

Health and Safety Report



Required for:	Joint Audit Committee
Security Classification:	Official
Handling information if required:	
Suitable for publication:	Yes
Title:	Health and Safety Service Update Report
Version:	1.0
Purpose:	<ul style="list-style-type: none"> To provide an update on the health and safety statistics for Quarter 1 and 2 of 2020/21. Update on the forces' health and safety advice in relation to Covid-19. Update on the re-structure of the Health and Safety Service.
ACPO / Strategic Lead:	Adrian Rutherford
National Decision Model compliance:	Yes / No
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Date to be reviewed:	

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What are the Policing Principles?

- Accountability Fairness Honesty
- Integrity Leadership Objectivity
- Openness Respect Selflessness

1. Summary

- 1.1. This report provides an update on:
- i. Appendix 1 - Safety statistics for Quarter 1 2020/21.
 - ii. Appendix 2 – Safety statistics for Quarter 2 2020/21.
 - iii. Appendix 3 – Covid 19 Individual Risk Assessment.
 - iv. Appendix 4 – Covid 19 Return to Work Risk Assessment.
 - v. Appendix 5 – Health and Safety Service Restructure.

2. Appendix 1: Safety Statistics for Quarter 1 2020/21

- 2.1. This report provides safety statistics for the period April 2020 to June 2020.
- 2.2. There are ongoing concerns about safety incident reporting in Surrey which has dropped over time, compared to a significant increase in Sussex. To address this, a number of actions have been taken:
- i. Including details of how to report and the need to report within officer training.
 - ii. Issuing Routine Orders, reminding officers and staff of the need to report.
 - iii. An intranet page explaining what officers and staff need to do.
- 2.3. Commentary of other salient points will be given verbally during the meeting.

3. Appendix 2: Safety Statistics for Quarter 2 2020/21

- 3.1. This report provides safety statistics for the period July 2020 to September 2020. Commentary of salient points will be given verbally during the meeting.

4. Appendix 3: Covid 19 Individual Risk Assessment.

- 4.1. As the Covid-19 pandemic progressed, it became apparent that certain groups of officers and staff were at increased risk. Characteristics including ethnicity, age and those with long term health conditions were highlighted as needing additional consideration. To address this, the Health and Safety Service created the Covid-19 Individual Risk Assessment, so risks to officers and staff could be identified and managed on an individual basis.
- 4.2. This is included to offer assurance to the Audit Committee of the robust measures in place to protect officers and staff from Covid-19, this is essential to not only ensure the safety of those concerned but ensure ongoing service delivery to the public.

5. Appendix 4: Covid 19 Return to Work Risk Assessment

- 5.1. In-between times of strict lockdown, some employees have returned to office working, there are also those whose roles which can't be carried out at home. To manage this risk the Health and Safety Service developed detailed guidance on how to ensure a Covid secure workplace.
- 5.2. This is included to offer assurance to the Audit Committee of the robust measures in place to protect officers and staff from Covid-19, this is essential to not only ensure the safety of those concerned but ensure ongoing service delivery to the public.

6. Appendix 5: Health and Safety Service Restructure.

- 6.1. A review of the Health and Safety Service's function and service delivery was carried out and implemented in November 2020. The purpose of the review was to ensure that the Health and Safety Service was operating in a way which was legally compliant and providing services to help

ensure the safety of officers, staff, detainees and the public. The review identified three main challenges which needed to be addressed.

- i. Challenge 1: No capacity for supporting medium risk departments.
 - ii. Challenge 2: Increasing demand.
 - iii. Challenge 3: Competence levels of the Health and Safety Advisor Role.
- 6.2. To address these challenges the Health and Safety Service was restructured. This restructure was completed in November 2020. Appendix 5 provides further details.

7. Discussion:

- 7.1. Covid-19 has continued to have a significant impact on the Health and Safety Service. The Health and Safety Service has lead on the interpretation of national Covid-19 guidance for both forces. This has involved significant workload which has included developing advice and guidance, advising Silver and Gold command as well as answering specific enquiries.
- 7.2. The Health and Safety Service has also been short staffed following staff resignations and while the restructure was ongoing, it was not possible to recruit. This was listed on the Force risk register in Sussex. The two vacant posts were recruited to in December 2020 and the recruits are due to start shortly.

8. Recommendations

- 8.1. Audit Committee note the points made in this report and appendices.

Health and Safety Service

Surrey and Sussex Police

Safety Incident Statistics



To: Surrey Audit Committee
 Date: Quarter 1 – 2020/2021
 Title: Health and Safety - General Update and Statistics Report

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Health and Safety Service

Surrey and Sussex Police

Safety Incident Statistics



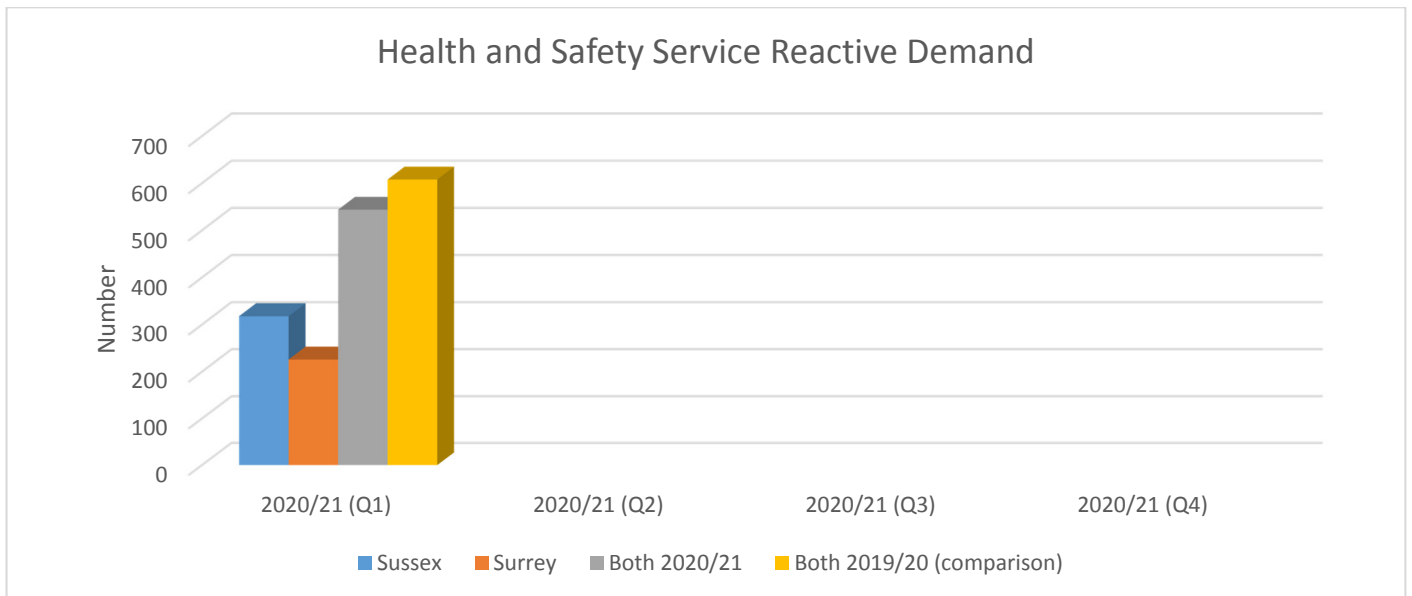
1. Safety Incidents for Quarter 1: 2020 / 2021

April - June (Q1)	SUSSEX			SURREY		
	Apr	May	Jun	Apr	May	Jun
Headcount						
No. Officers	2837	2825	2877	2062	2093	2085
No. Staff (incl. PCSO's)	2667	2690	2674	1858	1860	1889
Total Employees	5504	5515	5551	3920	3953	3974
Arrests (Primary)	1933	2084	1999	898	1038	1038
Injuries (employees only)						
Assaults (with and without injury)	64	62	59	NA	NA	NA
Assaults (with injury only)	29	30	29	7	15	12
Near Misses	44	40	35	6	2	5
Custody Adverse Incidents	54	45	52	31	21	42
Injury Rate (Injuries per 1000 employees)	10.4	11	10.8	10	10	12
ASSAULT RATE (With and Without Injury) (Assaults per 1000 arrests)	33.1	29.8	29.5	NA	NA	NA
ASSAULT RATE (With Injury Only) (Assaults per 1000 arrests)	15	14.4	14.5	7.7	14	11.5
Total Number of Safety Incident Reports (Safety Service Reactive Demand)						
Financial Year	Sussex		Surrey		TOTAL	
2017/18	1067		668		1735	
2018/19	1087		748		1835	
2019/20	1336		1067		2403	
2020/21 (Q1)	318		226		544	
Over 7 day RIDDORs						
Over 7 Day Injury	10			1		



2. Graph: 2020/21 Q1 Health and Safety Service Reactive Demand Analysis

This graph shows the number of safety incidents processed by the Health and Safety Service in Q1, for Sussex, Surrey and collectively, compared with last year (2019/20).



Commentary – Q1 Reactive Demand

There continues to be a strong improvement in reporting in Sussex, particularly related to assaults. This is not being replicated in Surrey which seems to be showing a reverse, which is of significant concern.

For example, assault reporting in Surrey has fallen by 25% since 2018/19 and by 38% since 2014/15. This is believed to be under reporting rather than an actual fall in assaults. This is in comparison to Sussex which has seen an increase in reports of 19.6% since 2018/19 and 185% since 2014/15.

Demand in Q1 was down from 2019/20, falling from 608 in Q1 2019/20 to 544 in Q1 2020/21, a reduction of 10.5%. This is likely due to Q1 covering the Covid-19 lockdown period which saw reductions in police demand generally.



3. Analysis for Sussex Only

Sussex Top Ten Safety Incident Causation (Q1 2020/21)

This table shows the top ten types of safety incident reported to the Health and Safety Service in Q1 of 2020/21 in Sussex.

Incident Causation	Q1 2019/20
Assaulted	185
Restraint/Struggle	19
Ill Health (mainly relates to DPs)	17
Awkward Movement	12
Body Fluids	11
ZZ-Other Type of Accident*	10
Property	7
RTC	6
Dangerous Occurrence	5
Exposed to Harmful Substance/Chemical	5
Slipped Tripped or Fell on Same Level	5

Graph: Sussex Top Ten Safety Incident Causation (Q1 2020/21)

This graph shows the top ten types of safety incident reported to the Health and Safety Service in Q1 of 2020/21 in Sussex.





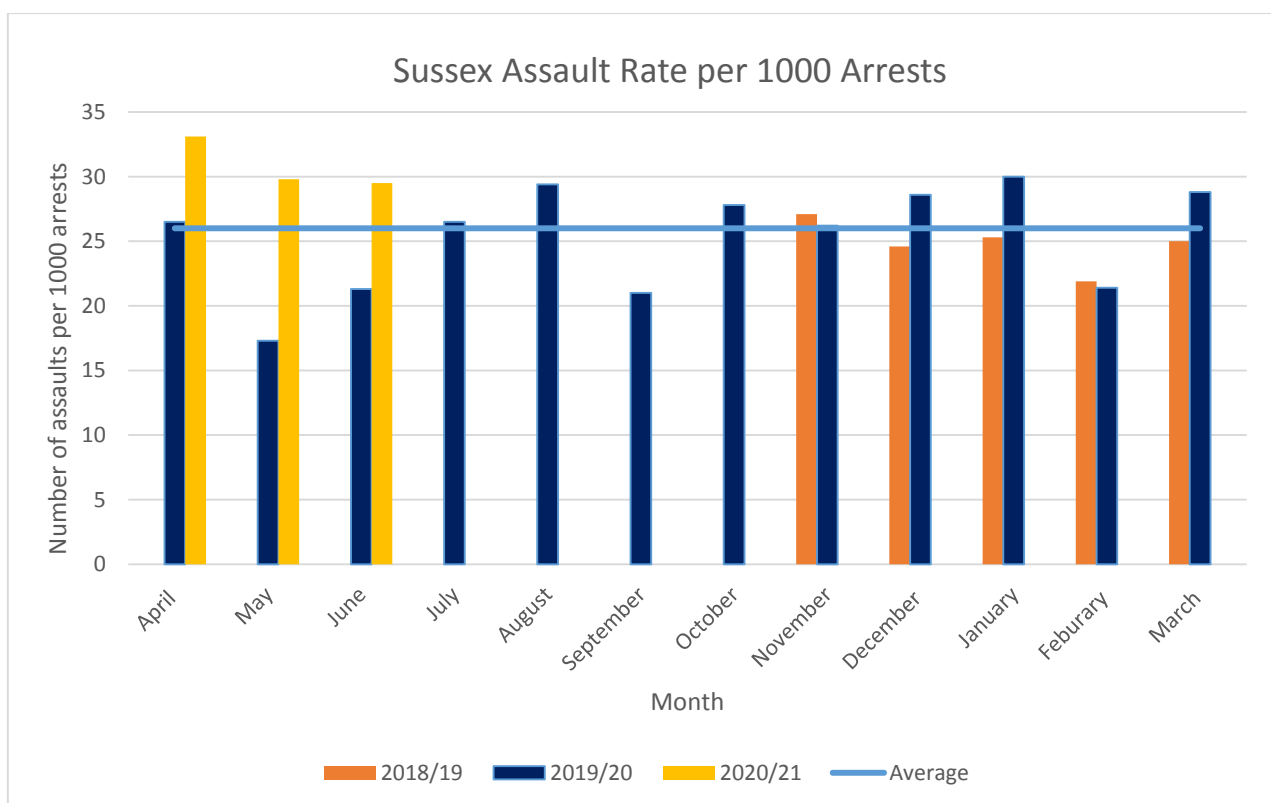
Commentary – Sussex Top Ten Safety Incident Causation

* (ZZ – other type of accident) - We try and discourage people from using this category. Each of the incidents using this category have been reviewed and it has been found that they have been poorly categorised by the reporting person. The current system doesn't allow the causation to be changed after the reporting person has assigned a category.

The majority of injuries relate to arrest (assaulted / restraint struggle). Since the bringing in house of custody we are now seeing an increasing presence of detainee related issues within the data (ill health). This relates mainly to detainees who have become unwell in custody for various reasons.

Graph: Sussex Assault Rate (with and without Injury) against Average

This graph shows the Sussex Assault Rate. This is the number of assaults with and without injury per 1000 arrests.



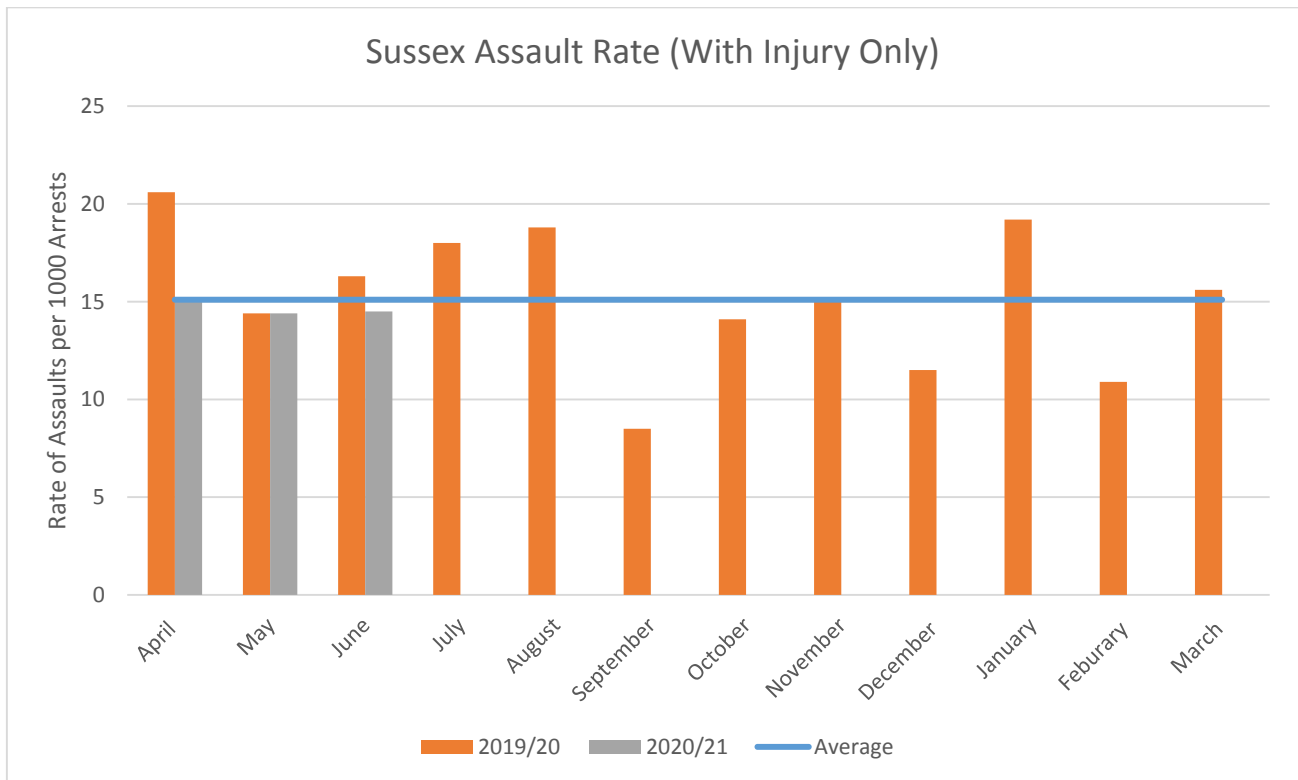
Commentary – Sussex Assault Rate (with and without injury)

Reporting in Sussex, particularly for assaults continues to grow strongly. Quarter 1 2020/21 (shown in yellow) shows a significant increase in the assault rate compared to the Quarter 1 2019/20 and above the long term average. This is covered in more detail in the 2019/20 assault data review.



Graph: 2019/20 Sussex Assault Rate (with injury only) by Month

This graph shows the Sussex Assault Rate with injury only. This is the number of assaults with injury only per 1000 arrests.



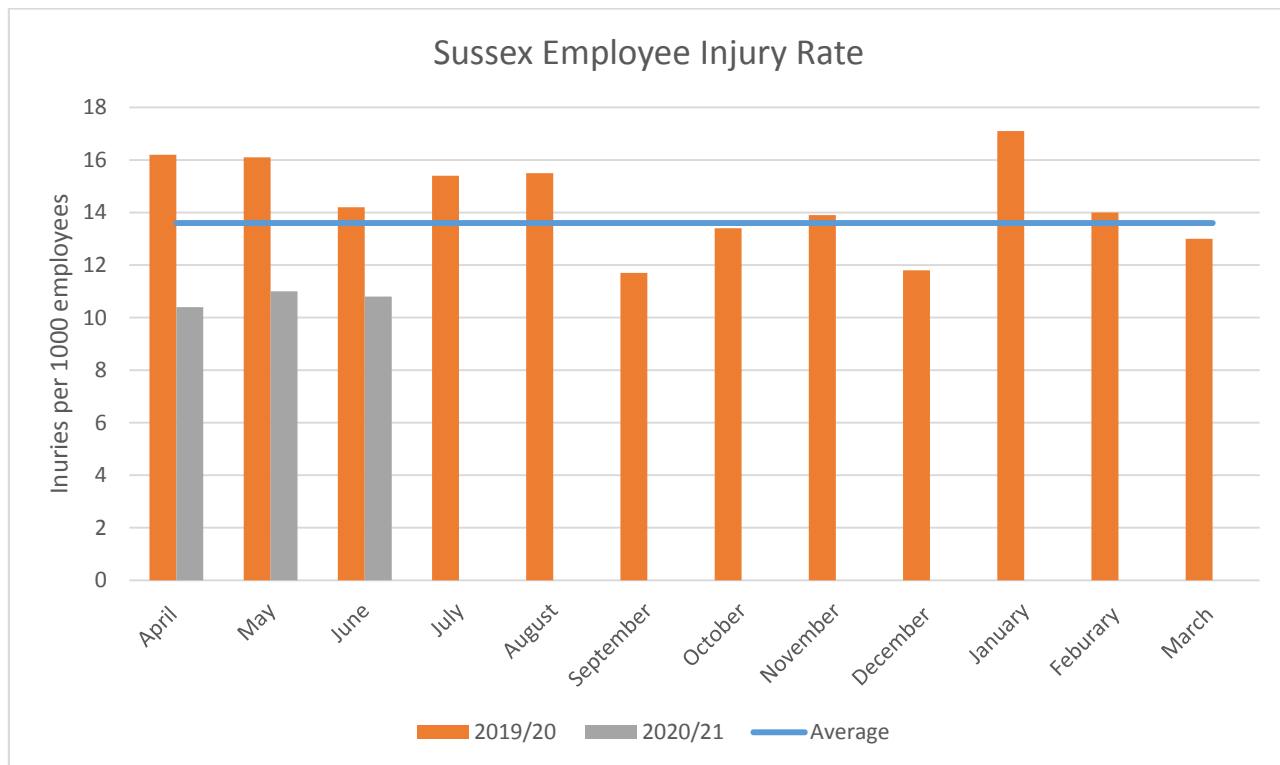
Commentary – Sussex Assault Rate (with injury only)

Interestingly the assault rate (with injury) is showing a different trend to the assault rate (with and without injury) with the rate in Quarter 1 2020/21 being lower than the same period last year and lower than the long term average. This suggests that the strong increase in the assault rate (with and without injury) must be due to assaults without injury. These could be incidents such as spitting, which generally don't cause a specific injury.



Graph: 2019/20 Sussex Employee Injury Rate by Month

This graph shows the Sussex Injury Rate. This is the number of injuries per 1000 employees each month



Commentary – Sussex Employee Injury Rate

The Sussex employee injury rate has shown a significant drop since the same period in 2019/20 and is significantly below the long term average. In 2020/21 the way this rate was calculated has been changed. In previous years it was a rate of all injuries, including detainees. However, due to the complex nature of causation of detainee injuries, this has been removed from the data. For example, previously, a detainee presenting at Custody with an injury due to a fight outside of custody could have appeared within the data. Also, detainees with pre-existing health conditions being taken to hospital for treatment could also have appeared within the date.



4. Analysis for Surrey Only

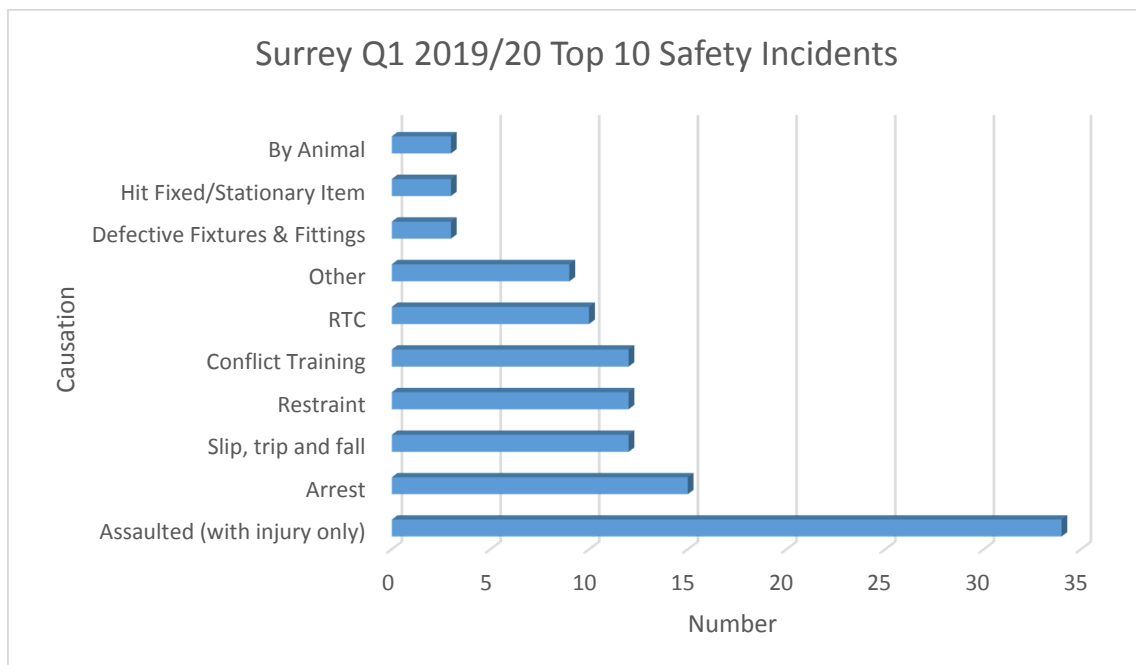
Surrey Top Ten Safety Incident Causation (Q1 2020/21)

This table shows the top ten types of safety incident reported to the Health and Safety Service in Q1 of 2020/21 in Surrey.

1	Assaulted (with injury only)	34
2	Arrest	15
3	Slip, trip and fall	12
4	Restraint	12
5	Conflict Training	12
6	RTC	10
7	Other	9
8	Defective Fixtures & Fittings	3
9	Hit Fixed/Stationary Item	3
10	By Animal	3

Graph: Surrey Top Ten Safety Incident Causation (Q1 2020/21)

This graph shows the top ten types of safety incident reported to the Health and Safety Service in Q1 of 2020/21 in Surrey.



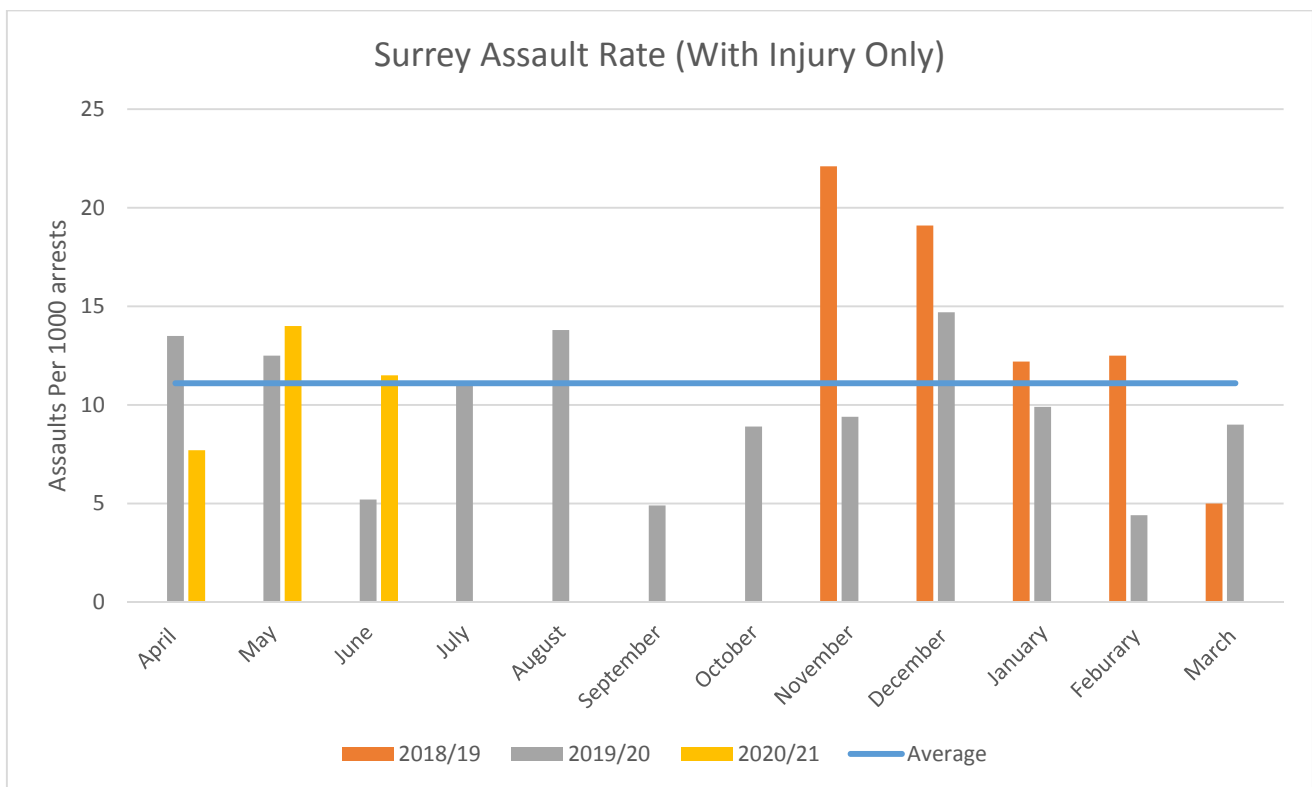
Commentary – Surrey Top 10 Safety Incident Types

As in Sussex, arrests and incidents surrounding arrest and pursuit remain the largest cause of injury.



Graph: Surrey Assault Rate (with injury only) by Month against Average

This graph shows the Surrey Assault Rate with injury only. This is the number of assaults with injury only per 1000 arrests.



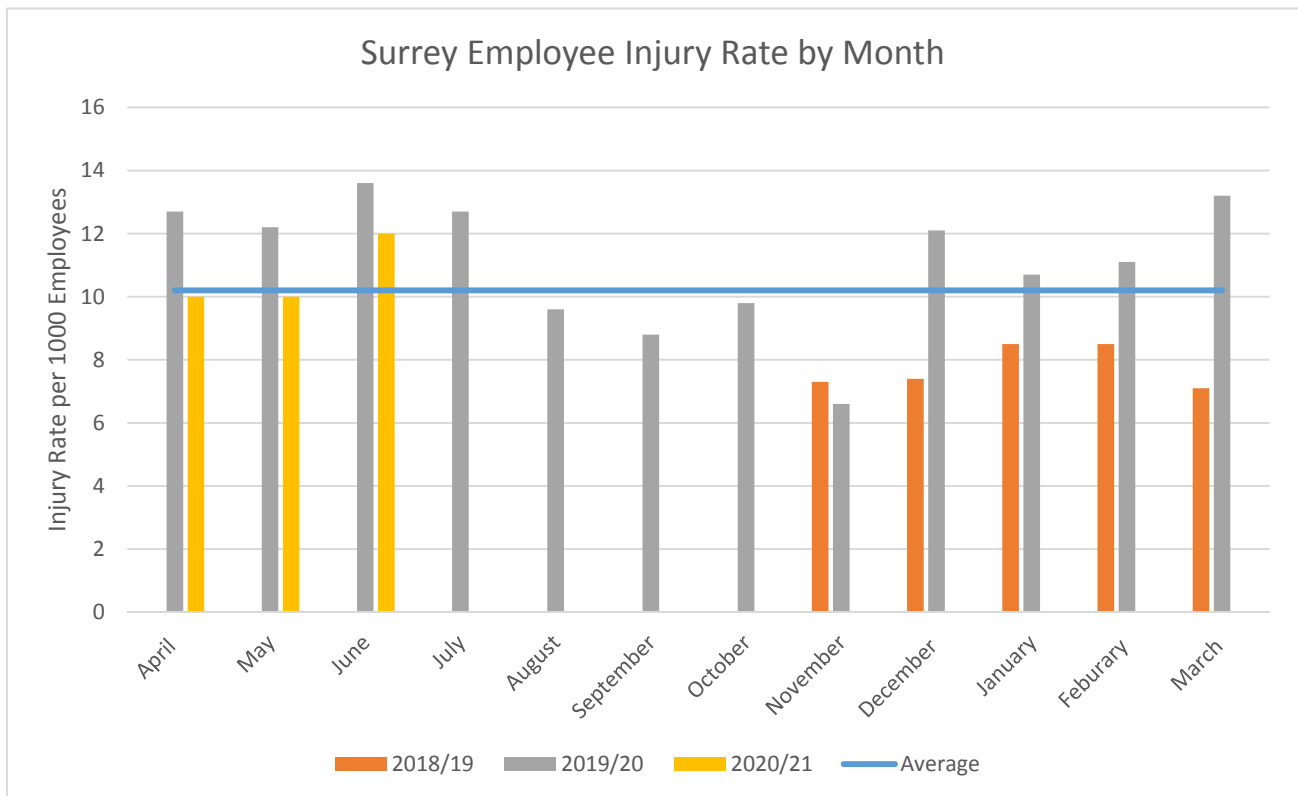
Commentary – Surrey Assault Rate (with injury only) by Month against Average

The Surrey data remains sporadic and of concern. It is proposed that work is done to improve reporting until the 12/2 system is switched off as part of the move over to Equip.



Graph: Surrey Employee Injury Rate by Month

This graph shows the Surrey Injury Rate. This is the number of injuries per 1000 employees each month.



Commentary – Surrey Employee Injury Rate by Month

The Surrey Employee Injury Rate fell in April and May 2020 compared to the previous year but was around long term average.

Health and Safety Service

Surrey and Sussex Police
Safety Incident Statistics



To: Surrey Audit Committee
Date: Quarter 2 – 2020/2021
Title: Health and Safety - General Update and Statistics Report

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Health and Safety Service

Surrey and Sussex Police
Safety Incident Statistics



1. Safety Incidents for Quarter 2: 2020 / 2021

July - September (Q2)	SUSSEX			SURREY		
	July	Aug	Sep	July	Aug	Sep
Headcount						
No. Officers	3013	3001	3046	2162	2153	2153
No. Staff (incl. PCSO's)	2693	2708	2726	1912	1903	1943
Total Employees	5706	5709	5772	4074	4056	4096
Arrests (Primary)	2306	2266	1951	1122	1106	988
Injuries (employees only)						
Assaults (with and without injury)	89	77	60	40	59	46
Assaults (with injury only)	50	41	30	6	29	12
Near Misses	47	59	24	6	8	11
Custody Adverse Incidents	53	66	48	64	61	35
Injury Rate (Injuries per 1000 employees)	16.8	13.5	10.4	9.8	14.5	11.2
ASSAULT RATE (With and Without Injury) (Assaults per 1000 arrests)	38.6	31.3	25.6	NA	NA	NA
ASSAULT RATE (With Injury Only) (Assaults per 1000 arrests)	21.7	18.1	15.4	5.3	26.2	12.1
Total Number of Safety Incident Reports (Safety Service Reactive Demand)						
Financial Year	Sussex		Surrey		TOTAL	
2017/18	1067		668		1735	
2018/19	1087		748		1835	
2019/20	1336		1067		2403	
2020/21 (Q1)	318		226		544	
2020/21 (Q2)	382		342		724	
Over 7 day RIDDORs						
Over 7 Day Injury	13			3		

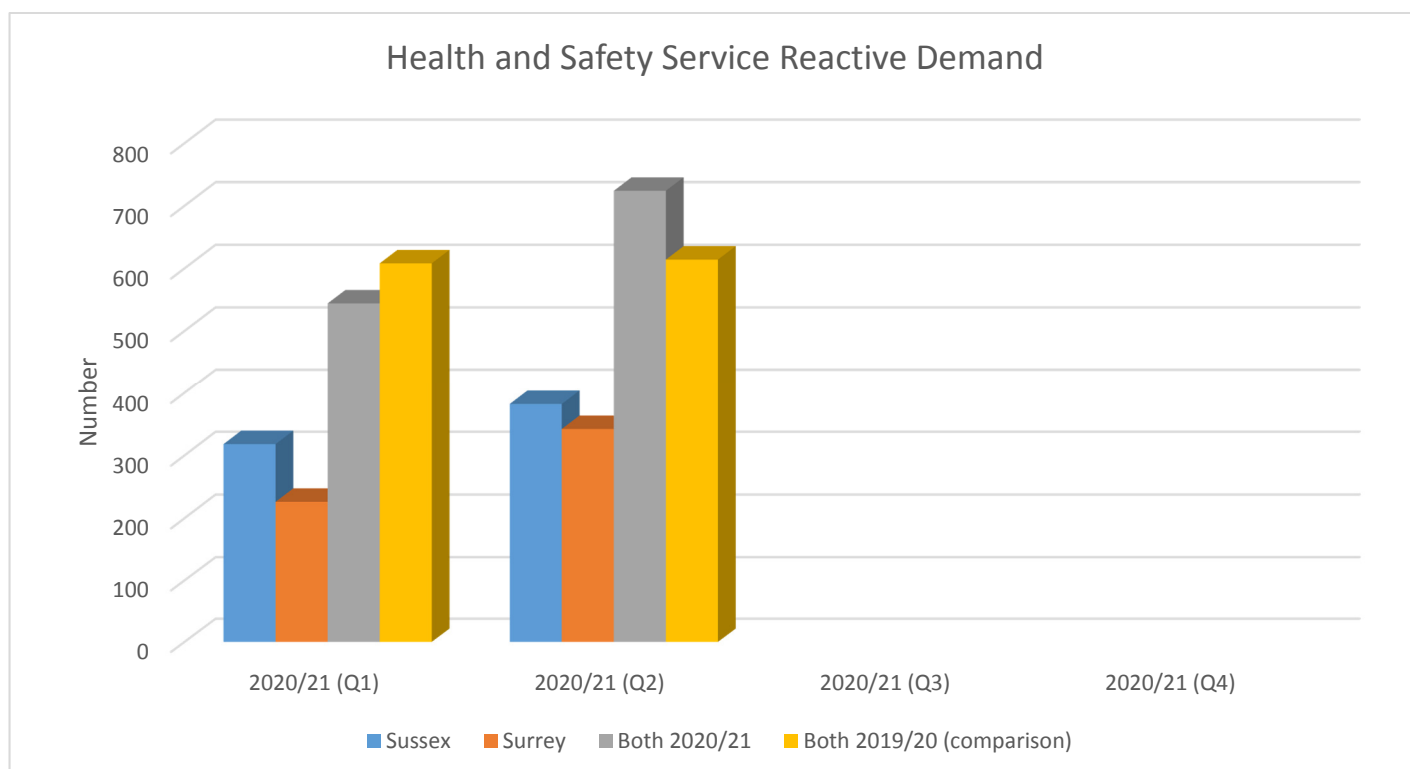
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Surrey and Sussex Police
Safety Incident Statistics



2. Graph: 2020/21 Q2 Health and Safety Service Reactive Demand Analysis

This graph shows the number of safety incidents processed by the Health and Safety Service in Q2 2020/21, for Sussex (blue), Surrey (orange) and collectively (grey), compared with last year (2019/20) (yellow).



Commentary – Q2 Reactive Demand

- There continues to be a strong improvement in reporting in Sussex and more recently in Surrey.
- Reactive demand in Q2 was up from Q2 2019/20, increasing from 614 to 724 safety incident reports across both forces, an increase of 17.9%. This corrects a fall in reporting of 10.5% in Q1, which was believed to be due to the first Covid-19 lockdown.
- The Health and Safety Service welcomes increases in safety incident reports as it presents an opportunity to understand incidents and prevent re-occurrence.



3. Analysis for Sussex Only

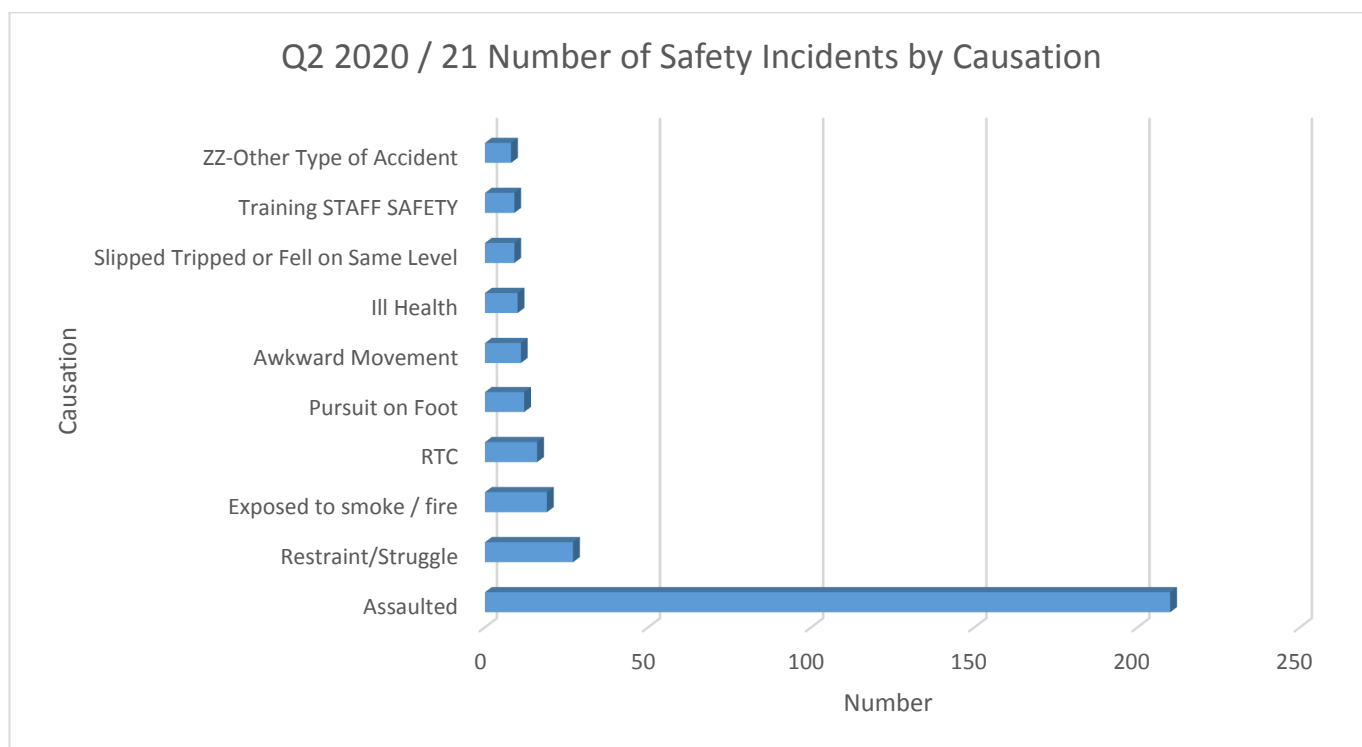
Sussex Top Ten Safety Incident Causation (Q2 2020/21)

This table shows the top ten types of safety incident reported to the Health and Safety Service in Q2 of 2020/21 in Sussex.

Incident Causation	Q2 2020/21
Assaulted	210
Restraint/Struggle	27
Exposed to smoke / fire	19
RTC	16
Pursuit on Foot	12
Awkward Movement	11
Ill Health	10
Slipped Tripped or Fell on Same Level	9
Training STAFF SAFETY	9
ZZ-Other Type of Accident	8

Graph: Sussex Top Ten Safety Incident Causation (Q2 2020/21)

This graph shows the top ten types of safety incident reported to the Health and Safety Service in Q2 of 2020/21 in Sussex.



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Surrey and Sussex Police
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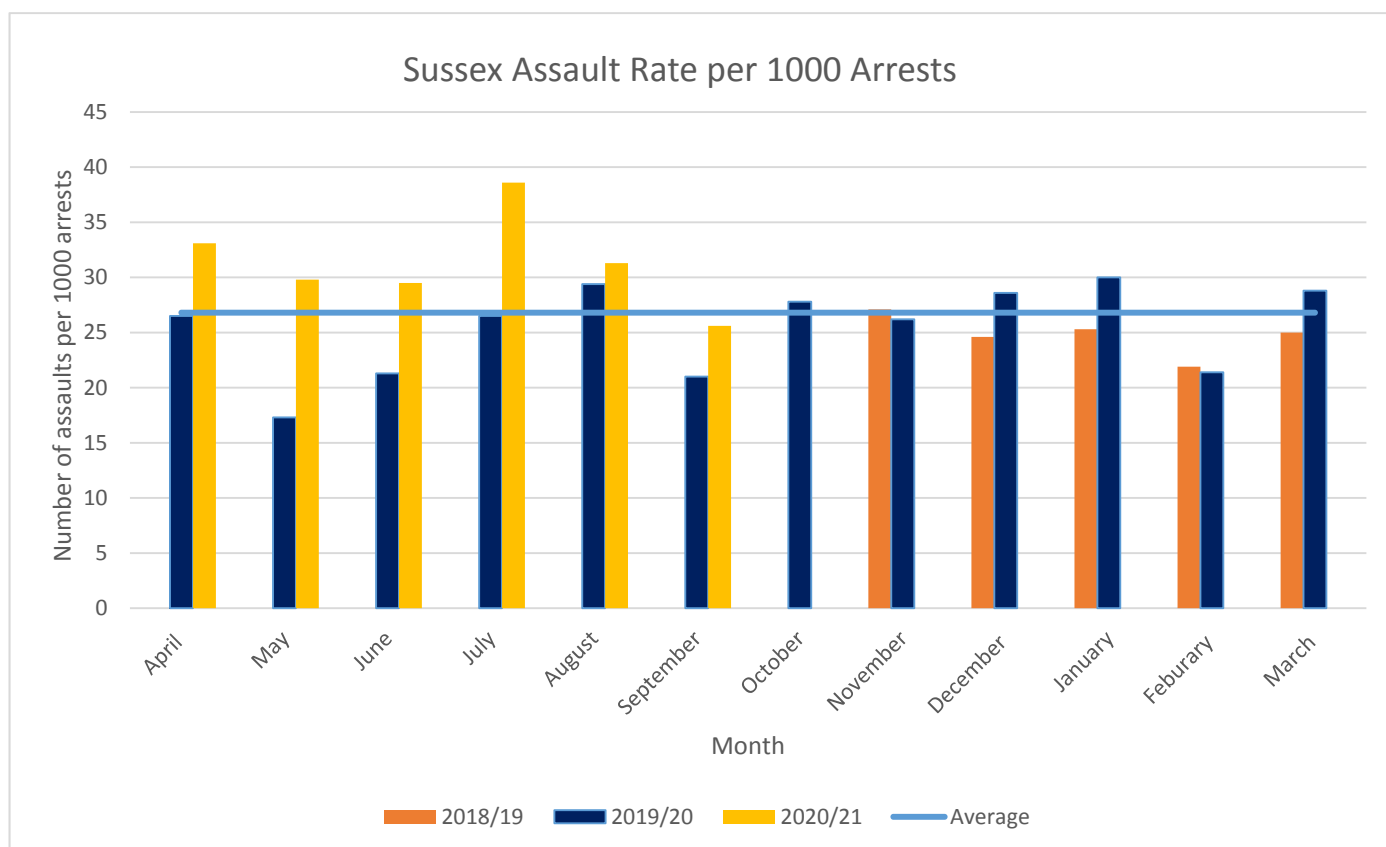


Commentary – Sussex Top Ten Safety Incident Causation

- The majority of injuries relate to arrest (assaulted / restraint struggle).
- Since bringing in house of custody, we are now seeing an increasing presence of detainee related issues within the data (ill health). This relates mainly to detainees who have become unwell in custody for various reasons.

Graph: Sussex Assault Rate (with and without Injury) against Average

This graph shows the Sussex Assault Rate. This is the number of assaults with and without injury per 1000 arrests.



Commentary – Sussex Assault Rate (with and without injury)

- The assault rate is significantly higher in Q2 2020/21 (yellow) compared to Q2 2019/20 (blue). Across quarter 2, 2020/21 the average assault rate was 31.8 assaults per 1000 arrests, this compares with 25.6 in Q2 2019/20, an increase of 24%. This continues a long term trend of significant increases.

Health and Safety Service

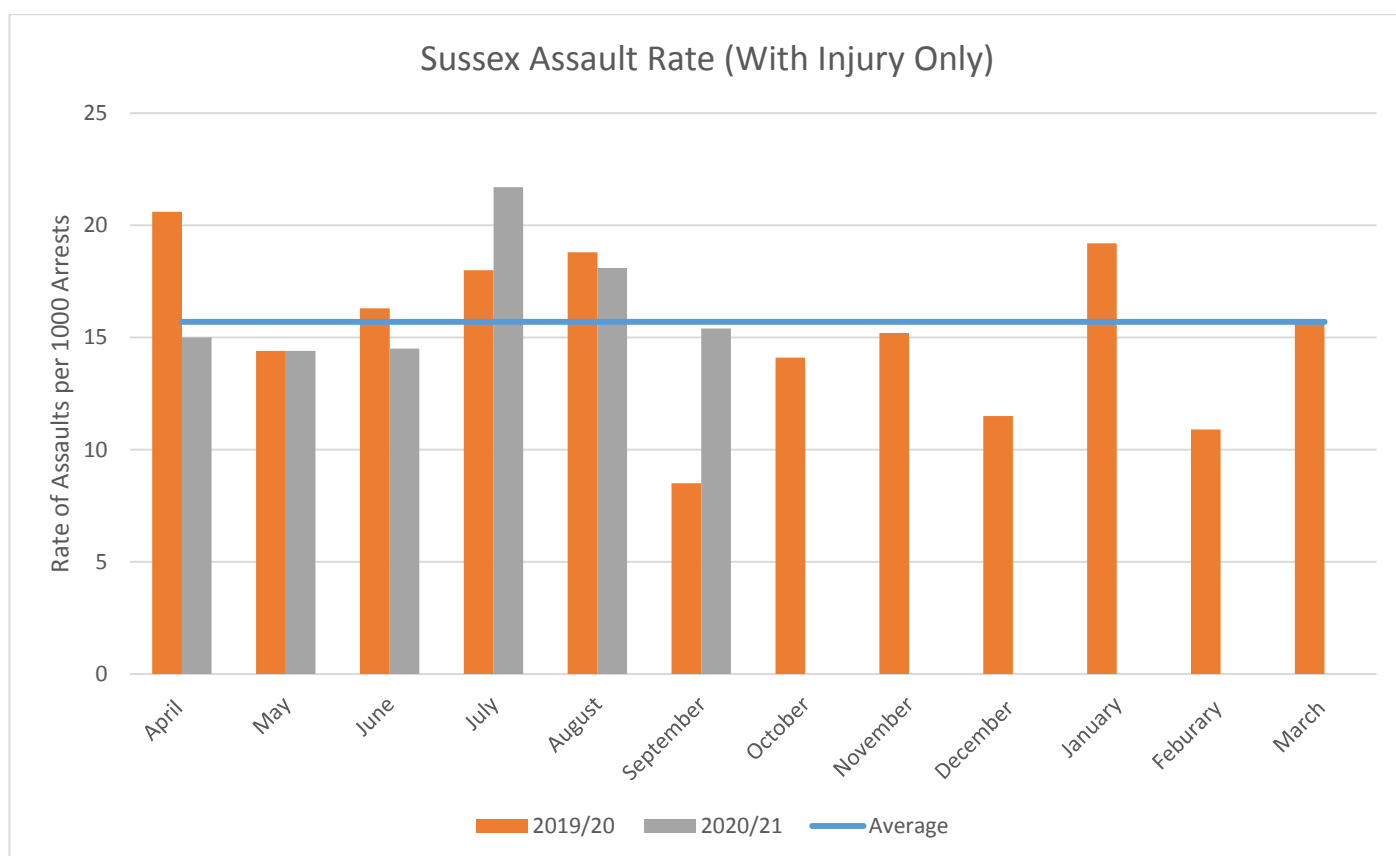
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Safety Incident Statistics



- Earlier this year, the NPCC released a study of officer and staff safety which showed this trend of significant increases in assault reporting, being reflected across the UK. The news story can be found here: <https://news.npcc.police.uk/releases/npcc-and-college-of-policing-pledge-to-improve-officer-and-staff-safety-following-largest-ever-survey-of-police-workforce>
- Adrian Rutherford is leading the response of both forces to this and the Health and Safety Service is feeding into this review.

Graph: Sussex Assault Rate (with injury only) by Month

This graph shows the Sussex Assault Rate with injury only. This is the number of assaults with injury only per 1000 arrests.



Commentary – Sussex Assault Rate (with injury only)

- The assault rate (with injury only) was on average 18.4 across Q2 2020/21 (grey), compared with 15.1 in Q2 2019/20 (orange). This is an increase of 21.9%.

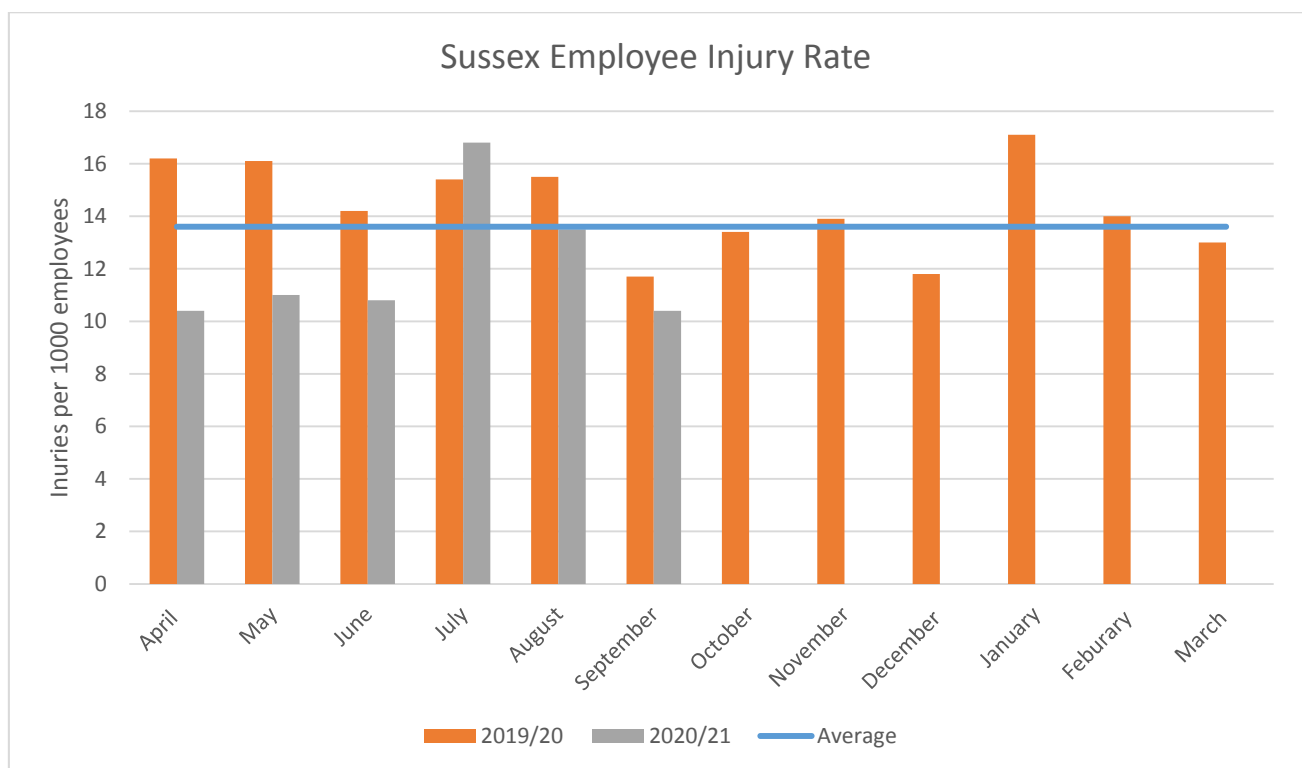
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Surrey and Sussex Police
Safety Incident Statistics



Graph: Sussex Employee Injury Rate by Month

This graph shows the Sussex Injury Rate. This is the number of injuries per 1000 employees each month



Commentary – Sussex Employee Injury Rate

- The Sussex employee injury rate was broadly the same as the same period last year, compared to a drop in the previous quarter (which was thought mainly due to the strict lockdown).



4. Analysis for Surrey Only

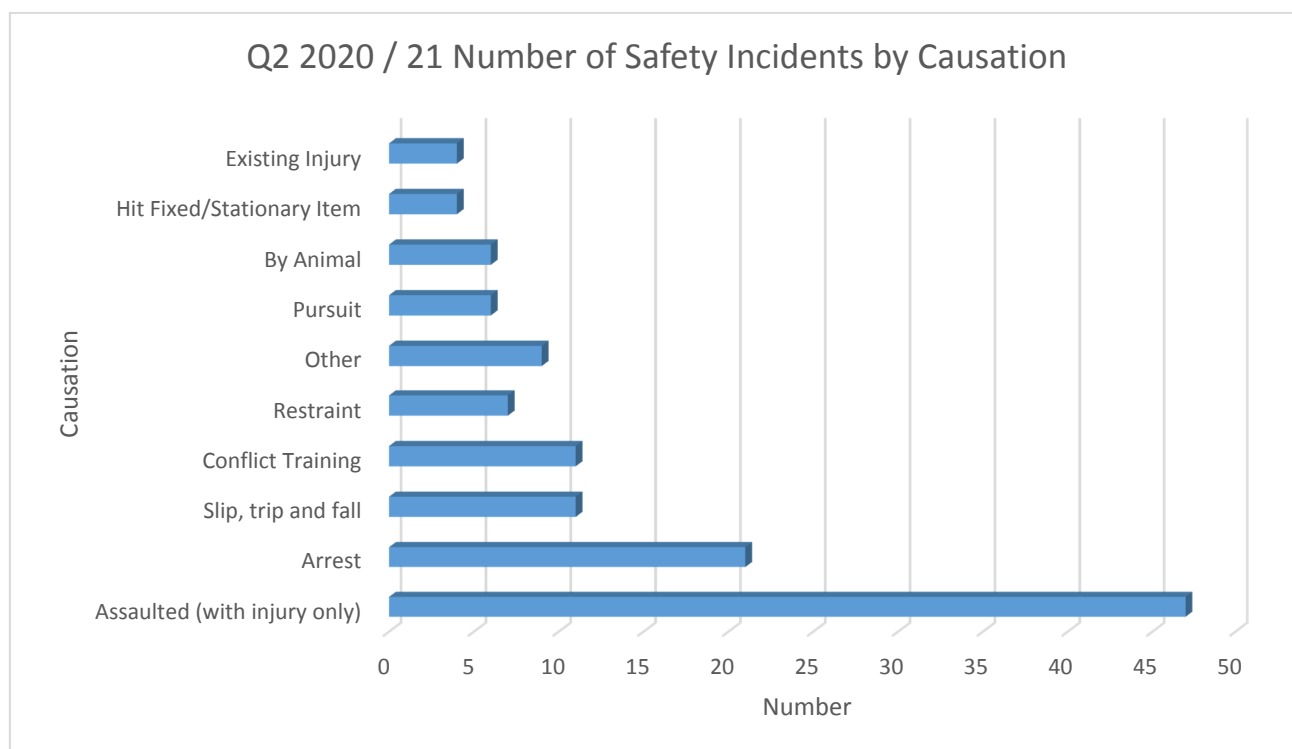
Surrey Top Ten Safety Incident Causation (Q2 2020/21)

This table shows the top ten types of safety incident reported to the Health and Safety Service in Q2 of 2020/21 in Surrey.

Incident Causation	Q2 2020/21
Assaulted (with injury only)	47
Arrest	21
Slip, trip and fall	11
Conflict Training	11
Restraint	7
Other	9
Pursuit	6
By Animal	6
Hit Fixed/Stationary Item	4
Existing Injury	4

Graph: Surrey Top Ten Safety Incident Causation (Q2 2020/21)

This graph shows the top ten types of safety incident reported to the Health and Safety Service in Q1 of 2020/21 in Surrey.



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Safety Incident Statistics

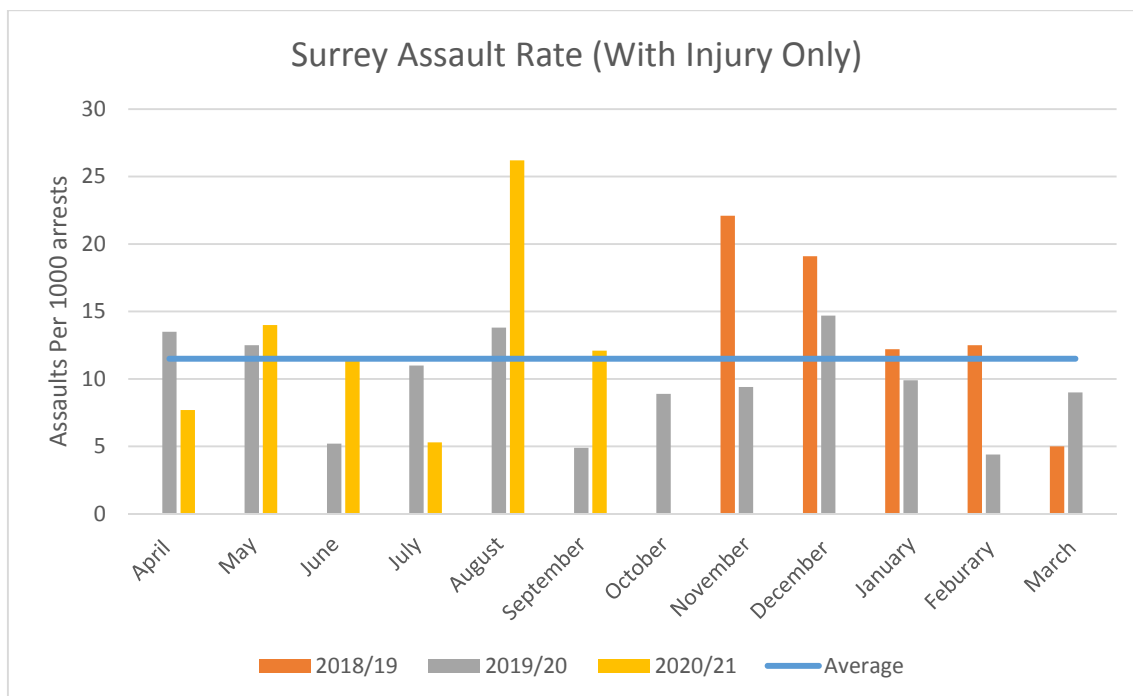


Commentary – Surrey Top 10 Safety Incident Types

- As in Sussex, arrests and incidents surrounding arrest and pursuit remain the largest cause of injury.

Graph: Surrey Assault Rate (with injury only) by Month against Average

This graph shows the Surrey Assault Rate with injury only. This is the number of assaults with injury only per 1000 arrests.



Commentary – Surrey Assault Rate (with injury only) by Month against Average

- The Surrey data remains sporadic and of concern. It is proposed that work continues to improve reporting until the 12/2 system is switched off as part of the move over to Equip.

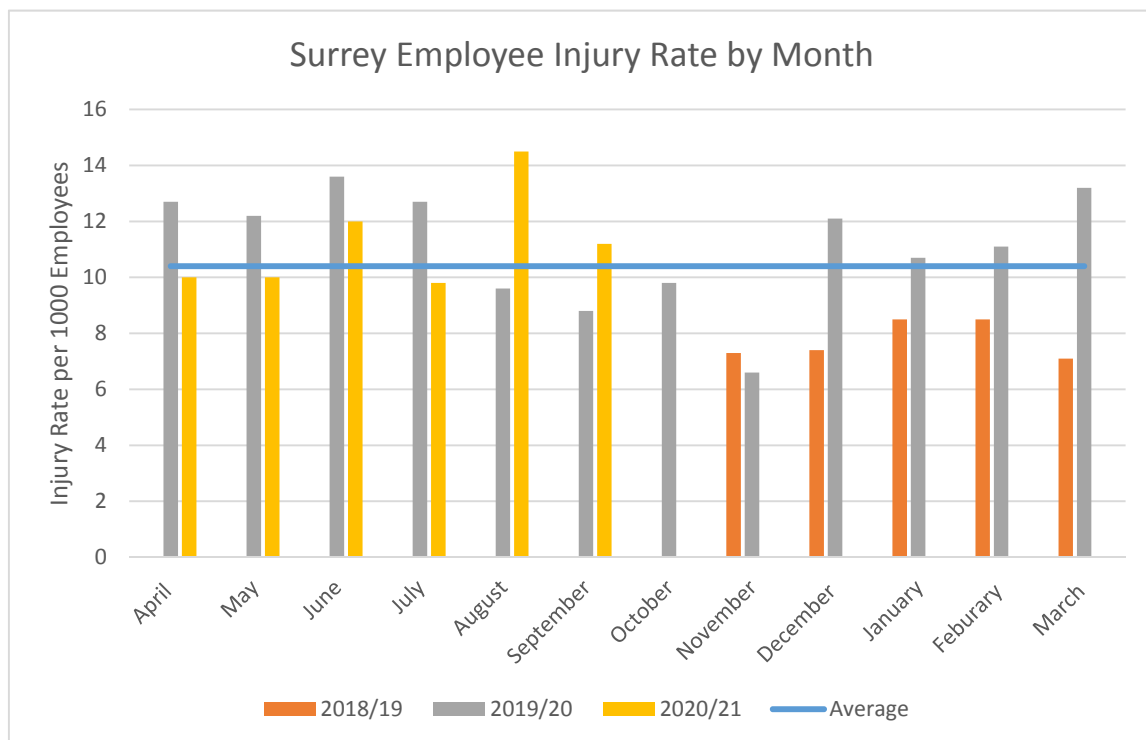
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Surrey and Sussex Police
Safety Incident Statistics



Graph: Surrey Employee Injury Rate by Month

This graph shows the Surrey Injury Rate. This is the number of injuries per 1000 employees each month.



Commentary – Surrey Employee Injury Rate by Month

- The Surrey Employee Injury Rate fell in Q1 2020/21 and then increased in Q2 2020/21 compared with 2019/20.
- The Surrey data remains sporadic and of concern.

Health and Safety Service

Surrey and Sussex Police

Covid 19 Individual Employee Risk Assessment Template



Subject of risk assessment	Individual Employee Covid-19 Risk Assessment This is a template. It is a line manager responsibility to modify it to reflect individual circumstances.		
Person completing		Rank or Role	
Risk owner / senior manager		Rank or Role	
Date		Review date	
Where to find more information:			
<ul style="list-style-type: none"> Report an accident: http://jointintranet.shdc.police.uk/HDI/Departments/cd/Pages/Accident-Reporting.aspx Health and Safety Policy: http://jointintranet.shdc.police.uk/HDI/Departments/cd/Pages/Health-and-Safety-Policy-and-Arrangements.aspx Risk Assessments and Guidance: http://jointintranet.shdc.police.uk/HDI/Departments/cd/Pages/Toolkits.aspx Help and support in Surrey: health&safety@surrey.pnn.police.uk Help and support in Sussex: HealthandSafety_Force@sussex.pnn.police.uk 			
Training / supporting documents and guidance e.g. Authorised Professional Practice			
Training needed	Threat and harm that training will help prevent and manage	How often?	How will you ensure it takes place?
Health and Safety Service Toolkit – Coronavirus and Operational Policing http://jointintranet.shdc.police.uk/HDI/Departments/cd/Pages/Toolkits.aspx	Covid-19 Infection	All employees must be familiar with this document. Op Apollo updates will inform when the document has changed. All updates must be read.	Line management responsibility. Regular Op Apollo updates.
Op Apollo Intranet Site and NPCC Guidance http://jointintranet.shdc.police.uk/new/s/pages/joint-20200206-coronavirus-guidance-for-first-responders.aspx	Covid-19 Infection	All employees must be familiar with the content of NPCC guidance and the Op Apollo Intranet site.	Line management responsibility. Regular Op Apollo updates.



Health Surveillance (If applicable)			
Health surveillance required	Threat and harm that health surveillance will help prevent and manage	How often?	How will you ensure it takes place?
OH advice should be sought about medical conditions.	How Covid-19 may affect an employee with underlying health conditions.	As needed.	Line manager responsibility.
Kit and PPE (If applicable)			
Kit / PPE Required	Specification	Threat and harm that the kit and PPE will help prevent and manage	How will it be checked / maintained
Respiratory protection	Fluid Resistant Surgical IIR FFP3 FFP2	Covid-19 infection through inhalation and also reducing risk of spreading Covid-19 if infected. Please see Health and Safety Service Toolkit 'Coronavirus and Operational Policing' for more information.	Line managers responsibility. Only procure from central procurement.
Fluid resistant goggles / face protection	The relevant standard in EN166. Use – Use Class 1 or if not available Class 2. Goggle Frame – Should be resistant against liquid droplets and splashes (3). Goggle Lens – Resistance to fogging (N).	Covid 19- infection to face and eyes Please see Health and Safety Service Toolkit 'Coronavirus and Operational Policing' for more information.	Line managers responsibility. Only procure from central procurement.
Gloves	Nitrile - disposable	Covid -19 infection	Line managers responsibility. Only



		Please see Health and Safety Service Toolkit 'Coronavirus and Operational Policing' for more information.	procure from central procurement.
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National Decision Model Risk Assessment

THREAT What has the potential to cause harm (hazards)?	RISK & HARM Who is at risk and how could they be harmed?	WORKING STRATEGY What can you do to keep people safe and ideally eliminate the chance they could be harmed or if not possible reduce and control the risk?	RISK		
			Severity	Likelihood	Risk
Age	Age is considered a risk factor in terms of Covid-19. Those over 55+ are at increasing risk.	<ul style="list-style-type: none"> Where possible, the employee must work from home. Where this is not possible, work should be adjusted to allow for 2m social distancing while in the work place. Consideration must be given to how the employee is getting to work and what can be done to reduce the risk. For example, if an employee normally uses public transport but has a car (but no on-site parking), on site parking should be provided to allow them to drive into work. If public transport is used, flexibility should be given to avoid peak travel times. Consideration must be given to adjusting role to reduce risk through reasonable adjustments. Examples of adjustments could include (whether they are reasonable or not depends on the nature of the role, service needs and level of risk): <ul style="list-style-type: none"> Changing a role to allow for home working. 			



		<ul style="list-style-type: none"> ○ Reducing the number of people the person is exposed to, particularly if working with the public or with detainees. This could involve moving the person to a back office function. ○ Allowing an employee to have a dedicated desk if they normally hotdesk. ○ Consider the appropriateness of levels of PPE. The circumstances where PPE is used could be increased and / or the level of protection increased The standard PPE requirements for different levels of risk are listed in the Health and Safety Service toolkit '<i>Coronavirus and Operational Policing</i>,' which can be found here: http://jointintranet.shdc.police.uk/HDI/Departments/cd/Pages/Toolkits.aspx ○ Examples of changes to PPE could include: <ul style="list-style-type: none"> ▪ Rather than using a fluid resistant surgical mask, use an FFP3 or FFP2. Please note that FFP3 and FFP2 masks require face fit training and testing. ▪ Increase the circumstances when PPE is used above and beyond the minimum recommendation. This must also include consideration of increasing PPE requirements for those who work with the affected employee as some PPE is there to prevent people spreading infection as well as reducing risk of becoming infected. 			
Ethnicity	Ethnicity is considered a risk factor in terms of Covid-19.	<ul style="list-style-type: none"> • Consider if there could be direct or indirect reasons why ethnicity may be affecting levels of risk. For example, if an employee has a beard for religious reasons this means that FFP3 and FFP2 masks may not form an effective seal. The the Health and Safety Service toolkit '<i>Coronavirus and Operational Policing</i>,' lists work where an 			



		<p>FFP3 or FFP2 mask may be needed. If an employee has a beard for religious reasons, they may not be able to do the work where this level of protection is required. Please see the Health and Safety Service toolkit '<i>Coronavirus and Operational Policing</i>,'</p> <ul style="list-style-type: none"> • Where possible, the employee must work from home. Where this is not possible, work should be adjusted to allow for 2m social distancing while in the work place. • Consideration must be given to how the employee is getting to work and what can be done to reduce the risk. For example, if an employee normally uses public transport but has a car (but no on-site parking), on site parking should be provided to allow them to drive into work. • If public transport is used, flexibility should be given to avoid peak travel times. • Consideration must be given to adjusting role to reduce risk through reasonable adjustments. Examples of adjustments could include (whether they are reasonable or not depends on the nature of the role, service needs and level of risk): <ul style="list-style-type: none"> ○ Changing a role to allow for home working. ○ Reducing the number of people the person is exposed to, particularly if working with the public or with detainees. This could involve moving the person to a back office function. ○ Allowing an employee to have a dedicated desk if they normally hotdesk. ○ Consider the appropriateness of levels of PPE. The circumstances where PPE is used could be increased and / or the level of protection increased The standard PPE requirements for different levels of risk are listed in the 			
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Health and Safety Service

Surrey and Sussex Police

Covid 19 Individual Employee Risk Assessment Template



		<p>Health and Safety Service toolkit '<i>Coronavirus and Operational Policing</i>,' which can be found here: http://jointintranet.shdc.police.uk/HDI/Departments/cd/Pages/Toolkits.aspx</p> <ul style="list-style-type: none"> ○ Examples of changes to PPE could include: <ul style="list-style-type: none"> ▪ Rather than using a fluid resistant surgical mask, use an FFP3 or FFP2. Please note that FFP3 and FFP2 masks require face fit training and testing. ▪ Increase the circumstances when PPE is used above and beyond the minimum recommendation. This must also include consideration of increasing PPE requirements for those who work with the affected employee as some PPE is there to prevent people spreading infection as well as reducing risk of becoming infected. 			
Pregnancy	Covid-19 infection to employee and child.	<ul style="list-style-type: none"> • All pregnant employees must have a Pregnant Worker and New Parent Risk Assessment. The toolkit to do this can be found here: http://jointintranet.shdc.police.uk/HDI/Departments/cd/Pages/Tools.aspx • Where possible, the employee must work from home. Where this is not possible, work should be adjusted to allow for 2m social distancing while in the work place. • Consideration must be given to how the employee is getting to work and what can be done to reduce the risk. For example, if an employee normally uses public transport but has a car (but no on-site parking), on site parking should be provided to allow them to drive into work. • If public transport is used, flexibility should be given to avoid peak travel times. 			



		<ul style="list-style-type: none">• Some of the vaccinations being offered for Covid-19 aren't suitable for those who are pregnant. Manager's must consider the risk of having an employee who is pregnant and unable to be vaccinated. Measures must be considered to reduce the risk, there are some examples below.• Consideration must be given to adjusting role to reduce risk through reasonable adjustments. Examples of adjustments could include (whether they are reasonable or not depends on the nature of the role, service needs and level of risk):<ul style="list-style-type: none">○ Changing a role to allow for home working.○ Reducing the number of people the person is exposed to, particularly if working with the public or with detainees. This could involve moving the person to a back office function.○ Allowing an employee to have a dedicated desk if they normally hotdesk.○ Consider the appropriateness of levels of PPE. The circumstances where PPE is used could be increased and / or the level of protection increased The standard PPE requirements for different levels of risk are listed in the Health and Safety Service toolkit '<i>Coronavirus and Operational Policing</i>,' which can be found here: http://jointintranet.shdc.police.uk/HDI/Departments/cd/Pages/Toolkits.aspx○ Examples of changes to PPE could include:<ul style="list-style-type: none">▪ Rather than using a fluid resistant surgical mask, use an FFP3 or FFP2. Please note that FFP3 and FFP2 masks require face fit training and testing.▪ Increase the circumstances when PPE is used above and beyond the minimum recommendation.			
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		<p>This must also include consideration of increasing PPE requirements for those who work with the affected employee as some PPE is there to prevent people spreading infection as well as reducing risk of becoming infected.</p>			
<p>Gender</p>	<p>Gender is considered a risk factor in terms of Covid-19. Men have a higher mortality rate and are more likely to be admitted to hospital.</p>	<ul style="list-style-type: none"> • Where possible, the employee must work from home. Where this is not possible, work should be adjusted to allow for 2m social distancing while in the work place. • Consideration must be given to how the employee is getting to work and what can be done to reduce the risk. For example, if an employee normally uses public transport but has a car (but no on-site parking), on site parking should be provided to allow them to drive into work. • If public transport is used, flexibility should be given to avoid peak travel times. • Consideration must be given to adjusting role to reduce risk through reasonable adjustments. Examples of adjustments could include (whether they are reasonable or not depends on the nature of the role, service needs and level of risk): <ul style="list-style-type: none"> ○ Changing a role to allow for home working. ○ Reducing the number of people the person is exposed to, particularly if working with the public or with detainees. This could involve moving the person to a back office function. ○ Allowing an employee to have a dedicated desk if they normally hotdesk. ○ Consider the appropriateness of levels of PPE. The circumstances where PPE is used could be increased and / or the level of protection increased The standard PPE requirements for different levels of risk are listed in the 			



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<p>Underlying health conditions</p>	<p>Examples of health conditions that increase risk in relation to Covid-19.</p> <ul style="list-style-type: none"> • Hypertension • Cardiovascular Disease (CVD) • Diabetes Mellitus (DM) • Chronic Kidney Disease (CKD) • Chronic Obstructive Pulmonary Disease(COPD) • Obesity 	<ul style="list-style-type: none"> • Seek OH advice and support on medical conditions. • Where possible, the employee must work from home. Where this is not possible, work should be adjusted to allow for 2m social distancing while in the work place. • Consideration must be given to how the employee is getting to work and what can be done to reduce the risk. For example, if an employee normally uses public transport but has a car (but no on-site parking), on site parking should be provided to allow them to drive into work. • If public transport is used, flexibility should be given to avoid peak travel times. • Consideration must be given to adjusting role to reduce risk through reasonable adjustments. Examples of adjustments could include (whether they are reasonable or not depends on the nature 			



		<p>of the role, service needs and level of risk):</p> <ul style="list-style-type: none"> ○ Changing a role to allow for home working. ○ Reducing the number of people the person is exposed to, particularly if working with the public or with detainees. This could involve moving the person to a back office function. ○ Allowing an employee to have a dedicated desk if they normally hotdesk. ○ Consider the appropriateness of levels of PPE. The circumstances where PPE is used could be increased and / or the level of protection increased The standard PPE requirements for different levels of risk are listed in the Health and Safety Service toolkit '<i>Coronavirus and Operational Policing</i>,' which can be found here: http://jointintranet.shdc.police.uk/HDI/Departments/cd/Pages/Toolkits.aspx ○ Examples of changes to PPE could include: <ul style="list-style-type: none"> ▪ Rather than using a fluid resistant surgical mask, use an FFP3 or FFP2. Please note that FFP3 and FFP2 masks require face fit training and testing. ▪ Increase the circumstances when PPE is used above and beyond the minimum recommendation. This must also include consideration of increasing PPE requirements for those who work with the affected employee as some PPE is there to prevent people spreading infection as well as reducing risk of becoming infected. 			
		<ul style="list-style-type: none"> • 			



Briefing

I confirm that the findings of this risk assessment have been explained to me and I will comply with its findings.

Name	Signature

Risk rating table

RISK RATINGS				RISK RATING MANAGEMENT	
Severity	X	Likelihood		RISK RATING	ACTION REQUIRED
1	1	Highly Unlikely to Occur		1-5 Low (L)	Acceptable Review and manage control measures for continuous improvement.
2	2	Unlikely to Occur		6-10 Medium (M)	As Low as Reasonably Practicable Where possible, identify and implement further control measures to reduce risk rating to as low as reasonably practicable.
3	3	Possible		12-15 High (H)	Generally Unacceptable Consider stopping activity. Identify and implement further control measures to reduce risk rating to as low as reasonably practicable.
4	4	Likely to Occur		16-25 Very High (VH)	Intolerable Place event/activity on hold and seek support to identify and implement further control measures to reduce risk rating to as low as reasonably practicable.
5	5	Highly Likely to Occur			



Subject of risk assessment		Covid-19 Return to Work Risk Assessment (Op Apollo)			
Person completing		Rob Mann / Matt Green (V3)		Rank or Role	Deputy Head, H&S Service
Risk owner / senior manager		David Miller		Rank or Role	Assistant Chief Constable
Date	08/07/2020	Version	V:03	Review date	Ongoing Review

SUPPORTING DOCUMENTS & GUIDANCE	IMPORTANT INFORMATION
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- **HM Govt: The UK Government’s COVID-19 recovery strategy**



FINAL_6.6637_CO_H
MG_C19_Recovery_F

- **Health and Safety Service Coronavirus Toolkit:**
<http://jointintranet.shdc.police.uk/HDI/Departments/cd/Pages/Toolkits.aspx>
- **Covid-19 ‘UPDATES’** guidance on the Force Intranet front page:
http://jointintranet.shdc.police.uk/OurForces/Teams/OC/Pages/Joint_2020_Covid19_DailyUpdates.aspx
- **Public Health England (PHE) latest guidance**
<https://www.gov.uk/government/organisations/public-health-england>

There are two things that are critical for Surrey/Sussex as we manage the back to workplace experience.

- The perceptions of health and safety affect people's wellbeing which is in itself a health and safety issue and must therefore be considered carefully
- Clear communication around the health and safety measures that we will be putting in place, and why they are being put in place is important.
- You must also give consideration to whether Covid-19 infection could disproportionately affect different groups for example, BAME, those with disabilities or other protected characteristics.
- You must consult with you staff about measures which affect their health and safety.

This entire document must be reviewed and where appropriate, modified to ensure it is a suitable and sufficient assessment in relation to the individual circumstances

THIS ASSESSMENT RELATES PRINCIPALLY TO THE RISK OF EXPOSURE TO COVID-19 AND MUST BE CONSIDERED WITH OTHER ROLE RELATED ASSESSMENTS

The generic risk assessment for **Staff Based Office Risk Assessment** and additional generic assessments can be found under ‘Related Documents’ at:
<http://jointintranet.shdc.police.uk/HDI/Departments/cd/Pages/Toolkits.aspx>



THREAT What has the potential to cause harm (hazards)?	RISK & HARM Who is at risk and how could they be harmed?	WORKING STRATEGY What can you do to keep people safe and ideally eliminate the chance they could be harmed or if not possible reduce and control the risk?	FURTHER ACTIONS TO REDUCE RISK READ 'RISK RATING TABLE' AT FOOT OF ASSESSMENT FOR DETAIL	RISK		
				Severity	Likelihood	Risk
Determine who should go to work	Officers/Staff Exposure to Covid-19 resulting in respiratory compromise, ill health, fatality	<ul style="list-style-type: none"> • Staff should work from home if at all possible. • Consider who is needed to be on-site, for example: <ul style="list-style-type: none"> - Officers/Staff in roles critical for business and operational continuity or regulatory requirements and which cannot be performed remotely. - Officers/Staff in critical roles which might be performed remotely, but who are unable to work remotely due to home circumstances or the unavailability of safe enabling equipment. • Plan for the minimum number of people needed on site to operate safely and effectively. • Monitor the wellbeing of people who remain working from home and helping them stay connected to the rest of the workforce, especially if the majority of their colleagues are on-site. • Keep in touch with off-site employees on their working arrangements including their welfare, mental and physical health and personal security. • Provide equipment for people to work at home safely and effectively, for example, remote access to work systems. 	<ul style="list-style-type: none"> • Some members of staff may have concerns about returning to work on public transport – Many may find that they are still coming to terms with the significant change which society has seen, and the familiar workplace routines could feel very different. • Face coverings are required when travelling on public transport. • Signpost staff to the EAP as appropriate. 	N/A	N/A	N/A



<p>Shielded employees returning to work</p>	<p>Employees who have been isolated due to shielding.</p>	<p>When allowed, some employees who have been shielding at home, may be able to return to work:</p> <p>Employees who have been shielding should continue to work from home wherever possible.</p> <p>Where working from home isn't possible:</p> <p>Employees should only return to the office when an individual assessment of the risk has been undertaken, considering:</p> <ul style="list-style-type: none"> • Confirming medical advice, seeking OH advice and support. • How travel to work will be undertaken. • The working environment. • Individual medical needs / disabilities / reasonable adjustments. • The workplace can be considered as Covid Secure, in accordance with HSE guidance, listed here: https://www.hse.gov.uk/coronavirus/working-safely/covid-secure.htm 	<ul style="list-style-type: none"> • Individual risk assessment must be undertaken. 			
<p>Travelling to and from your place of work</p>	<p>Officers/Staff</p> <p>Exposure to Covid-19 resulting in respiratory compromise, ill health, fatality</p>	<ul style="list-style-type: none"> • For the foreseeable future, workers should continue to work from home rather than their normal physical workplace, wherever possible. • Everybody (including critical workers) should continue to <u>avoid</u> public transport wherever possible. • Consider cycling, walking or driving, to minimise the number of people with whom they come into close contact 	<ul style="list-style-type: none"> • If public transport MUST be used, social distancing guidance on public transport must be followed rigorously. • Face coverings are required when travelling on public transport. 	2	2	4



		<ul style="list-style-type: none"> • It is not recommended to 'car share' with another employee/person who is outside of your own household • Consider staggering arrival and departure times at work to reduce crowding into and out of the workplace, taking account of the impact on those with protected characteristics. • Where possible, providing additional parking or facilities or relaxing certain on-site parking restrictions • It remains the case that anyone who has symptoms, however mild, or is in a household where someone has symptoms, should not leave their house to go to work. Those people should self-isolate, as should those in their households. <p>(Where staff are working from home, ensure that there is adequate supervisory welfare checks made)</p>				
<p>Re-opening offices/workspaces that have not been used for some time</p>	<p>Officers/Staff Exposure to Covid-19 resulting in respiratory</p>	<ul style="list-style-type: none"> • If offices/workspaces have been closed for a period of time, consider undertaking a deep-clean before re-occupying. 	<ul style="list-style-type: none"> • Before re-instating any workplaces consider revising seating plans i.e: <ul style="list-style-type: none"> - 2m separation of workstations - Staff working back-to back not 	2	2	4



	<p>compromise, ill health, fatality</p>	<ul style="list-style-type: none"> Review cleaning arrangements, for example ensuring all phones/keyboards etc are wiped daily with anti-viral cleaner. Check whether you need to service or adjust ventilation systems, for example, so that they do not automatically reduce ventilation levels due to lower than normal occupancy levels. Most air conditioning system do not need adjustment, however where systems serve multiple buildings or you are unsure, advice can be sought from your heating ventilation and air conditioning (HVAC) engineers or advisers. Open windows and doors frequently to encourage ventilation, where possible. 	<p>face-to-face</p> <ul style="list-style-type: none"> Effective management of the 'flow' of people <ul style="list-style-type: none"> Plan for the minimum number of people needed on site to operate safely and effectively. Be mindful that some employees may have been working from home and/or self-isolating for a number of weeks and may be returning to a work areas that looks significantly different with a number of new practices and protocols to be followed – As such, some employees may require some time and/or assistance to become orientated with a new way of working 			
<p>Air conditioning systems and desk fans</p>	<p>Officers/Staff</p> <p>Exposure to Covid-19 resulting in respiratory compromise, ill health, fatality</p>	<p>The latest guidance from the Health and Safety Executive suggests the risks from air conditioning and desk fans is 'extremely low.'</p> <p>When the temperature in the working environment is uncomfortable, air conditioning and desk fans are permitted provided these are positioned so as not to pose a risk to other staff. The exception to this is centralised air conditioning which moves air from one room to another.</p>	<p>None.</p>	<p>2</p>	<p>2</p>	<p>4</p>



		<p>HSE guidance: <i>'You can continue using most types of air conditioning system as normal. But, if you use a centralised ventilations system that removes and circulates air to different rooms it is recommended that you turn off recirculation and use a fresh air supply.'</i></p> <p><i>You do not need to adjust air conditioning systems that mix some of the extracted air with fresh air and return it to the room as this increases the fresh air ventilation rate. Also, you do not need to adjust systems in individual rooms or portable units as these operate on 100% recirculation.'</i></p>				
<p>External pedestrian movement around Police premises</p>	<p>Officers/Staff/Visitors/ Contractors</p> <p>Exposure to Covid-19 resulting in respiratory compromise, ill health, fatality</p>	<ul style="list-style-type: none"> • Wherever possible, always maintain at least 2m social distancing from all persons • Consider introducing 'One-Way' pedestrian movements around internal working environments – This will require good signage and adequate messaging/communications • Engage and challenge staff who are not observing social distancing • Reduce congestion e.g. by having more entry points to the workplace. • Provide more storage for workers for clothes and bags • Use markings and introducing one-way flow at entry and exit points. • Provide handwashing facilities, or hand sanitiser where not 	<ul style="list-style-type: none"> • If appropriate and feasible, introduce 'one-way' external pedestrian traffic routes - This will require good signage and adequate messaging/communications 	4	2	8





		possible, at entry and exit points. and not using touch			
Office working in close proximity to others	Officers/Staff/Visitors/ Contractors Exposure to Covid-19 resulting in respiratory compromise, ill health, fatality	<ul style="list-style-type: none"> • Always maintain at least 2m social distancing from all persons wherever possible • Where appropriate to reduce contact, signage to be placed on office doors requesting 'No Admittance' (or similar) to prevent/discourage unnecessary contact. • Engage and challenge staff who are not observing social distancing • Provision of hand-gel/sanitising wipes at all 'hot-desking' locations • Reduce the number of people each person has contact with by using 'fixed teams or partnering' (so each person works with only a few others). • Manage occupancy levels to enable social distancing – Place clear unambiguous signs on doors etc. e.g. 	<p><u>Accidents, security and other incidents</u></p> <ul style="list-style-type: none"> • In an emergency, i.e. an accident or fire, people do not have to stay 2m apart if it would be unsafe. • People involved in the provision of assistance to others should pay particular attention to sanitation measures immediately afterwards including washing hands. • Refer to guidance in the latest version of the Covid-19 Operational Policing Toolkit on Op Apollo tab on the intranet front page: http://jointintranet.shdc.police.uk/news/pages/joint-20200206-coronavirus-guidance-for-first-responders.aspx • Link to Working From Home Safely during Covid-19 http://jointintranet.shdc.police.uk/News/Documents/Op%20Apollo/SMS0073.1%20V4%20Working%20From%20Home%20Safely%20During%20Covid19.pdf • Only where it is not possible to move 		



		<div data-bbox="972 352 1211 695" data-label="Image"> </div> <ul style="list-style-type: none"> Review layouts and processes to allow people to work further apart from each other e.g. <div data-bbox="864 831 1317 1227" data-label="Image"> </div> Consider marking workstations/areas 'out of bounds' with hazard tape etc. <div data-bbox="1003 1369 1077 1596" data-label="Image"> </div> 	<p>workstations further apart, using screens to separate people from each other.</p> <ul style="list-style-type: none"> Using back-to-back or side-to-side working (rather than face-to-face) whenever possible. Reducing the number of people each person has contact with by using 'fixed teams or partnering' If it is not possible to keep workstations 2m apart then consideration should be given as to whether that activity needs to continue for the business to operate (could the activity be relocated to more suitable environment?) if not take all mitigating actions possible to reduce the risk of transmission i.e. If people must work face-to-face for a sustained period with more than a small group of fixed partners, then you will need to assess whether the activity can safely go ahead. No one is obliged to work in an unsafe work environment Consider installing screens or barriers to separate people from each other. 	4	2	8
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		 <ul style="list-style-type: none">• Consider using floor/hazard tape mark areas to help workers keep to a 2m distance.  <ul style="list-style-type: none">• Social distancing applies to all parts of a business, not just the place where people spend most of their time, but also entrances and exits, break rooms, canteens and similar settings. These are often the most challenging areas to maintain social distancing.• Make reasonable adjustments to avoid disabled workers	<p><u>Additional Considerations</u></p> <ul style="list-style-type: none">• Understand and take into account the particular circumstances of those with different protected characteristics.• Involve and communicate appropriately with officers/staff whose protected characteristics might either expose them to a different degree of risk, or might make any steps you are thinking about inappropriate or challenging for them.• Consider whether you need to put in place any particular measures or adjustments to fulfil our duties under the equalities legislation.• Ensure that the steps you take do not have an unjustifiable negative impact on some groups compared to others, for example, those with caring responsibilities or those with religious commitments.	
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		being put at a disadvantage, and assessing the health and safety risks for new or expectant mothers.				
Internal movement around Police sites	Officers/Staff/Visitors/ Contractors Exposure to Covid-19 resulting in respiratory compromise, ill health, fatality	<ul style="list-style-type: none"> • Reduce movement by discouraging non-essential trips within sites, for example, restricting access to some areas, encouraging use of radios or telephones, where permitted, and cleaning them between use. • Restrict access between different areas of a building or site. • Reduce job and location rotation. • Introduce more one-way flow through buildings. • Make sure that people with disabilities are able to access lifts. etc. • Regulate use of high traffic areas including corridors, stairs and walkways to maintain social distancing. 		4	2	8
Meeting and Group Discussions	Officers/Staff Exposure to Covid-19 resulting in respiratory compromise, ill health, fatality	<ul style="list-style-type: none"> • Use remote working tools to avoid in-person meetings i.e. Skype, Teleconferencing • Only absolutely necessary participants should attend meetings and should maintain 2m separation throughout. • Avoid transmission during meetings, for example, avoiding sharing pens, markers, handsets and other objects. 		4	2	8




		<ul style="list-style-type: none"> • Provide hand sanitiser in meeting rooms. • Consider holding meetings outdoors or in well-ventilated rooms whenever possible. • For areas where regular meetings take place, using floor signage to help people maintain social distancing. 			
<p>Common Areas (i.e. Kitchens, refreshment / break-out areas, networked printers/copiers)</p>	<p>Officers/Staff/Visitors/ Contractors Exposure to Covid-19 resulting in respiratory compromise, ill health, fatality</p>	<ul style="list-style-type: none"> • In multi-team/activity sites ensure consistency across common areas, for example, receptions and staircases. • Stagger break times to reduce pressure on break-out rooms, kitchens etc. • Use safe outside areas for breaks. • Create additional space by using other parts of the workplace that have been freed up by remote working. • Consider installing screens to protect staff in receptions or similar areas. • Encourage officers/staff to bring their own food. • Reconfigure/restrict seating and tables to maintain spacing and reduce face-to-face interactions. 			




		 <ul style="list-style-type: none">• In larger kitchen/refreshment areas use floor/hazard tape to highlight safe distancing 		4	2	8
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		<ul style="list-style-type: none"> Consider using conspicuous signage to support safe distancing in common areas i.e. <div data-bbox="981 469 1218 810" style="border: 1px solid black; padding: 10px; text-align: center;">  <p>YOUR COLLEAGUES NEED YOU TO KEEP TO MAX OF 4 IN THIS KITCHEN</p> </div> <ul style="list-style-type: none"> Encourage staff to remain on-site and, when not possible, maintain social distancing while off-site. Regulate use of locker rooms, changing areas and other facility areas to reduce concurrent usage. Encourage storage of personal items and clothing in personal storage spaces, for example, lockers and during shifts. 			
<p>Hygiene – handwashing, sanitation facilities and toilets</p>	<p>Officers/Staff/Visitors/ Contractors</p> <p>Exposure to Covid-19 resulting in respiratory compromise, ill health,</p>	<ul style="list-style-type: none"> Use signs and posters to build awareness of good handwashing technique, the need to increase handwashing frequency, avoid touching your face and to cough or sneeze into a tissue which is binned safely, or into your arm if a tissue is not available. 			



	fatality	<ul style="list-style-type: none"> • Provide regular reminders and signage to maintain personal hygiene standards. • Provide hand sanitiser in multiple locations in addition to washrooms. • Set clear use and cleaning guidance for toilets to ensure they are kept clean and social distancing is achieved as much as possible i.e. 		4	2	8
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		 <ul style="list-style-type: none"> • Enhance cleaning for busy areas. • Provide more waste facilities and more frequent rubbish collection. • Where possible, provide paper towels as an alternative to hand dryers in handwashing facilities. 				
Changing rooms and showers	<p>Officers/Staff</p> <p>Exposure to Covid-19 resulting in respiratory compromise, ill health, fatality</p>	<ul style="list-style-type: none"> • Where shower and changing facilities are required, setting clear use and cleaning guidance for showers, lockers and changing rooms to ensure they are kept clean and clear of personal items and that social distancing is achieved as much as possible. • Introduce enhanced cleaning of all facilities regularly during the day and at the end of the day. 		4	2	8
Protecting people who are at higher risk	<p>Officers/Staff</p>	<ul style="list-style-type: none"> • Clinically vulnerable individuals, who are at higher risk of severe illness (for example, people with some pre-existing 	<ul style="list-style-type: none"> • Clinically extremely vulnerable people will have received a letter 	4	2	8



	<p>Exposure to Covid-19 resulting in respiratory compromise, ill health, fatality</p>	<p>conditions) have been asked to take extra care in observing social distancing and should be helped to work from home, either in their current role or in an alternative role.</p> <ul style="list-style-type: none"> • If clinically vulnerable (but not extremely clinically vulnerable) individuals cannot work from home, they should be offered the option of the safest available on-site roles, enabling them to stay 2m away from others. • If they have to spend time within 2m of others, you should carefully assess whether this involves an acceptable level of risk. As for any workplace risk you must take into account specific duties to those with protected characteristics, including, for example, expectant mothers. 	<p>telling them they are in this group, or will have been told by their GP. Guidance on who is in this group can be found below: https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19</p> <ul style="list-style-type: none"> • Particular attention should also be paid to people who live with clinically extremely vulnerable individuals. 			
<p>Managing customers, visitors and contractors</p>	<p>Officers/Staff/Visitors/ Contractors</p> <p>Exposure to Covid-19 resulting in respiratory compromise, ill health, fatality</p>	<ul style="list-style-type: none"> • Encourage visits via remote connection/working where this is an option. • Where site visits are required, site guidance on social distancing and hygiene should be explained to visitors on or before arrival. • Limit the number of visitors at any one time. • Limit visitor times to a specific time window and restricting access to required visitors only. • Determine if schedules for essential services and contractor visits can be revised to reduce interaction and overlap between people, for example, carrying out services at night. 		<p>4</p>	<p>1</p>	<p>4</p>



		<ul style="list-style-type: none"> Maintain a record of all visitors. Revise visitor arrangements to ensure social distancing and hygiene, for example, where someone physically signs in with the same pen in receptions. 				
Keeping the workplace clean	<p>Officers/Staff/Visitors/ Contractors</p> <p>Exposure to Covid-19 resulting in respiratory compromise, ill health, fatality</p>	<ul style="list-style-type: none"> Frequent cleaning of work areas and equipment between uses. Frequent cleaning of objects and surfaces that are touched regularly, such as door handles and keyboards, and making sure there are adequate disposal arrangements Clearing workspaces and removing waste and belongings from the work area at the end of a shift. Limiting or restricting use of high-touch items and equipment, for example, printers or whiteboards 	<ul style="list-style-type: none"> If you are cleaning after a known or suspected case of COVID-19 then you should refer to the Gov't's specific guidance - Link below https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings 	4	2	8
Handling goods, merchandise and other materials, and onsite vehicles	<p>Officers/Staff</p> <p>Exposure to Covid-19 resulting in respiratory compromise, ill health, fatality</p>	<ul style="list-style-type: none"> Cleaning procedures for goods and merchandise entering the site. Cleaning procedures for vehicles. Introduce greater handwashing and handwashing facilities for workers handling goods and merchandise and providing hand sanitiser where this is not practical. Regular cleaning of vehicles that workers may take home. 		4	2	8



		<ul style="list-style-type: none"> Restrict non-business deliveries, for example, personal deliveries to workers 				
Work- related travel	<p>Officers/Staff</p> <p>Exposure to Covid-19 resulting in respiratory compromise, ill health, fatality</p>	<ul style="list-style-type: none"> Minimise non-essential travel – consider remote options Minimise the number of people travelling together in any one vehicle, using fixed travel partners, increasing ventilation when possible and avoiding sitting face-to-face. Clean shared vehicles between shifts or on handover. Put in place procedures to minimise person-to-person contact during deliveries to other sites. Maintain consistent pairing where two-person deliveries are required. Minimise contact during exchange of documentation, for example, by using electronically signed and exchanged documents. 	<ul style="list-style-type: none"> If officers/staff are required to stay away from their home, centrally logging the stay and making sure any overnight accommodation meets social distancing guidelines 	4	2	8
Inbound and outbound goods	<p>Officers/Staff/Visitors/ Contractors</p> <p>Exposure to Covid-19 resulting in respiratory compromise, ill health, fatality</p>	<ul style="list-style-type: none"> Revise pick-up and drop-off collection points, procedures, signage and markings. Minimise unnecessary contact at gatehouse security etc. i.e. non-contact deliveries where the nature of the product allows for use of electronic pre- booking. Consider methods to reduce frequency of deliveries, for example by ordering larger quantities less often. 		4	1	4



		<ul style="list-style-type: none"> Where possible and safe, having single workers load or unload vehicles. Where possible, using the same pairs of staff for loads where more than one is needed. 				
Personal Protective Equipment (PPE) and face coverings	Officers/Staff Exposure to Covid-19 resulting in respiratory compromise, ill health, fatality	<ul style="list-style-type: none"> Within the workplace, social distancing and existing controls should negate the need for precautionary/routine wearing of masks/face coverings Where Force guidance or specific activity risk assessments have already identified the use of PPE in your business area to protect against non-COVID-19 risks, you should continue to do so. Unless you are in a situation where the risk of COVID-19 transmission is very high, your local risk assessment should reflect the fact that the role of PPE in providing additional protection is extremely limited. 	<p>All issues regarding the wearing of PPE etc. in the workplace will be kept under review and updated according to local and/or national guidance.</p> <ul style="list-style-type: none"> Refer to guidance in the latest version of the Covid-19 Operational Policing Toolkit on Op Apollo tab on the intranet front page http://jointintranet.shdc.police.uk/new/s/pages/joint-20200206-coronavirus-guidance-for-first-responders.aspx 	4	2	8

Risk Rating Table - Briefing: This Risk Assessment is disseminated and read by all those who could be affected by the activity

RISK RATINGS				RISK RATING MANAGEMENT	
SEVERITY (S)	multiplied by (x)	LIKELIHOOD (L)		RISK RATING	ACTION REQUIRED
1	No Injury, Insignificant Property or Equipment Damage	1	Highly Unlikely to Occur	1-5 Low (L)	Acceptable Review and manage control measures for continuous improvement.
2	First Aid Injury, Minor Loss of Process, Slight Property or Equipment Damage	2	Unlikely to Occur		
				6-10	As Low as Reasonably Practicable



3	Lost Time Injury (3 -7 days), Moderate Loss of Process, Limited Property or Equipment Damage	3	Possible	Medium (M)	Where possible, identify and implement further control measures to reduce risk rating to as low as reasonably practicable.	
	Over 7 Day / Specified Injury, Critical Process Loss, Critical Property or Equipment Damage		4	Likely to Occur	12-15 High (H)	Generally Unacceptable Consider stopping activity. Identify and implement further control measures to reduce risk rating to as low as reasonably practicable.
	Life Changing Injury or Fatality(s), Catastrophic Business Loss		5	Highly Likely to Occur	16-25 Very High (VH)	Intolerable Place event/activity on hold and seek support to identify and implement further control measures to reduce risk rating to as low as reasonably practicable.

Health and Safety Service

Surrey and Sussex Police

Health and Safety Service Reorganisation



The Health and Safety Service has just completed a re-structure. This report outlines the business challenges and implemented solutions.

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1. Business Challenges

Challenge 1: No capacity for supporting medium risk departments

Departments considered to be medium to low risk (which covers a significant proportion of both Force's workforce) are currently left to self-assess based upon new toolkits and a dedicated intranet page. A recent internal audit report raised concern about the lack of support and assurance for these departments. It is believed this lack of support for medium to low risk business areas poses a significant compliance gap.

While it is believed that the lower risk nature of these departments does justify less support, in order to ensure compliance with the Management of Health and Safety at Work Regulations there should be some dip checking and support put in place to ensure compliance.

Challenge 2: Increasing demand

Following efforts to improve accident and assault reporting, there has been a significant increase in safety incident reports received by the Health and Safety Service in Sussex of 19.5 % since the new safety management arrangements were introduced. These are currently processed by the Sussex health and safety assistant, which is a SPA7 (D Grade), 0.6 FTE role. The equivalent role in Surrey is full time.

To manage work load, some functions have to be stopped or delayed during periods of peak demand and to cover sickness / holidays, in order to prioritise statutory functions. For example, divisional safety reports can be delayed or stopped altogether and these provide divisions with important information on the types of accidents that are occurring within their area of responsibility.

Challenge 3: Competence levels of the Health and Safety Advisor Role

The balance of competency in the team needs to be changed to ensure competency levels are adequate to advise the highest risk parts of both forces. This is of particular importance when you consider the ability of the police to lawfully cause injury through the use of reasonable force which can result in significant if not fatal injuries, something unique to the police and armed forces.

The Health and Safety Service regularly provides advice on safety in relation to high risk situations such as executing warrants in drugs factories, adequacy of protective equipment for firearms officers in counter terrorism, safety within custody and also multi fatality major incidents.

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2. The Changes

Change 1:

The Surrey based Grade H (SPA11) Health and Safety Advisor role is replaced with a new Senior Specialist Health and Safety Advisor role (Surrey Band 2/M1). This role has a higher competency requirement and a requirement to deal with higher risk more complex work.

- Address concern that the current structure may not be compliant with the Management of Health and Safety at Work Regulations, which requires available competence to be adequate in relation to the risks. Failure to comply is a criminal offence.
- Improve the quality of advice that the Health and Safety Service is able to provide to departments and divisions. Improved competence will enable the new senior specialist safety advisor to undertake work of greater complexity and work more independently, improving service provision to departments.
- Improve the Health and Safety Service's internal capacity to provide advice and support to departments by reducing supervision requirements that currently take place (the post holder will have the competence to work more independently).
- Reduced supervision requirements will create capacity for the Head of Health and Safety Service to manage new work streams to improve first aid clinical governance.
- Help resolve an imbalance in the Health and Safety Service's structure which is overly Sussex weighted in terms of where competency is based.
- Offer a new senior specialist role based in Surrey which will help address recruitment and retention problems in Surrey preventing prolonged service disruption to critical police operations.
- All posts that are upgraded to the new Senior Specialist Health and Safety Advisor role will be expected to function as the previous Deputy Head of Health and Safety Service post was expected to, including deputising when required.

Change 2:

Of the two current health and safety assistant roles (1 FTE Grade D in Surrey and 0.6 FTE SPA7 in Sussex), the Sussex health and safety assistant role (0.6FTE, SPA7) is replaced with a 1 FTE senior specialist health and safety role (M1) on a Surrey contract. This role will have a higher competency

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requirement, improving service provision to high risk operational policing departments.

- Address concern that the current structure may not be compliant with the Management of Health and Safety at Work Regulations, which requires available competence to be adequate in relation to the risks. Failure to comply is a criminal offence.
- Improve the quality of advice that the Health and Safety Service is able to provide to departments and divisions. Improved competence will enable the new senior specialist safety advisor to undertake work of greater complexity and work more independently, improving service provision to departments.
- Improve the Health and Safety Service's internal capacity to provide advice and support to departments by reducing supervision requirements that currently take place (the post holder will have the competence to work more independently).
- Reduced supervision requirements will create capacity for the Head of Health and Safety Service to manage new work streams to improve first aid clinical governance.
- Allow the existing SPA11 health and safety advisor post (in Sussex) to focus on support medium to low risk departments. These departments cover a significant part of the workforce and currently get little to no support, other than self-service. This poses a significant compliance gap for both Forces and was raised as a concern in a recent internal audit report.
- By taking more complex work off the existing Sussex SPA11 health and safety advisor post, this will create capacity for the Sussex SPA11 health and safety advisor post to provide support to medium and low risk departments as well as pick up tasks previously managed by the Sussex health safety assistant post (which will be deleted), including dealing with safety incident reports which have increased significantly in number (+19.5 % since 2015/16), helping to meet statutory reporting requirements.
- So the existing SPA11 post in Sussex does not have to process FIAMS reports full time, a system will be put in place to spread this work throughout other teams members, including the Head of Service.
- All roles that are upgraded to the new Senior Specialist Health and Safety Advisor post will be expected to function as the previous Deputy Head of Health and Safety Service post was expected to, including deputising when required.

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Change 3:

The current Deputy Head of Health and Safety role (M1/Band 2) is replaced with the new Senior Specialist Health and Safety Advisor role (M1/Band 2).

- This changes makes no practical difference to the day to day working, competency level or expectations of the current post holder.
- All roles that are upgraded to the new Senior Specialist Health and Safety Advisor post will be expected to function as the previous Deputy Head of Health and Safety Service was expected to, including deputising when required.
- It wasn't possible to have the new Senior Specialist Health and Safety Advisor Role at M1 and also a Deputy Head of Service also at M1. Moving everyone across to the new role addresses this issue.