SETTING YOUR POLICY

In its Health and Safety Policy Statement the MRC clearly states the intention to ensure the health and safety of its employees, and everyone who may be affected by its work.

The day-to-day responsibility of implementing Council policy is placed on its directors.

Directors, therefore, need to:

♦ Produce a statement detailing how the policy will be implemented locally.

♦ Brief their senior scientists and managers on the process for distributing and explaining the policy and its implementation to all staff within their areas of responsibility.

♦ Ensure that a process is in place to provide a copy of the policy to all new members of staff and temporary workers.

♦ Check regularly that staff know and understand the policy and how it is implemented locally.

An example health and safety implementation policy statement is included in this section.
EXAMPLE POLICY IMPLEMENTATION STATEMENT

Introduction
(This Unit/ESS team) was established by the Medical Research Council and as such is committed to the Council's policy on health and safety.

It is the MRC's policy to provide and maintain a workplace which is safe and without risks to the health of its employees, and to promote standards of best practice in health and safety management.

The Director (name) has responsibility for ensuring the health and safety of all staff within (establishment name) and any visiting workers or other persons affected by the unit's/team's actions.

Although this primary responsibility lies with the Director, all MRC employees have a responsibility for their own health and safety and that of others that may be affected by their actions. Management and staff must co-operate fully to ensure effective implementation of the MRC's policy.

The (Unit/team) occupies accommodation belonging to/which is closely associated (integrated) with the (Host name). The MRC is committed to co-operating fully with the host institution to ensure the health and safety of the staff. The following sections reflect and incorporate, as appropriate, the arrangements made with the host institution.

Safety organisation and arrangements
The Director(s) has (have) delegated specific duties to the identified group/section/team leaders to ensure the health and safety of the staff under their supervision.

The Unit's team leaders are...

The following members of staff have specific delegated duties and authority regarding the management of health and safety.
<table>
<thead>
<tr>
<th>Position</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety Co-ordinator</td>
<td></td>
</tr>
<tr>
<td>Biological Safety Officer</td>
<td></td>
</tr>
<tr>
<td>Radiation Protection Supervisor</td>
<td></td>
</tr>
<tr>
<td>Fire Wardens</td>
<td></td>
</tr>
<tr>
<td>First Aiders</td>
<td></td>
</tr>
</tbody>
</table>

The Unit/Team's Radiation Protection Adviser is:

Name:  
Address:  
Contact No.
Safety Representatives

(Director's name) supports the appointment of Unit/Team safety representatives to help resolve health and safety issues as close to their source as possible.

Your safety representatives are: -

---------------------------------------------------------------
---------------------------------------------------------------

Health and Safety Committee

Both staff and management are represented on the establishment's Health and Safety Committee.

The Committee meets on a regular basis. Its prime focus is to advise management on the local implementation of MRC's health and safety policy and the (establishment name) health and safety plan.

For details of the Committee's constitution and remit see document ref.

OR

The establishment does not have a formally constituted health and safety committee but health and safety issues are dealt with as a standing item at regular staff meetings.

Training

(Establishment name) will provide adequate health and safety training for all its employees:

(a) On being recruited.

(b) On being exposed to new or increased risks because of changes in responsibilities, work practices, the introduction of new equipment or new policies and procedures.

This training will be repeated periodically to ensure continuing competence.

Staff with specific responsibilities, (e.g. managers, unit safety Co-ordinators, first aiders etc) will be given additional training as appropriate.

Written records of such training must be kept.
**Accident Reporting and Investigation**

All accidents and near misses, however minor, must be reported to the relevant line manager and recorded.

All accidents and near misses will be investigated by the relevant line manager to establish the root causes and introduce management action to prevent a recurrence.

All notifiable accidents, dangerous occurrences and cases of occupational related ill health, as defined by The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, must be reported to the Safety Co-ordinator. The Administrator will then ensure that the Director, Co-ordinator, the local Health and Safety Executive Office and the Health and Safety Section at Head Office are informed.

**Emergency Procedures**

This section should detail the action to be taken in the event of a fire/bomb alert/other emergency. Details of drills, assembly points, roll calls, re-entry to the building etc. (including plans and routes) must be included.

**Occupational Health**

Local arrangements for occupational health provision should be outlined including:

- The name and address of the OH provider.
- The services provided, e.g. pre-employment screening, fitness for work assessments.

**Information**

(Establishment name) will provide staff with information on the risks to their health and safety identified by assessment and the measures taken to control those risks. General information on health and safety issues will also be provided on notice boards, in the form of newsletters, memos, posters, videos etc.

**Shared Accommodation**

A formal arrangement detailing which employer is responsible for which areas of health and safety has been agreed between (establishment name) and (host name). In all aspects of its work the (establishment name) will endeavour to:

(a) Co-operate with the other employers to enable them to meet their health and safety obligations.

(b) Take reasonable action to co-ordinate its procedures with those of the other employers to comply with legislation and to maximise efficiency.

(c) Take reasonable steps to inform other employers of the risks to their employees' health and safety arising from the work of the (establishment name).
(d) Ensure that, wherever appropriate, (establishment name) risk assessments cover the workplace, as a whole and not just the area occupied by (establishment name) staff.

See Health and Safety Arrangements for MRC Units/Teams within Host Institutions.

**Inspections**

Inspections of the workplace will occur at regular intervals organised by (job title). Specialist inspections on the use of biological material and radioisotopes will be organised by the biological safety officer and the radiation protection supervisor respectively. Inspection teams will consist of both management and staff. Items for action will have a named actionee and a target date for completion.

**Hazard and risk management**

The director(s) will ensure that all activities are subject to hazard identification and risk assessment. The day to day responsibility for ensuring that suitable risk assessments are made is delegated to line or function managers, principally the identified team leaders.

The significant recognised hazards associated with this unit's/team's work activities and areas are…

*List Hazards here*

Details of the measures taken to eliminate, minimise or control exposure to risk can be found in the accompanying codes of practice. All risk assessments take into account the physical and mental capabilities of the individual and any individuals or groups considered to be vulnerable or at special risk, for example young persons and new or expectant mothers.
Specifically, all proposed work activities are assessed to establish if they present any additional risk to women of childbearing age and new or expectant mothers. Any such risk is identified within this document or the relevant codes of practice. Adherence to the *Host Institute's/Department's /Unit's/other's* local rules for work with ionising radiation will ensure that exposure of these staff to ionising radiation will be below their prescribed dose limits (see also complementary Codes of Practice).

**Visitors**

All visitors are required to report to reception on arrival. Each visitor will be met by and become the responsibility of a named individual member of staff for the entire period of their stay. This will include service and maintenance personnel and contractors working within unit-controlled areas. As appropriate, service and maintenance personnel and contractors will operate according to a written permit to work system authorised by (names/positions). Casual visitors are not permitted.
HEALTH AND SAFETY ARRANGEMENTS FOR MRC
ESTABLISHMENTS WITHIN HOST INSTITUTIONS

The Council recognises that for practical purposes establishments and staff embedded in university or hospital departments or occupying buildings on university or hospital sites need to integrate their own safety arrangements with those of the host institution.

The following checklist, which is not exhaustive, is intended to help MRC directors and administrators to formalise local health and safety arrangements with their host institution. It is not only important that there are no gaps in the health and safety arrangements for MRC staff but also no duplication of effort.

ARRANGEMENTS CHECKLIST

1. Definition of MRC areas

Where Council establishments occupy a part of a building belonging to another institution, the area occupied by the establishment should be clearly defined. There should be no doubt about who controls the area and therefore where the responsibility for premises and plant lies. In the case of common areas, it will be necessary to reach an agreement with the host on the appropriate division of responsibility or mechanisms for joint responsibility.

2. Access & Egress

We have a duty as employers to ensure safe access to and egress from the place of work for all including disabled workers/visitors. This will include establishing who is responsible for the maintenance of car parks, roads, footpaths and steps/stairs.

3. Building Security

For some of our work, security is paramount. Satisfactory arrangements for the security of MRC designated areas/buildings and their staff and contents must be provided.
4. Services/Utilities

The safe provision/maintenance of utilities is usually the responsibility of the landlord, whilst the safe use of these services is the responsibility of the MRC establishment. This needs to be established and formally agreed.

5. Plant and Fixed Equipment

This is defined as equipment integral to the fabric of the building, e.g. air handling systems, cold stores, fume cupboards. It must be established who is responsible for repair, maintenance, testing, and replacement of this plant/equipment. If it is the responsibility of the host then the MRC must be made aware of any repair, maintenance, testing etc. For example, if the host is responsible for carrying out containment tests on safety cabinets then the establishment should receive copies of the test results.

6. Non Fixed Equipment

This will usually be the responsibility of the establishment, but it may be possible to take advantage of some local arrangements e.g. the host's electrical testing programme.

7. Fire Precautions

Maintenance and testing of fixed fire precautions, e.g. doors, fire detection and alarm systems and hose reels will usually be the responsibility of the landlord (this may also include portable fire extinguishers). This arrangement must be formally agreed between the establishment and the host. The organisation of fire evacuation drills will be the responsibility of the establishment but the host will have a programme of testing evacuation procedures that should include MRC staff.

8. Transport

In some cases the establishment may share the cost of transport with the host. In these cases there may also be a requirement to share the responsibility for the proper maintenance and safe condition of the vehicles.

Where MRC staff are allowed to use the host's vehicles the establishment must ensure that appropriate insurance arrangements are in place.
9. **Decommissioning**

The MRC has a duty of care when vacating premises to leave them in good order and free from contamination.

A formal agreement with the host stating exactly what each party is responsible for e.g. decontamination of containment facilities, disposal of redundant chemicals and equipment, must be in place.

10. **Local Procedures**

It is important that it is formally recognised which procedures MRC staff are to follow. This may include local rules for the use of ionising radiation, waste disposal procedures, accident reporting and permit to work systems etc.

11. **Provision of Occupational Health and Safety Service**

The use of the host's occupational health service may be a convenient way of fulfilling the MRC's obligation to provide occupational health surveillance to our staff. The level of service provided according to the work carried out by the establishment staff should be agreed with the host's occupational health physician. (see guidance on appointing an OH provider in the PMM).

Where there is a need for a radiation protection adviser or a biological safety officer for genetic modification work it may be appropriate for the establishment to use the host's appointed persons. These arrangements must be formalised and made clear to all interested parties.

12. **First Aid**

Establishment staff will need access to qualified first aiders. A decision needs to be made whether the establishment need to train their own first-aiders or agree to use those provided by the host.

If the host has an existing first aider training scheme arrangements should be arranged for MRC appointed first-aiders to use it.

13. **Liaison with Regulatory Authorities**

This may be a courtesy agreement which lets the host know when a regulatory inspector is to visit the establishment or a more formal arrangement whereby a representative from the host is present during the visit.
14. Registration/Notification/Authorisations

There are several areas of our work that require statutory obligations to register with, notify to, or receive authorisation from, regulatory bodies. Work included in these categories includes genetic modification, the use of ionising radiation, animal work, waste management and fire certification of buildings.

There may be circumstances where it is reasonable to use the host for such registration and authorisations.

15. Accident/Incident Reporting & Investigation

Many of our hosts require to be kept informed of all accidents/incidents that occur on their premises. Agreement should be reached on whether the host's or the MRC reporting procedure should be adopted.

16. Record Keeping

Records need to be kept on a very wide range of activities including assessments, testing of containment facilities and training of staff. Where appropriate the MRC establishment should keep copies of all records pertaining to its activities.

17. Induction Training

Arrangements need to be in place to ensure that MRC staff are trained in local procedures as soon as practicable. Where the host's procedures have an impact on or need the co-operation of MRC staff then staff must be informed of such procedures.

18. Communication/Committees

It is vital that good communication on health and safety management is maintained between the host and the MRC establishment. For example, where the establishment can contribute and receive useful information by attending the host's Safety Committee or Genetic Modification Committee, or vice versa, arrangements should be made for them to do so.
ORGANISING YOUR STAFF

To achieve our aim all staff need to be informed, involved, trained and committed.

This step deals with the four C’s that form the bedrock of a positive safety culture: -

- Control
- Competence
- Co-operation
- Communication

CONTROL

Control must not be interpreted as bureaucracy. We have an obligation to keep the level of bureaucracy down to the essential minimum. This ensures that the maximum time can be devoted to the research effort and puts the paperwork into perspective.

One of the most effective forms of control is leadership. Managers, who lead by example, demonstrate their commitment and provide clear direction to staff, find that control follows naturally. Directors have a critical role in showing their commitment to the health and safety of their staff.

Management Action

- Ensure all managers and staff understand their responsibilities, what they must do and how they will be held accountable. A list of responsibilities for managers is included in this section. The appropriate paragraphs should be written into the position description of each line manager/group leader.
COMPETENCE

Whatever task or group of tasks a job entails, the manager must have the confidence that the jobholder has the skills to undertake those tasks effectively and in a safe manner.

By providing the appropriate training we not only ensure this confidence but also provide staff with continuing professional development programmes.

Management Action

♦ Assess the skills necessary to carry out all tasks safely
♦ Provide the resources to ensure that all employees, including temporary staff, are adequately instructed and trained
♦ Work with staff to produce individual health and safety training programmes

CO-OPERATION

Consulting staff and their safety representatives is the first step in co-operation but involving them in planning and reviewing performance, writing procedures and solving problems will spread the health and safety workload and therefore ease the burden.

COMMUNICATION

Ensure your staff have sufficient information about the hazards in their workplace, the risks they are exposed to and the control measures they must use.

Staff need to know and need reminding of all these things.
Unit Directors

Health and safety must be seen in the broad context of risk management and loss prevention rather than just a compliance issue. Whilst the latter is important and obvious the management of losses is also important but may not seem so obvious.

Every accident requiring first aid treatment, every lost time accident, incident of breakage, equipment or plant damage costs money and time; money and time that must be found from the Unit budget and research timetables.

Directors are responsible for ensuring, through their normal management structures, that potential losses are prevented and that high standards of health and safety are fully integrated into all aspects of their research programmes.

Council Policy

The Medical Research Council is committed to providing a safe working environment for all its employees and other staff who work in Council establishments. It seeks to promote a culture of awareness and co-operation between management and staff so that safety issues can be openly identified, discussed and resolved.

The Chief Executive delegates responsibility for the day to day implementation of Council's Health and Safety Policy to Directors. They are directly accountable to Council and act as its local representatives. Directors cannot devolve this accountability but, in order to discharge their responsibilities effectively, they may delegate duties and authority to senior members of their management team.
In particular Directors should:

♦ Promulgate an effective written statement for securing health and safety within the Unit and ensure that staff are aware of their roles in the fulfilment of this policy

♦ Verify systematically that this statement is complied with, and effect any changes as may be required by changing circumstances

♦ Formally appoint competent staff to effect the health and safety management objectives of the Unit/team. **Lists of duties for safety co-ordinators, biological safety officers and radiation protection supervisors are included in this management guide**

♦ Allocate the necessary resources - both time and money - to the safety staff appointed

♦ Set up a local health and safety committee or ensure that health and safety is a standing item on the agenda of the local staff/management committee

♦ Secure all mandatory legal notifications, authorisations in regard to the activities undertaken at the Unit

♦ Develop (in concert with appointed safety staff) a health and safety improvement plan with priority assigned objectives

♦ Provide adequate training and instruction for staff to ensure they may work safely

♦ Establish good lines of communication to all staff

♦ Ensure that suitable and sufficient risk assessments of the Unit's/team's activities are carried out and implement the recommendations arising from these assessments

♦ Ensure that the recommendations of any inspection, audit or review of health and safety arrangements are implemented effectively

♦ Take personal action - or delegate authority to safety staff to act - to suspend or stop any activity that may pose or give rise to imminent danger or for which a suitable and sufficient risk assessment has not been made

The Council regards good health and safety practice as an integral part of good scientific research and expects Directors to approach it in the same light.
**Line Managers**

Line Managers include Team Leaders, senior administrators and function managers of support groups. A key responsibility of each Line Manager is to provide a healthy and safe working environment for their staff and to protect the health and safety of anyone who might be affected by its operations. They are required to give the personal leadership necessary to enable all aspects of health and safety to be integrated with their day-to-day duties.

In particular they must:

- Ensure that all risks are assessed for the work that they direct
- Ensure that these risks are eliminated or controlled as far as is reasonably practicable by engineering solutions, such that personal protective equipment is used only as a last resort
- Ensure that safe systems of work exist to cover all potentially hazardous operations within their areas of responsibility
- Ensure that the working environment is monitored for hazardous agents, as appropriate, and that the information obtained is conveyed to their staff
- Where appropriate, ensure personal protective equipment is provided together with training in its use and maintenance
- Provide their staff with meaningful health and safety objectives which, if achieved, will enhance health and safety performance
- Ensure the provision of adequate training on health and safety issues for all staff and ensure training records are kept
- Provide information freely and in a usable form to all staff on the hazards associated with their work
- Ensure that the performance of their staff in relation to health and safety issues is taken into account when assessing performance.
- If required, recommend through the appropriate channels that suitable disciplinary action against any member of staff be taken for failing to comply with health and safety procedures
- Ensure that the activities of visitors and contractors to their area are controlled to the same standard as those of our own employees
- Investigate all Lost Time Accidents involving their staff, establish the causes and implement an action plan to prevent recurrence.
- Ensure that all injury accidents and near misses in their area are investigated and that the agreed actions arising are routinely monitored and completed on time
- Liaise with host institution as appropriate.
Training

Managers must be confident that staff at all levels are competent to carry out their duties and responsibilities assigned to them and that they receive training where necessary.

The following are the basic components of any health and safety training programme:

a) an understanding of the local health and safety arrangements and the individual's specific roles and responsibilities;

b) a systematic identification of individual training needs;

c) a systematic programme of induction and on-going training for each member of staff including training;
   i) for those who manage staff, contractors and others,
   ii) in risk assessment and control techniques for those responsible for the work plan and working methods,
   iii) directors and senior managers in their roles and responsibilities for ensuring that the health and safety management system functions as necessary to control risks and minimise ill-health, injury and other losses to the Unit.

d) a means of assessing that the training has been effective.
APPOINTMENT AND DUTIES OF THE UNIT SAFETY CO-ORDINATOR

Introduction

Responsibility for safety within the laboratory rests with the Director who may delegate particular functions and the authority to carry them out to the Unit Safety Co-ordinator (USC) or to their deputies. These appointments must be made in writing.

The duties of a USC (and deputy(ies) who must also be nominated in writing), must be assigned to individual members of staff, who must have sufficient training and experience in health and safety to understand the risks arising from the work of the establishment and to give advice on the measures necessary to prevent them. The personal responsibilities of the USC would normally include ensuring that functions described below are properly carried out.

The USC must have personal access to the Director and be consulted when any new method, procedure or equipment is adopted that might introduce a new hazard into the establishment. The USC must be suitably qualified and respected by all staff, in particular the senior staff.

It will be necessary for the USC to attend courses and seminars, to visit other establishments, and to have access to books and periodicals in order to keep up-to-date in matters concerning health and safety.

NB. the following list of duties contains both advisory and executive elements. It may be appropriate in some circumstances for the role to be split between two or more members of staff. The letter of appointment should make clear where any executive authority is given to a named individual member of staff.

Duties of the Unit Safety Co-ordinator

u Be fully familiar with the MRC's Health and Safety Policy Statement and 'local' Health and Safety Policy Statement

u Provide advice on matters of occupational health and safety, in particular advise the Director on the formulation and revision of the local Health and Safety Policy Statement and risk assessment and control procedures

u Act with the delegated authority of the Director with respect to health and safety

u Refer promptly to the Director and notify the Regional Health and Safety Co-ordinator of any health and safety problems which cannot be resolved locally on a time scale commensurate with the risk

u Liaise with the host institution's Health and Safety function
u Be a member of the local health and safety committee
u Ensure that written systems of work for any significant risks that may be encountered are produced and adhered to
u Ensure that any significant hazards intended to be introduced into the establishment for the first time are brought to the attention of the Director, the Regional Health and Safety Co-ordinator and, where appropriate, the host institution
u Ensure that sufficient information on significant risks is provided for the benefit of the Emergency Services
u Ensure that systems for the reporting and investigation of accidents and near misses are in place
u Assist management in identifying members of the establishment for appropriate occupational health medical surveillance
u Assist team leaders in identifying staff health and safety training requirements
u Assist managers, through monitoring, to ensure that:
  - a high standard of housekeeping is maintained;
  - safe working practices and procedures, together with any necessary risk assessments for project work, are complied with;
  - adequate health and safety records are being maintained where appropriate;
  - personal protective equipment needs are assessed and provided for;
  - systems are set up and maintained to check that health and safety facilities such as first-aid boxes, fire fighting equipment, etc., are provided and maintained in a readily usable condition;
  - accident reporting and investigation procedures are in place and are complied with.
u Such other health and safety duties that may be assigned by the Director.
THE APPOINTMENT AND DUTIES OF THE BIOLOGICAL SAFETY OFFICER

Introduction

The responsibility for safety for work with biological agents rests with the unit Director or ESS team leader. To assist with the discharge of this responsibility, the Director must appoint a Biological Safety Officer (BSO) and, where appropriate, a deputy BSO. These appointments must be made in writing. The letter of appointment should specify the duties required by selection from or referral to the duties listed here.

Establishments working with genetically modified organisms (GMOs) must appoint a biological safety officer specifically for this work.

In certain circumstances (i.e., where no work with GMOs is done and the amount of work with biological agents is minimal or a low risk work activity) the duties of the BSO may be undertaken by the safety co-ordinator.

Larger ESS teams may wish to make similar arrangements as Units. It is anticipated, however, that whereas the responsibility for assessing risks remains with the team leader, ESS teams will make arrangements with their host institution for their work with GMOs to be approved by the host's biological safety committee.

NB. The following list of duties contains both advisory and executive elements. It may be appropriate in some circumstances for the role to be split between two or more members of staff.

Duties of the Biological Safety Officer

Main purpose

To advise the Unit Director on all matters relating to the use of biological agents within that establishment.

Training and competence requirements

The BSO should have experience in working with biological agents in a containment laboratory and, where applicable, a working knowledge of the assessment of risks for work with genetically modified organisms. The BSO must be conversant with MRC policy and guidance on work with biological agents and where appropriate with that of the host institution. Directors must be satisfied of the competence of the BSO and where necessary ensure training is provided.

The letter of appointment should make clear where any executive authority is given to a named individual member of staff.
The duties may include, to:

u Ensure, in collaboration with the Line Manager, that MRC policy and, where applicable, the rules and procedures of the host institution relating to work with biological agents are fully implemented in the establishment

u Ensure that consent as required by the relevant legislation is obtained from the Health and Safety Executive for all work proposed with Class 2 and above projects with genetically modified organisms

u Ensure that licences as required by the relevant legislation are obtained from the proper authorities for work proposed with specified animal or plant pathogens*

u Ensure, with the other members of the local biological safety committee, that all notifications of work with genetically modified organisms are made at the appropriate times

u Advise on risk assessment for all proposed work with biological agents and the development of codes of practice

u Advise on waste disposal policy and arrangements

u Advise on disinfection policy

u Prepare contingency plans for action following accidents and incidents involving biological agents

u Advise and assist management in investigations following accidents and incidents involving biological agents

u Carry out periodic inspections of containment facilities

u Assist team leaders in assessing training needs for those working with biological agents

* The Authorities are: a) in England - the Ministry of Agriculture, Fisheries and Food; b) in Scotland - the Scottish Office Agriculture and Fisheries Department and c) in Wales - the Welsh Office Agriculture Department.
APPPOINTMENT AND DUTIES OF
THE RADIATION PROTECTION SUPERVISOR

Introduction

Responsibility for radiation safety within the laboratory rests with the Director who may delegate particular functions and the authority to carry them out to the Radiation Protection Supervisor (RPS) or to their deputies. These appointments must be made in writing.

The duties of a RPS (and deputy(ies) who must also be nominated in writing), must be assigned to an individual member(s) of the laboratory staff, who must have sufficient training and experience in radiation safety to understand the risks arising from the use of radioisotopes and ionising radiations in laboratory departments and to give advice on the measures necessary to control them. The personal responsibilities of the RPS would normally include ensuring that the functions described below are properly carried out. Any failure by laboratory staff to follow the set procedures should, in the first instance, be reported to the Director for his action.

The RPS must have personal access to the Director and be consulted when any new method, procedure or equipment is adopted that might introduce a radiological hazard into the laboratory.

It will be necessary for the RPS to attend courses and seminars, to visit other laboratories, and to have access to books and periodicals in order to keep up-to-date in matters concerning radiological safety.

NB. the following list of duties contains both advisory and executive elements. It may be appropriate in some circumstances for the role to be split between two or more members of staff. The letter of appointment should make clear where any executive authority is given to a named individual member of staff.
Duties of the Radiological Protection Supervisor

Many of these duties are performed in consultation with the Radiation Protection Advisor.

- The RPS must know and understand the Site Rules for Radiation Protection and be in a position to supervise staff on all aspects of compliance. An appreciation of appropriate legislation (1993 Radioactive Substances Act and 1999 Ionising Radiations Regulations) is also required.

- Compile and maintain the local rules and written systems of work.

- Demarcate and record controlled and supervised areas. Control access to controlled areas.

- Review implementation of radiation protection procedures and housekeeping in controlled and supervised areas.

- Ensure that all work areas are monitored and records kept.

- Supervise the preliminary assessment of new radiation work, procedures, equipment and plans for new radiation facilities or premises and inform the RPA of the need for a hazard assessment or redesignation of a work area.

- Assist in the assessment of hazards and development of contingency plans where necessary.

- Ensure supply and use of designated personal protective equipment and clothing. Regularly examine safety features and warning devices.

Registration of Workers

- Supply workers with registration form a copy of the Local Rules and the relevant sections of the Site Local Rules where appropriate.

- Countersign the registration form after satisfying him/herself that the applicant is competent to carry out the required work or is working directly under the supervision of a competent person. Identify training requirements.

- Inform applicant about any radiation training requirements.

- Keep a current record of registered personnel - names, dates of registration, deregistration, isotopes used, class/category, location, telephone number, and personal dosimetry including thyroid monitoring where appropriate (copy of registration form is inadequate). Record radiation training courses attended. Review and up-date or deregister applicants.

- Arrange the distribution and collection of personal dosimeters and liaise with the RPA on dosimeter requirements.

- Investigate incidents of radiation exposure.

Source Control
- Maintain departmental records of acquisitions, use, stock, and disposal of radioactive materials.
- Undertake monthly accounting of radioactive material stocks and disposal.
- Organise radioactive waste disposal system, via Site Procedures, as appropriate.
- Arrange suitable secure storage of all radioactive materials. Keep an updated list of storage areas for emergency services records where requested.

u Investgate accidents or spillages involving radioactive materials and subsequently liaise with the RPA.

u Inform persons, other than radiation workers, who are required to work in radiation areas of any hazard due to ionising radiation and any necessary precautions that must be observed to ensure their health and safety. This may include engineers, maintenance operatives etc.

u To organise the periodic:
  - Calibration of appropriate radiation monitors.
  - Leak testing of sealed radioactive sources.

u Assist and co-operate as necessary during inspections by external regulatory bodies.
SAMPLE LETTER OF APPOINTMENT

Dear

I am pleased to confirm your appointment as Safety Co-ordinator/Biological Safety Officer/Radiation Protection Supervisor as of ...

You will report directly to me on all issues concerning health and safety/biological safety/radiation protection in the unit and have executive authority to halt work if you believe there is an immediate risk to staff, property or compliance. You will keep yourself fully briefed and to a level of competence that will allow you to fulfil this role effectively.

A list of duties is attached, a copy of which you should sign and date, and return to me for the file.

Please note that your performance in this role will form part of your annual appraisal.

Yours sincerely

A Director
APPOINTMENT OF A RADIATION PROTECTION ADVISOR

Where work with ionising radiation is undertaken the director may need to appoint a suitable Radiation Protection Advisor (RPA) to provide independent advice on the observance of "The Ionising Radiations Regulations 1999" and other health and safety matters in connection with the use of ionising radiation.

To be suitable, a RPA will need to possess the specific knowledge, experience and competence required for giving advice on the particular working conditions or circumstances existing within the MRC establishment.

RPA's do not have to be members of staff and can be corporate bodies such as the National Radiological Protection Board based at Didcot, Oxfordshire or independent consultants.
SAFETY COMMITTEES

Unit Safety Committees can be a very useful resource within the Unit for promoting the health and safety message. The committee should be active in helping set local policy and writing local procedures. It can be used to monitor the implementation and effectiveness of local health and safety management systems and investigate lost time accidents.

Directors should recognise the potential of this resource and take full advantage of it.

A sample terms of reference for a health and safety committee are included in this guidance.
SAMPLE TERMS OF REFERENCE
UNIT HEALTH AND SAFETY COMMITTEE

1  Objectives
To monitor the implementation of the MRC corporate Health and Safety policies and the Unit's health and safety policy.

To promote co-operation in instigating, developing and implementing measures to ensure the health and safety at work of all employees and others affected by the activities of the Unit.

2  Membership
2.1  Chairman - Unit/team director or delegated alternative
2.2  Team leaders including group/section leaders
2.3  Safety representatives
2.4  Safety Co-ordinator
2.5  Other specialist safety personnel
2.6  Additional persons as necessary by invitation of the Chairman

3  Terms of reference
3.1  Provide a forum for the discussion of Health and Safety issues that affect the Unit
3.2  Monitor the effectiveness of the Unit/team health and safety plan
3.3  Advise the Director on questions of health and safety policy
3.4  Develop and implement ways of raising health and safety awareness within the Unit/team
3.5  Examine safety inspection/audit reports and make recommendations for remedial action
3.6  Consider reports submitted by staff representatives
3.7  Consider reports provided by enforcing authorities and formulate strategies for implementing recommendations
3.8  Consider accident/incident investigation reports and occupational ill-health statistics, and formulate prevention strategies
3.9  Consider new MRC corporate policy and guidance and formulate strategies for implementation.
4 Meetings

4.1 The Committee will normally meet once every three months

4.2 Minutes will be distributed within 5 working days of the meeting
ASSESSING RISKS

The main purpose of carrying out risk assessments is to determine whether planned or existing risk control measures are adequate. The intention is that risks should be controlled before harm occurs.

We already carry out risk assessments routinely for GM work and for COSHH but under the 'Management of Health and Safety at Work Regulations' we are required to:

- assess the risk to the health and safety of our employees and to anyone else who may be affected by our work activity;
- to put into practice any preventative and protective measures which follow from the risk assessments.

Please note you do not have to assess risks twice, for example, an assessment under COSHH should cover compliance under the 'Management of Health and Safety at Work Regulations'.

An inventory of action

Poorly planned assessments, carried out in the belief that they are bureaucratic impositions, will waste time and change nothing. The completion of risk assessment proforma should not be an end in itself.

Risk assessments should provide an inventory of action and form the basis for implementing control measures.

Detailed risk assessment is NOT necessary or cost-effective when it is quite clear from preliminary study that risks are trivial, or previous assessments show that existing controls:

a) conform to legal requirements or standards,
b) are appropriate,
c) are, or will be, understood and used by all concerned.
Here the only action required is to ensure, where appropriate, that controls continue to be used.

Effort devoted to assessment of trivial risks will lead to the collection of more data than can possibly be used, and to situations where important facts are hidden in a mass of spurious documentation.
RISK ASSESSMENT STRATEGY – FLOW DIAGRAM

Classify work activities

Identify hazards

Determine risks

Decide whether or not risk is acceptable

Prepare risk control action plan

Implement plan

No action required

Review adequacy of plan
BASIC RISK ASSESSMENT

Classify work activities
A necessary preliminary to risk assessment is to prepare a list of work activities, to group them in a rational and manageable way, and to gather necessary information about them. It is vital to include, for example, infrequent maintenance tasks, as well as day-to-day work. Possible ways of classifying work activities include:

a) geographical areas within/outside the organisation's premises;
b) planned and reactive work;
c) defined tasks.

Work activity information requirements
Information required for each work activity might include items from the following:

a) tasks being carried out: their duration and frequency;
b) location(s) where the work is carried out;
c) who normally/occasionally carries out the tasks;
d) others who may be affected by the work (eg visitors, contractors, the public);
e) training that personnel have received about the tasks;
f) written systems of work and/or permit-to-work procedures prepared for the tasks;
g) plant and machinery that may be used;
h) powered hand tools that may be used;
i) manufacturers' or suppliers' instructions for operation and maintenance of plant and equipment;
j) size, shape, surface character and weight of material that might be handled;
k) distances and heights that materials have to be moved by hand;
l) services used (eg compressed gases);
m) substances used or encountered during the work;
n) physical form of substances used and appropriate or encountered (fume, gas, vapour, liquid, dust/powder, solid);

o) content and recommendations of hazard data sheets relating to substances used or encountered;

p) requirement of relevant acts, regulations and standards relevant to the work being done, the plant and machinery used, and the substances used or encountered;

q) control measures believed to be in place;

r) reactive monitoring data: incident, accident and ill-health experience associated with the work being done, equipment and substances used gained as a result of information from within and outside the organisation;

s) findings of any existing assessments relating to the work activity.

**Identify hazards**

Three questions enable hazard identification:

a) is there a source of harm?

b) who (or what) could be harmed?

c) how could harm occur?

Hazards that clearly possess negligible potential for harm should not be documented or given further consideration.

**Broad categories of hazard**

To help with the process of identifying hazards it is useful to categorize hazards in different ways, for example by topic, eg:

a) mechanical;

b) electrical;

c) radiation;

d) biological;

e) fire and explosion.

**Hazards prompt-list**

A complementary approach is to develop a prompt-list of questions such as:
During work activities could the following hazards exist?

a) slips/falls on the level;
b) falls of persons from heights;
c) inadequate headroom;
d) hazards associated with manual lifting/handling of tools, materials, etc;
e) hazards from plant and machinery associated with assembly, commissioning, operation, maintenance, modification, repair and dismantling;
f) vehicle hazards, covering both site transport, and travel by road;
g) fire and explosion;
h) violence to staff;
i) substances that may be inhaled;
j) substances or agents that may damage the eye;
k) substances that may cause harm by coming into contact with, or being absorbed through, the skin;
l) substances that may cause harm by ingestion;
m) harmful energies (e.g. electricity, radiation, noise, vibration);
n) work-related upper limb disorders resulting from frequently repeated tasks;
o) thermal environment, eg cold room working;
p) lighting levels;
q) slippery, uneven ground/surfaces;
r) contractors' activities.
s) potential allergens

The above list is NOT exhaustive. Units should develop their own 'prompt-list' taking into account the character of their work activities and locations where work is carried out.

Determine risk

The risk from the hazard should be determined by estimating the potential severity of harm and the likelihood that harm will occur.

Severity of harm

Information obtained about work activities is a vital input to risk assessment. When seeking to establish potential severity of harm, the following should be considered:
a) part(s) of the body likely to be affected;
b) nature of the harm, ranging from slightly to extremely harmful;
c) the working environment.

**Likelihood of harm**

When seeking to establish likelihood of harm, the adequacy of control measures already implemented and complied with needs to be considered. Here legal requirements and codes of practice are good guides covering controls of specific hazards. The following issues should then typically be considered in addition to the work activity information.

a) number of personnel exposed;
b) frequency and duration of exposure to the hazard;
c) failure of services;
d) failure of plant and machinery components and safety devices;
e) exposure to the elements;
f) protection afforded by personal protective equipment and usage rate of personal protective equipment;
g) unsafe acts (unintended errors or intentional violations of procedures) by persons for example, who:

i) may not know what the hazards are;
ii) may not have the knowledge, physical capacity, or skills to do the job;
iii) underestimate the risks to which they are exposed;
iv) underestimate the practicality and utility of safe working methods.

It is important to take into account the potential consequences of unplanned events.

These subjective risk estimations should normally take into account all the people exposed to a hazard. Thus any given hazard is more serious if it affects a greater number of people.

**Decide whether or not the risk is acceptable**

Having classified the work, identified the hazards and determined the risk it is now necessary to decide if the risk is acceptable. Table 1 shows one simple method for estimating risk levels and for deciding whether risks are acceptable. Risks are classified according to their estimated likelihood and potential severity of harm. Some units may wish to develop more sophisticated approaches, but this method is a reasonable starting point.
Table 1  A simple risk level indicator

<table>
<thead>
<tr>
<th></th>
<th>Slightly harmful</th>
<th>Harmful</th>
<th>Extremely harmful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly unlikely</td>
<td>TRIVIAL RISK</td>
<td>ACCEPTABLE RISK</td>
<td>MODERATE RISK</td>
</tr>
<tr>
<td>Unlikely</td>
<td>ACCEPTABLE RISK</td>
<td>MODERATE RISK</td>
<td>SUBSTANTIAL RISK</td>
</tr>
<tr>
<td>Likely</td>
<td>MODERATE RISK</td>
<td>SUBSTANTIAL RISK</td>
<td>INTOLERABLE RISK</td>
</tr>
</tbody>
</table>

NB: Acceptable means that risk has been reduced to the lowest level that is reasonably practicable.

Prepare risk control action plan

Risk categories, shown for example in table 1, form the basis for deciding whether improved controls are required and the timescale for action. An approach, again suggested as a starting point, is shown in Table 2 which shows that control effort and urgency should be proportional to risk.

The outcome of a risk assessment should be an inventory of actions, in priority order, to devise, maintain or improve controls.

Controls should be chosen taking into account the following:

a) if possible eliminate hazards altogether, or combat risks at source eg use a less toxic substance if possible;

b) if elimination is not possible, try to reduce the risk;

c) where possible adapt work to the individual, eg to take account of individual mental and physical capabilities;

d) take advantage of technical progress to improve controls;

e) measures that protect everyone;

f) a blend of technical and procedural controls is usually necessary;

g) the need to introduce planned maintenance of, for example, machinery safeguards;

h) adopt personal protective equipment only as a last resort, after all other control options have been considered;

i) the need for emergency arrangements;

j) proactive measurement indicators are necessary to monitor compliance with the controls.

Consideration also needs to be given to the development of emergency and evacuation plans, and provision of emergency equipment relevant to the unit's/team's hazards.
<table>
<thead>
<tr>
<th>RISK LEVEL</th>
<th>ACTION AND TIMESCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRIVIAL</td>
<td>No action is required and no documentary records need to be kept</td>
</tr>
<tr>
<td>ACCEPTABLE</td>
<td>No additional controls are required. Consideration may be given to a more cost-effective solution or improvement that imposes no additional cost burden. Monitoring is required to ensure that the controls are maintained.</td>
</tr>
<tr>
<td>MODERATE</td>
<td>Efforts should be made to reduce the risk, but the costs of prevention should be carefully measured and limited. Risk reduction measures should be implemented within a defined time period. Where the moderate risk is associated with extremely harmful consequences, further assessment may be necessary to establish more precisely the likelihood of harm as a basis for determining the need for improved control measures.</td>
</tr>
<tr>
<td>SUBSTANTIAL</td>
<td>Work should not be started until the risk has been reduced. Considerable resources may have to be allocated to reduce the risk. Where the risk involves work in progress, urgent action should be taken.</td>
</tr>
<tr>
<td>INTOLERABLE</td>
<td>Work should not be started or continued until the risk has been reduced. If it is not possible to reduce risk even with unlimited resources, work has to remain prohibited.</td>
</tr>
</tbody>
</table>
Review adequacy of action plan

The action plan should be reviewed before implementation, typically by asking:

a) Will the revised controls lead to acceptable risk levels?

b) Are new hazards created?

c) Has the most cost-effective solution been chosen?

d) What do people affected think about the need for, and practicality of, the revised preventive measures?

e) Will the revised controls be used in practice, and not ignored in the face of, for example, pressures to get the job done?

Changing conditions and revising

Risk assessment should be seen as a continuing process. Thus, the adequacy of control measures should be subject to continual review and revised if necessary. Similarly, if conditions change to the extent that hazards and risks are significantly affected then risk assessments should also be reviewed.
ACTION PLANNING

Besides the results of your risk assessments there are many other inputs to your health and safety plan (see diagram 1).

Each source will identify actions which may vary in importance. With so many sources and with such a wide scale of importance it is vital that each action is considered and positioned within an overall action plan.

Prioritising your improvements is important as it is unlikely that you will be able to do everything immediately. There will be financial and time constraints as there are with all other activities. Once you have prioritised your improvements you can complete your action plan by specifying what you will do and when; dealing with the high risk situations quickly and lower risks on a planned timetable. Without the overview provided by the plan actions may be overlooked or wrongly prioritised.

Diagram 2 may be helpful in drawing up a plan.
DIAGRAM 1  HEALTH AND SAFETY PLANNING INPUTS

HEALTH AND SAFETY MANAGEMENT PLAN

- General Risk Assessments
- Accidents/Incidents
- Appraisal Objectives
- Walking the Job
- COSHH Assessments
- Manual Handling Assessments
- Inspections
- Audit Reports
- Safety Committee Reports/Minutes

ACTIONS
Identify the problems using all possible inputs (see diagram 1)

Consider possible solutions to the problems

Choose the best solutions

Plan how to tackle the improvements

Organise the people, time and money for the improvements

Carry out the improvements

Check how effective they have been and assess if further improvements are required

Review progress

Prioritise the improvements

Feedback of information
INTRODUCTION

The achievement of high standards for health and safety is a key objective for the Medical Research Council.

To help us achieve this we need:

♦ A method for measuring performance
♦ A set of guidelines as an aid to improvement in performance

Performance in health and safety is often measured by lost time accident frequency rate (LTAFR), overall accidents, asset-damaging incidents, and occupational ill health. Our plan however is to concentrate on improving performance in the activity areas set out in this document, i.e. management of health and safety, and in so doing improve the negative indicators.

This document explains the health and safety auditing scheme used by the MRC and sets out the definitions used in the assessment of performance in each of the activity areas.

This audit scheme will be a valuable tool in preparing unit/team and personal action plans. Preparation and effective implementation of such action plans will ensure that the MRC’s health and safety performance will continue to improve.

The scheme was revised in 2005 in preparation for the start of the new rolling programme of audits of MRC establishments.
MANAGING HEALTH AND SAFETY - AUDIT SCHEME

The Audit Scheme has six main elements:

1. **Identification** of key health and safety "activities"
2. **Setting** standard levels of performance for those activities
3. **Assessment** of performance
4. **Development** of an action plan
5. **Implementation** of the action plan
6. **Monitoring** the implementation of the action plan

Identification of Activities and Setting of Standards

Table 1 contains the Activity Definitions. These describe performance under three headings for each of the activities identified as being key to the achievement of the MRC's aim for health and safety. They are “Basic”, “Good Practice” and “Best Practice”. “Best Practice” represents the highest standard to be achieved.

Assessment

Health and safety auditors\(^1\) will visit each establishment and examine facilities, systems and procedures, interview managers, specialists and staff and then individually and collectively complete the performance form. The auditors will decide for each activity which definition matches the information gathered. A performance assessment with explanatory notes is submitted to the Director.

Opportunities for Improvement

Opportunities for improvement will be identified as a result of the assessment. This will lead to:

1. **Action Planning** to decide what must be done
2. **Implementation** of action plans
3. **Monitoring** of action plans

\(^1\) The auditors will be members of the Health and Safety Management Section at Head Office and unit safety co-ordinators.
**Action Plans**

The Performance Assessment is used as the basis for the preparation of establishment and personal action plans for the following year. With advice from central and local safety staff objectives are set for the Unit to achieve within an agreed time scale and a broad plan of action to be taken prepared.

Each Plan identifies **What** is to be done, by **Whom** and by **When**.

**Implementation**

These audits will provide managers with the essential information to help them identify the improvements to be made, prioritise, estimate resource allocations, set targets and implement courses of action.

**Monitoring**

At intervals between audits, the central health and safety staff will visit units/teams to monitor and report on targets, action plans and progress made to date. They will also provide advice, information, training and support to aid establishments in reaching their targets.

**The future**

Audits will be repeated on a regular basis and the activities audited may be changed to give a more comprehensive view of health and safety management within Units.
# HEALTH AND SAFETY PERFORMANCE GUIDE

## LEVELS OF PERFORMANCE

<table>
<thead>
<tr>
<th>Commitment</th>
<th>Basic</th>
<th>Good Practice</th>
<th>Best Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy</td>
<td>Written policy in place but not widely distributed. General understanding of Health and Safety responsibilities and accountability.</td>
<td>Policy and responsibilities written and distributed to all employees. Persons nominated and tasks delegated in writing</td>
<td>All staff fully aware of the policy and their own responsibilities. Policy is reviewed annually</td>
</tr>
<tr>
<td>Integration</td>
<td>Health and Safety incorporated into project planning and unit management, but inconsistently applied.</td>
<td>Health and Safety is incorporated into all research and management projects.</td>
<td>Health and Safety afforded appropriate priority in all project planning. Health and Safety included in periodic project and unit management reviews. Annual appraisals include setting personal objectives for managers.</td>
</tr>
<tr>
<td>Organisation</td>
<td>Health and safety rules and standards have been developed and circulated.</td>
<td>Health and safety rules and standards are promoted fully and understanding is checked.</td>
<td>Health and Safety rules and standards are reviewed at least annually. Compliance is monitored.</td>
</tr>
<tr>
<td>Health and Safety Local rules, Codes of Practice and Standard Operating Procedures (SOP's)</td>
<td>Additional health and safety displays, demonstrations and films are used infrequently.</td>
<td>Health and Safety displays and demonstration, etc are used on a regular basis. Regular dissemination of written material including electronic mail.</td>
<td>Effective communication of the Health and Safety message using appropriate tools and methods.</td>
</tr>
<tr>
<td>Health and safety promotion and publicity</td>
<td>Scheduled regularly, well attended. Agenda prepared but inconsistent follow up of action points.</td>
<td>Material well-prepared on appropriate topics and feedback given to stakeholder groups. Good follow-up of action points.</td>
<td>Full working relationship between committee, senior management and other staff. Senior management gives full support to committee with good two-way communication.</td>
</tr>
<tr>
<td>Competence</td>
<td>Basic</td>
<td>Good Practice</td>
<td>Best Practice</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Induction of new employees</td>
<td>Oral presentation supplemented by a written handout. Verified by trainee and line manager</td>
<td>A comprehensive formal induction programme to orientate new employees is in effect.</td>
<td>Testing conducted to evaluate effectiveness of programme.</td>
</tr>
<tr>
<td>Employee training</td>
<td>Supervisors review job hazards with employees. On the job training is provided by work colleagues.</td>
<td>On the job training is supervised by line managers. Checklists are used to assure that health and safety and other important aspects of the job are covered. Training is recorded.</td>
<td>Checks made to ensure employees understand health and safety and other important aspects of the job. All training documents are dated and signed by the trainer, trainee and line manager, and retained as a formal record of competence.</td>
</tr>
<tr>
<td>Training for specialised procedures (solvent, cyanide handling, ionising radiations, hazard group 3 pathogens etc)</td>
<td>An occasional training programme given for specialised operations.</td>
<td>Health and Safety training is given for all specialised operations on a regular basis. Retraining given periodically to review correct procedures.</td>
<td>In addition, an evaluation is performed annually to determine training needs.</td>
</tr>
<tr>
<td>Managers (inc. supervisor) safety training</td>
<td>All managers and supervisors have received basic health and safety training.</td>
<td>Specialised sessions conducted on specific problems.</td>
<td>Formal health and safety training with appropriate refreshers.</td>
</tr>
<tr>
<td>Competence of health and safety staff</td>
<td>Staff with specific Health and Safety duties are appointed in writing with an agreed list of duties and have received basic training.</td>
<td>Staff with H&amp;S duties have received training to the appropriate level of competence within a defined time-scale.</td>
<td>Staff with H&amp;S duties are fully trained and undertake continuing professional development. Development is linked to identified needs of the Unit.</td>
</tr>
<tr>
<td>Risk Control</td>
<td>Basic</td>
<td>Good Practice</td>
<td>Best Practice</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-----------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Risk assessment</td>
<td>Risk assessments carried out but are not fully suitable and sufficient.</td>
<td>Risks fully evaluated for all tasks. Procedures and programmes in place and prioritised. Remedial action started.</td>
<td>Regular review of assessments. Ongoing review linked with health surveillance. Assessments include dealing with emergencies.</td>
</tr>
<tr>
<td>Engineering control of exposure</td>
<td>Some evidence of understanding of the principles of risk control. Some control equipment tested and maintained.</td>
<td>Good understanding of hierarchy but incomplete implementation. Major engineering control systems tested.</td>
<td>Full employment of risk control hierarchy. All engineering control systems regularly tested and documented.</td>
</tr>
<tr>
<td>Personal Protective Equipment</td>
<td>Partial but inadequate or ineffective provision, distribution and use of PPE.</td>
<td>Proper equipment and training in its use is provided. Systems in place to identify PPE for special hazards. Employees are required to use protective equipment.</td>
<td>Equipment provided complies with standards. Supervision of the use of PPE is evident. Employee acceptance of equipment use is based on recognition of need for protection.</td>
</tr>
<tr>
<td>and health surveillance</td>
<td>Procedures available, but not consistently used.</td>
<td>Procedures, including vessel entry, decontamination, electrical lock-out etc and others specific to the establishment are understood and used.</td>
<td>Use of the work permit procedures is mandatory as a fundamental part of the job. The need for these procedures is accepted by all employees and contractors.</td>
</tr>
<tr>
<td>Occupational health service</td>
<td>Ad hoc, non targeted screening of some staff. Occupational health provision in place but arrangements not fully understood by line managers or staff</td>
<td>Comprehensive programme of surveillance based on risk assessment. Team leaders fully understand referral arrangements. OH service provision subject to feedback and review.</td>
<td>Comprehensive programme in place. Regular review of all surveillance linked to risk assessment. Integrated system linking HR, OH and H&amp;S to manage work-related absences.</td>
</tr>
</tbody>
</table>

- **Risk Control**
- **Basic**
- **Good Practice**
- **Best Practice**
<table>
<thead>
<tr>
<th>Monitor and review</th>
<th>Basic</th>
<th>Good Practice</th>
<th>Best Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident reporting procedures</td>
<td>Basic systems in place but little staff awareness of procedures and criteria.</td>
<td>Line managers aware of responsibilities. Staff aware of reporting requirements. Good reporting procedures in place and follow up investigations made on all injury accidents.</td>
<td>Staff fully aware of all procedures relating to accidents and dangerous occurrences. Work-related sickness absences fully documented. Case management procedures are in place.</td>
</tr>
<tr>
<td>Accident and incident investigation</td>
<td>Investigations of injury accidents only.</td>
<td>Complete and effective investigations of all accidents.</td>
<td>Causes are determined, corrective measures are identified immediately with completion dates firmly established</td>
</tr>
<tr>
<td>Property damage (PD) incident analysis</td>
<td>General practice to analyse major PD accidents.</td>
<td>PD incidents are investigated and analysed for cause according to pre-set management priorities.</td>
<td>Rigorous investigation of PD incidents occurs with full reporting and action plans for remedial action in place.</td>
</tr>
<tr>
<td>Accident statistics and analysis</td>
<td>Analysis occurs to determine cause and location of accidents.</td>
<td>Statistics used to determine trends but no management strategy developed.</td>
<td>Analysis of trends used to formulate prevention strategies and management action.</td>
</tr>
<tr>
<td>In-house inspections</td>
<td>A programme of inspections with responsibilities exists, no follow up procedures.</td>
<td>Programme of inspections with reporting and follow-up procedures established. Inspections include verification with staff. Compliance with procedures is monitored.</td>
<td>Inspection reports and follow-up are reviewed by management. Actions assigned and target dates agreed. Existing programmes are supplemented as necessary, to meet specific requirements.</td>
</tr>
</tbody>
</table>
MONITORING

Health and safety policies and management systems need to be reviewed and improved on a regular basis. Monitoring the effectiveness of the health and safety plan and its implementation is key to the review and improvement process.

To measure an establishment's health and safety performance two forms of monitoring are used:

**Active Monitoring**

This provides essential feedback on performance and monitors the achievement of specific objectives and the extent of compliance with standards. The methods reflect risk control priorities by concentrating on high risk activities which are monitored in more depth and at greater frequency.

Examples of Active Monitoring are:

- The extent to which plans and objectives have been set and achieved
- Staff perceptions of management commitment to health and safety
- Whether specialist health and safety staff have been appointed and the extent of their influence
- Whether a safety policy has been published and adequately communicated
- Effectiveness of the health and safety committee
- Staff attitudes to risk assessment and controls.
Reactive Monitoring

This is done in response to events such as accidents, ill health and incidents and is used to investigate and analyse management system failures. This reactive monitoring data helps risk assessors to:

♦ make subjective estimates of likelihood and consequence of hazardous events;
♦ select appropriate risk control measures

Reactive monitoring data should be used to test the effectiveness of your risk control measures on a continuous basis.

Examples of Reactive Monitoring are:

♦ accident reports and investigations;
♦ unsafe conditions (identified by safety inspections);
♦ criticisms made by regulatory agencies;
♦ sickness absence due to accidents and occupational ill-health.

The above lists are far from exhaustive. Establishments should select a range of measures relevant to their particular circumstances.

By using both forms of monitoring both positive achievements and opportunities for improvement can be identified.
EPILOGUE

By using this guide units/teams can improve their management of occupational health and safety and integrate it with the other aspects of research management.

Every project needs a plan. By establishing where you are, where you want to be and devising the best route between these two points is something every researcher and manager can appreciate. By adopting this method to health and safety management the Medical Research Council will be able to meet the objectives set out in its Corporate Health and Safety Plan and:

a) minimise risks to employees and others;
b) minimise risks to research programmes and enhance research performance;
c) establish and retain a responsible image towards health and safety within the research establishment across the Council as a whole.