volume 3: A Guide to Operational Risk Assessment

This volume includes a number of operational generic risk assessments covering a wide range of operational incidents which brigades may wish to use as a basis for their own operational risk assessments.

It is important that the guidance is used and not simply consigned to managers' bookcases.

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Role of the Health and Safety Executive



The Health and Safety Executive (HSE) is the enforcing authority for the HASWA Act, the regulations made under it, and certain related legislation.

The primary role of the HSE is to ensure that risks to health and safety from work activities are properly controlled. This task is undertaken mainly by HM Inspectors of Health and Safety who operate from the 19 local Area Offices in England, Wales and Scotland.

A list of HSE Area Offices and the brigades they are responsible for is contained in Appendix F.

HSE policy in relation to the fire service is developed primarily by the National Interest Group (NIG) for Crown, Fire and Police, based at the HSE Area Office in Basingstoke.

Inspectors have a wide range of powers to assist them in their inspections and investigations. Whilst their main aim is to help and advise employers on how to comply with their health and safety obligations, they will use formal enforcement powers when they consider them to be the most appropriate way to deal with a particular situation. These powers include the issue of improvement or prohibition notices and the power to prosecute.

-  An improvement notice requires action to put something right within a certain time.
-  A prohibition notice requires action to stop something until things are put right.

Failure to comply with a notice is an offence, which is likely to lead to prosecution.

A summary of the document 'Dealing with the HSE - Guidance for CACFOA' is contained in Appendix E.

Frequency of Inspections

The frequency of routine inspections depends on a system which rates employers according to the risks from their activities and their health and safety performance. In addition inspections may be made to investigate accidents, cases of ill health or complaints, to gather information about particular health and safety problems or practices.

READING LIST:

Your Rights When Health and Safety Inspectors Take Action

HSC MISC033

Enforcement Policy Statement

HSC MISC030

Health and Safety Regulations - A Short Guide

HSC13

Health and Safety Executive - Working With Employers

HSE35

Health and Safety Executive and You

HSE34

All the above are available free from local HSE offices or:

HSE Books

PO Box 1999

Sudbury

Suffolk CO10 6FS

(Tel: 0114 289 2345 Fax: 0114 289 2333)

Successful Health and Safety Management (second edition 1997)

HSG65

*The Management of Health and Safety at Work Regulations 1992
and Approved Code of Practice*

The Safety Representatives and Safety Committee Regulations 1977

(amended 1992 and 1996)

(All available from HMSO/HSE Books)

Fire Service Circular

(FSC) 5/95

Fire Service Circular

(FSC) 4/95 (Scotland)

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List of Contributors

HM Inspectorate of Fire Services (Scotland)

A N Morrison CBE, QFSM, DTech, FIFireE
HM Chief Inspector of Fire Services
A S Whitton QFSM, GIFireE
HM Inspector of Fire Services

HM Inspectorate of Fire Services (England and Wales)

P Morphew QFSM, AIFireE, FIMgt
HM Inspector of Fire Services
A Wells QFSM, FIFireE
HM Inspector of Fire Services
M Muckett MBA, DMS, MIFireE, MIOSH
Principal Health & Safety Officer

Chief and Assistant Chief Fire Officers' Association, (CACFOA) Health and Safety Committee

Chairman

Deputy Chief Officer M Coffey, QFSM, GIFireE

Committee Members

CFO P Quinn QFSM, MIFireE
DCO A Doig BSc, FIFireE, MIMgt
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DCO D Wynne MBA, DMS, MIFireE
CFO M Burrell, DMS, GIFireE
DCO S Seaber DMS, MIFireE
ACO T J Tinley GIFireE
ACO J G Williamson DipFM, MIFireE
ACO A S Marshall FIFireE, FIPD
Mr J Norton-Doyle MSc, BSc, DEH, FRSH, MCIEH, MIOSH

CACFOA District No. 7 (Scotland) Health and Safety Committee

Chairman

Assistant Firemaster A J Early QFSM, BSc, MIFireE, MIOSH

Committee Members

DO S Cowie
DO R McChristie

DO G Hill, MIFireE
DO M Traquair GIFireE, MIIRSM
DO F Sweeny MIFireE
DO R Muirhead
Mr S Brown BSc, CEng, MICE, MIOSH
ADO G Shone MIFireE, MIOSH
ADO S Burns BSc
ADO I Bennett
ADO M. Doherty
ADO D Young, Cert ed, DPE, GIFireE
StnO N Millard BA

Health and Safety Executive, Crown, Fire and Police (NIG)

Ms G Saunders	HM Principal Inspector
Mr G Broughton	HM Inspector

H.M. Fire Service Inspectorate Publications Section



A.M. Boyer FIFireE	HM Inspector of Fire Services
Mr Huw Evans	

Fire Brigades' Union

D Matthews MIIRSM, DipSM	National Health and Safety Officer
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Key Provisions of:

-  Safety Representatives and Safety Committees Regulations 1977 (amended 1992 and 1996).
-  Health and Safety (Consultation with Employees) Regulations 1996.

Safety Representatives and Safety Committee Regulations 1977







The Safety Representatives and Safety Committees Regulations 1977, made under section 2(4) of the Health and Safety at Work etc Act 1974, prescribe the cases in which recognised trade unions may appoint safety representatives. The Regulations also specify the functions of such safety representatives and set out the obligations of employers towards the representatives.

Appointment of safety representatives

For the purposes of section 2(4) of the HASWA Act, a recognised trade union may appoint safety representatives from amongst the employees in all cases where one or more employees are employed by an employer by whom it is recognised.

Functions of safety representatives

Safety representatives have the following functions:

-  To investigate potential hazards and dangerous occurrences at the workplace (whether or not they are drawn to the safety representatives attention by the employees represented) and to examine the causes of accidents at the workplace.
-  To investigate complaints by any employee represented, relating to that employee's health, safety or welfare at work.
-  To make representations to the employer on relevant matters.
-  To make representations to the employer on general matters affecting the health, safety or welfare at work of the employees at the workplace.
-  To carry out inspections in accordance with Regulations 5, 6 and 7.
-  To represent the employees they were appointed to represent in consultations at the workplace with inspectors of the Health and Safety Executive and of any other enforcing authority.

- ✦ To receive information from inspectors of the HSE in accordance with section 28(8) of the HASWA Act.
- ✦ To attend meetings of safety committees which they attend in their capacity as a safety representative in connection with any of the above functions;

NB: No function given to a safety representative by the Regulations shall be construed as imposing any duty on that representative.

Employers Duty to consult and provide facilities and assistance:

Without prejudice to the generality of section 2 (6) of the Health and Safety at Work etc. Act 1974, every employer shall consult safety representatives in good time with regard to:

- ✦ The introduction of any measure at the workplace which may substantially affect the health and safety of the employees the safety representatives concerned represent.
- ✦ Arrangements for appointing or, as the case may be, nominating persons in accordance with regulations 6(1) and 7(1)(b) of the Management of Health and Safety at Work Regulations 1992.
- ✦ Any health and safety information required, by or under the relevant statutory provisions, to be provided to the employees the safety representatives concerned represent.
- ✦ The planning and organisation of any health and safety training the employer is required to provide, by or under the relevant statutory provisions, to the employees the safety representatives concerned represent.
- ✦ The health and safety consequences for the employees the safety representatives concerned represent of the introduction (including the planning thereof) of new technologies into the workplace.

Provision of facilities:

Employers are required:

- ✦ To provide such facilities and help as safety representatives may reasonably require for the purpose of carrying out their functions.

🔥 To allow safety representatives such time off with pay during their working hours as is necessary for them to:

- a) Perform their statutory functions.
- b) Undertake a reasonable amount of training.

Rights of safety representatives:

To enable them to perform their functions freely, the Regulations specify:

- 🔥 That an employer must not discriminate against a safety representative for any activity which is carried out while performing the role of a safety representative.
- 🔥 That a safety representative has the right to present a case to an industrial tribunal if an employer has failed to allow time off to undertake his/her functions, or has failed to pay for time spent on performing them.

Health and Safety Committees

The Regulations require an employer:

- 🔥 To establish a safety committee if requested to do so, in writing, by at least 2 safety representatives appointed by recognised trade unions.
- 🔥 To establish the committee within 3 months, following consultation with the safety representatives in the workplace concerned.

Objectives and functions of safety committees

The Health and Safety at Work Act 1974 states the function of a health and safety committee as **to keep under review the measures taken to ensure the health and safety at work of employees.**

Within fire brigades, the following subjects are considered appropriate business for fire brigade safety committees:

- 🔥 Monitoring compliance with the brigade health and safety policy statement.
- 🔥 Considering management proposals for implementing the health and safety legislation, especially in relation to the preparation of risk assessments.

- ✦ Considering reports of injuries (caused by accidents or assaults) and dangerous occurrences with a view to recommending appropriate preventive action.
- ✦ Considering inspection reports submitted by safety representatives and Inspectors of the HSE.

Membership

The membership and structure of a health and safety committee should be settled locally, in consultation between management and the trade union representatives, through the normal consultative process.

In general terms, the aim should be for the committee to perform its function as far as possible through consensus

Health and Safety (Consultation with Employees) Regulations 1996

Briefly summarised these Regulations:

- ✦ Require employers to consult any employees not in groups covered by trade union safety representatives. The employer can choose to consult them directly or through elected representatives.
- ✦ Put the onus on the employer to ensure that there are no groups which are not covered by these arrangements.

Further guidance

HSE Books publish the following:

- ✦ ***Safety representatives and safety committees***
ISBN 0 11 883959 4. This contains the texts of the 1977 Regulations and the 2 Codes of Practice on Safety Representatives.
ISBN 0 11 883959 4 HSE Books.
- ✦ **A guide to the Health and Safety (Consultation with Employees) Regulations 1996** ISBN 0 7176 1234 1 HSE Books.
- ✦ A free leaflet **Consulting Employees on Health and Safety - A Guide to the Law** IND(G)232L HSE Books.

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Professional and Training Bodies

The principal professional bodies to which health and safety advisers belong are:

The Institution of Occupational Safety and Health (IOSH)

This is generally regarded as the leading professional body representing individual health and safety practitioners in the United Kingdom. The Institution's examining body is the National Examination Board in Occupational Safety and Health (NEBOSH). To become a member of IOSH, applicants need to have passed one of the examinations set by NEBOSH, or to hold a diploma or degree in Occupational Health and Safety awarded by an approved institution or university. IOSH also:

- ✦ Maintains a national Register of Safety Practitioners, which lists corporate members who have worked professionally within safety and health for at least 3 years since achieving the NEBOSH Diploma, or acceptable equivalent or higher academic qualifications.
- ✦ Provides safety courses for industry and commerce.

**The address is
IOSH
The Grange
Highfield Drive
Wigston
LEICESTER LE18 1NN
(Tel: 0116 257 1399, Fax: 0116 257 1451)**

International Institute of Risk Safety Management (IIRSM)

The IIRSM was established in 1975 to advance public education in accident prevention and occupational health in industry. It is closely linked with the British Safety Council and is the examining body for the Council's Diploma in Safety Management. The address is:

**IIRSM
62-64 Chancellor's Road
Hammersmith
LONDON W6 9RS
(Tel: 0181 741 1231, Fax: 0181 941 4555)**

Royal Society For The Prevention Of Accidents (RoSPA)

RoSPA is a registered charity which aims to prevent accidents through publicity, campaigning and lobbying, and by providing advice, information and training. The address is:

**Royal Society For The Prevention of Accidents
Edgbaston Park
353 Bristol Road
Birmingham B5 7ST
(Tel: 0121 248 2000, Fax: 0121 248 2001)**

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The Health and Safety Adviser Role

The following is a summary of the CACFOA document 'The Health and Safety Adviser Role'.

The Management of Health and Safety at Work Regulations require an employer to have available competent advice on health and safety matters. How this advice is obtained is for each brigade to decide. It is not necessarily the case that such competence be invested in one individual or job role.

A framework is provided which seeks to address all the functions that are related to the provision of competent advice.

It is important that the safety adviser's role is one of giving advice. When action (including strategic decisions) on health and safety matters is required this should be a management function. The safety adviser's role is to support management.

In determining the position and influence of the health and safety adviser in the organisational structure, brigades should take into account advice provided in HSG65 'Successful Health and Safety Management' (Second edition).

CACFOA list 17 key and 2 additional functions of the health and safety adviser:

- development of health and safety policy;
- identifying and responding to legislation;
- reviewing operational procedures;
- operating information systems;
- investigation, recording and reporting of accidents;
- auditing;
- inspections;
- identifying and providing scientific advice;
- training for health and safety;
- dealing with health and safety;
- identifying occupational health issues;
- liaison with the medical adviser;
- liaison with the HSE;
- liaison with staff side;
- assisting with litigation claims;
- monitoring and advising on contractors;
- ensuring continuing professional development.

Additional functions

- providing advice on food hygiene matters
- dealing with environmental issues

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A Guide for Senior Officers

A Summary Of “Dealing With The HSE: Guidance For CACFOA”

This document was formulated in response to the apparent increase in activity of the HSE with respect to fire brigade operations and the management of health and safety within brigades.

The document provides practical guidance for brigades to foster a constructive relationship with the HSE.

The guidance states that the primary role of the HSE is as an enforcement agency. The way the HSE approaches its function is described and the wide range of powers of HSE Inspectors detailed.

The need for brigades to develop for themselves effective health and safety management systems is stressed.

An open approach to accident reporting and communication with the HSE is advocated and contact at Principal Officer level recommended.

The following topics are covered within the document.

- Role of The HSE
- Powers of Inspectors
- Proactive Arrangements
- Responsive Arrangements
- The Nature of Improvement Notices
- The Nature of Prohibition Notices
- The Nature of Prosecutions
- The Role of Inhouse Reports
- The Role of the Staffside
- Training of Managers
- Record Keeping
- Safety Management Systems
- Further Guidance - Reading List

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A Guide for Senior Officers

Health and Safety Executive Area Offices

Basingstoke
Priestly House
Priestly Road

Basingstoke
RG24 9NW
tel 01256 404000
Fax: 01256 404100

Brigades covered:
Hampshire, Dorset,
Royal Berkshire, Isle
of Wight and Wiltshire

Birmingham
McLaren Building
35 Dale End
Birmingham
B4 7NP

tel 0121 607 6200
Fax: 0121 607 6349

Brigades covered:
West Midlands

Bootle
The Triad
Stanley Road
Bootle
Merseyside
L20 3PG

tel 0151 922 7211
Fax: 0151 922 5031

Brigades covered:
Merseyside

Bristol
Inner City House
Mitchell Lane
Victoria Street
Bristol
BS1 6AN

tel 01179 886000
Fax: 01179 262998

Brigades covered:
Avon, Cornwall,
Devon, Gloucestershire
and Somerset, Hereford
and Worcester

Cardiff
Brunel House
2 Fitzalan Road
Cardiff
CF2 1SH

tel 01222 473777
Fax: 01222 473642

Brigades covered:
Mid and West Wales,
North Wales, South
Wales

Chelmsford
39 Baddow Road
Chelmsford
CM2 0HL

tel 01245 284661
Fax: 01245 252633

Brigades covered:
Essex, Suffolk and
Norfolk

East Grinstead
3 East Grinstead
London Road
East Grinstead
RH19 1RR

tel 01342 334200
Fax: 01342 334222

Brigades covered:
Surrey, Kent, East and
West Sussex

Leeds
8 St Pauls Street

LEEDS
LS1 2LE

tel 01113 446191
Fax: 01113 2450626

Brigades covered:
North Yorkshire and
West Yorkshire

London
1 Long Lane

London
SE1 4PG

tel 0171 407 8911
Fax: 0171 403 7058

Brigades covered:
London

Luton

14 Cardiff Road
Luton
LU1 1PP

tel 01582 444200
Fax: 01582 444320

Brigades covered:
Cambridgeshire,
Hertfordshire,
Buckinghamshire and
Bedfordshire

Manchester

Quay House
Quay Street
Manchester
M3 3JB

tel 0161 952 8200
Fax: 0161 952 8222

Brigades covered:
Greater Manchester
and Cheshire

Newcastle-under-Lyme

The Marches House
Midway
Newcastle-under-Lyme
Staffs ST5 1DT

tel 01782 602300
Fax: 01782 602400

Brigades covered: ?
Staffordshire and
Shropshire

Newcastle-upon-Tyne

Arden House
Regent Centre
Gosforth
Newcastle-upon-Tyne
NE3 3JN

tel 0191 202 6200
Fax: 0191 202 6300

Brigades covered:
Tyne and Wear,
Cleveland and
Northumberland,
County Durham

Northampton

Belgrave House
1 Greyfriars
Northampton
NN1 2BS

tel 01604 738300
Fax: 01604 738333

Brigades covered:
Northamptonshire, and
Oxfordshire,
Leicestershire, and
Warwickshire

Nottingham

Birkbeck House
Trinity Square
Nottingham
NG1 4AU

tel 01159 470712
Fax: 01159 411577

Brigades covered:
Nottinghamshire,
Derbyshire and
Lincolnshire

Preston

Victoria House
Ormskirk Road
Preston

PR1 1HH

tel 01772 259321
Fax: 01772 821807

Brigades covered:
Lancashire and
Cumbria

Sheffield

Sovereign House
110 Queen Street
SHEFFIELD
S1 2ES

tel 01142 739081
Fax: 01142 755746

Brigades covered:
South Yorkshire and
Humberside

SCOTLAND**Edinburgh**

Belford House
59 Belford Road
Edinburgh
EH4 3UE

tel 0131 247 2000
Fax: 0131 247 2121

Brigades covered:
Fife, Lothian and
Borders, Central
Scotland, Highland and
Islands and Tayside

Glasgow

375 West George
Street
GLASGOW
G2 4LW

tel 0141 275 3000
Fax: 0141 275 3100

Brigades covered:
Strathclyde and
Dumfries and
Galloway