



# National Offender Management Service

## NOMS Health and Safety (HS) Arrangements for Risk Assessment

<b>This instruction applies to:-</b>		<b>Reference:-</b>
Public Sector Prisons NOMS Headquarters		<b>PSI 37/2015</b> <b>AI 26/2015</b>
<b>Issue Date</b>	<b>Effective Date</b> <i>Implementation Date</i>	<b>Expiry Date</b>
21 December 2015	21 March 2016	N/A
<b>Issued on the authority of</b>	NOMS Agency Board	
<b>For action by</b>	<p>All staff responsible for the development and publication of policy and instructions (<i>Double click in box, as appropriate</i>)</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> NOMS HQ</li> <li><input checked="" type="checkbox"/> Public Sector Prisons</li> <li><input type="checkbox"/> Contracted Prisons*</li> <li><input checked="" type="checkbox"/> NOMS Immigration Removal Centres (IRCs)</li> <li><input type="checkbox"/> National Probation Service (NPS)</li> <li><input type="checkbox"/> Community Rehabilitation Companies (CRCs)</li> <li><input type="checkbox"/> Other Providers of Probation and Community Services</li> <li><input checked="" type="checkbox"/> Governors</li> <li><input checked="" type="checkbox"/> Heads of Groups</li> <li><input type="checkbox"/> NOMS Rehabilitation Contract Services Team</li> </ul> <p><i>* If this box is marked, then in this document the term Governor also applies to Directors of Contracted Prisons</i></p>	
<b>Instruction type</b>	<b>HR function/legal compliance</b>	
<b>For information</b>	e.g. All staff	
<b>Provide a summary of the policy aim and the reason for its development / revision</b>	Enhance effective Health and Safety (HS) risk assessment by reducing wasteful duplication and using a national digital platform for the retention and management of all HS Risk Assessments.	
<b>Contact</b>	Kathryn Ball, Head of Occupational Health, Safety and Employee Support. <a href="mailto:Kathryn.ball@noms.gsi.gov.uk">Kathryn.ball@noms.gsi.gov.uk</a> 0300 047 5003 Jim Noonan, National Lead-Health and Safety. <a href="mailto:Jim.noonan@noms.gsi.gov.uk">Jim.noonan@noms.gsi.gov.uk</a> . 07807 509865	
<b>Associated documents</b>	<a href="#">PSI 06/2015 AI 04/2015 Policy, Organisation and Summary Arrangements for the Management of Health and Safety</a>	
<b>Replaces the following documents which are hereby cancelled : N/a</b>		

**Audit/monitoring:** Compliance with this instruction will be monitored at three levels:  
Locally via quarterly report to establishment health and safety committees and SMTs and via the NOMS Occupational Health, Safety and Fire Risk Control Evaluation Tool (NORCET)  
Regionally via establishment assurance visits from regional HS teams and NORCET  
Nationally via aggregated NORCET monitoring reports and Independent Audit and Assurance (IAA) Governance and Order (G+O) Audit.

**Introduces amendments to the following documents:**

**Notes:** *All Mandatory Actions throughout this instruction are in italics and must be strictly adhered to.*

Please note that [Annex C](#) provides a glossary and relevant definitions.

**CONTENTS**

Section	Subject	For reference by:
1	<a href="#">Executive Summary</a>	All
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Annex A	<a href="#">Guidance on Grouping Risk Assessments</a>	Line Managers and HS Advisors
Annex B	<a href="#">Guidance on Undertaking a Risk Assessment</a>	Line Managers and HS Advisors
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## 1. Executive summary

### Background

- 1.1 Employers have been legally required to assess health and safety risks to their staff and third parties and to record and implement the significant findings of these assessments since 1992. NOMS' policy has previously been to delegate the responsibility for undertaking these risk assessments to local establishments and managements.
- 1.2 This approach has delivered compliance with the requirement to produce such assessments. It has also resulted in the production of many duplicate assessments and of assessments that relate to risks which are either insignificant or are not reasonably foreseeable. For example, custodial managers in the same establishment may find themselves writing or repeatedly reviewing risk assessments of tasks or processes that are the same in each wing of the establishment, or indeed in other establishments across the country.
- 1.3 This instruction creates a framework and program by which NOMS' risk assessments will be aggregated and collated using NOMS Health and Safety Management Software (Rivo Safeguard® ("Rivo")) as a platform to ensure that, where appropriate, risk assessments and their significant findings can be standardised, shared and their authorisation and review automated. It is also intended to ensure that, where similar risks are experienced across NOMS' operations, a strategic view can be taken and disseminated as to their appropriate control. This approach is intended to achieve a number of outcomes:
- Reduced injury and ill-health from clearer and more accessible risk control specifications
  - Easier "read-across" between different locations with the same risks
  - The ability to add localised components to national agreed core assessments
  - Reduction in duplication of documents and number of hard copies
  - Elimination of risk-averse and trivial risk control
  - Reduction of line management time in developing and / or reviewing risk assessments
  - Digitisation and auditability of NOMS risk assessment documentation
  - Regional, Divisional and national oversight and control of risk assessment documentation
  - Easy and flexible control of access to risk assessments and associated documents
  - Continued compliance with health and safety legislation
- 1.4 10,000 is a conservative estimate of the number of health and safety risk assessment documents created, stored and maintained within NOMS' custodial services. One large establishment alone is known to have around 3,000 risk assessments.
- 1.5 Whilst these documents deliver many benefits in terms of the identification and control of HS risk, there is considerable common ground between many of them and numerous opportunities exist to draw together and distil their contents. In doing so we can reduce the volume of actual assessments whilst increasing the focus on collective control of similar risks in order to deliver the effective, proportionate management and control of risk.
- 1.6 The implementation of relevant risk controls is the primary objective of risk assessment, as opposed to simply documenting the risk.
- 1.7 *This PSI is issued with a 3 month lead-in period. Where risk assessments are already in place, it is not necessary to have every assessment in its revised format immediately. Existing risk assessments should be revised into the new format as they are reviewed and*

*revised. New assessments should be undertaken in the new format as and when they arise. It is sufficient that a programme for revision and transfer to the new system is developed and implemented within 3 months of its issue.*

### Desired outcomes

- 1.8 This instruction therefore sets a framework by which, in line with its National HS policy, NOMS will manage a transition from its current arrangement of entirely locally developed and maintained risk assessments to the following:
- 1.9 NOMS will develop core HS risk assessments based on work processes, premises and / or equipment as appropriate and allow either regional or local enhancement of these assessments, where appropriate, to accommodate local circumstances. The development of this approach will include effective consultation on revised assessments through existing HS and Employee Relations (ER) committee structures.
- 1.10 The purpose of this approach is to ensure that controls defined at a collective level (as per the hierarchy defined in the Management of Health Safety and Welfare at Work Regulations 1999) are applied consistently across the service whilst accommodating the need for local variation based on different processes, premises and equipment. The process to deliver this is laid out below:
- The Rivo Safeguard System will be the platform on which master risk assessments (RA) will be held
  - Existing local RAs will be uploaded to Rivo and common controls aggregated and defined at regional and national level
  - Core risk assessments will then be provided via Rivo with appropriate and controlled flexibility to add local or regional variations.
  - Rivo's internal capacity for automating authorisation and review will be used to maintain and report on risk assessments.
  - Access to assessments can still be provided via copies in local electronic folders or physical printouts if required.

### Application

- 1.11 Risk assessment and control of HS risk is a statutory requirement. The development of meaningful risk assessments which deliver pragmatic and proportionate control involves the engagement of all relevant staff exposed to the risk, the discussion and agreement of control options and the subsequent delivery and maintenance of those controls. As such it requires senior managers to ensure the risk assessment process is delivered; operational managers to engage their management teams and staff in the risk assessment process and a commitment from all parties to contribute towards the delivery of the controls and the maintenance of the assessment as required.

### Mandatory actions

- 1.12 *NOMS custodial services and premises are required to use Rivo as the platform on which health and safety risk assessments will be recorded and managed (see exceptions below):*
- 1.13 *Specific exceptions to the above (pending further development of Rivo) are risk assessments relating specifically to:*
- *Asbestos*
  - *Legionella*
  - *Display Screen Equipment (covered by Cardinus)*
  - *Fire*

- *Stress and Wellbeing (individual personal risk assessments are sensitive; regions are required to undertake a regional stress assessment and action plan)*
  - *Specific Assessment, Care in Custody and Teamwork (ACCT) and Safer Custody Assessments (though the assessment and control of violence risk in general is still covered by the Health and Safety at Work Act 1974 and Management of Health and Safety at Work Regulations 1999 and should therefore be included on Rivo)*
  - *Ionising Radiation Equipment Assessments*
  - *Offender Management and Psychology assessments*
  - *HS Risk Assessments undertaken by onsite service providers such as healthcare, education, facilities management etc. under their own employer obligations under Section 2 and 3 of the HSAWA 74 and Regulation 3 of the MHSWR99.*
- 1.14 *Senior Managers including Directors, Deputy Directors, Divisional Managers, Heads of Group and Governors must understand the principles being adopted and provide authority and capacity to implement the transition outlined above.*
- 1.15 *Regional Health and Safety Leads and their teams must develop and implement plans together with managers in establishments to collate existing risk assessments and to systematically transfer them to Rivo consulting appropriately with local managers and unions. This process will be undertaken in Custodial settings initially.*
- 1.16 *Operational and Service Managers must contribute, as required, to the review and transfer processes. The duty to undertake risk assessments, as outlined in [PSI 06/2015 AI 04/2015](#) (NOMS HS Policy etc), remains primarily with line managers at all levels. Health and Safety Advisors will lead on the transitional process but the engagement of relevant line managers in approving risk control methods in the services they operate remains essential and line managers remain accountable for the risks to which those affected by their services are exposed.*

#### Resource Impact

- 1.17 The process of collection, collation, upload, rationalisation and subsequent production of the new generation of risk assessments is likely to take 2 to 3 years. The bulk of this work will be led by regional HS teams but will require the engagement of the managers and staff undertaking the work covered by assessments as required. However this activity is expected to be encompassed in business as usual. It is important to consider the subsequent savings in document duplication, review and authorisation costs and the added value of NOMS standardising and widening access to its assessments.

(Approved for Publication)

**Carol Carpenter**  
**Director of Human Resources, NOMS**

## **2. Operational instructions**

- 2.1 Existing NOMS HS risk assessments on Form HS1 will be transferred to Rivo and the methodology described in [Annex A](#) will be adopted to ensure that duplication and repetition of assessments is avoided as much as possible whilst ensuring that controls are specific and suitable for the circumstances.
- 2.2 A revised NOMS General Health and Safety Risk Assessment Pro Forma (HS2) is available on the Rivo platform and will provide the vehicle onto which existing assessments will be transferred and subsequently aggregated where appropriate.
- 2.3 The new form includes sections for both nationally and locally defined risk identification and control processes. Existing duplicated risk assessments covering similar hazards will be distilled and transferred to national “template” assessments initially via clusters, then regions and then nationally.
- 2.4 Draft “Core” Risk Assessment templates will be referred to the relevant national or representative managerial and consultative bodies e.g. Regional Estates Managers (REMS), Safer Custody, Regional Governor Groups etc. for consultation and approval and to relevant union officials and staff consultation bodies. Final drafts of national templates will be submitted summarily to the National Executive Management Committee Health and Safety Sub-Committee for approval.
- 2.5 Subject to approval, they will then be made available, via Rivo, as “master” assessments which sites can download and subsequently append with appropriate local additions or variations if required.
- 2.6 All assessments, by dint of being on Rivo are able to be subject to:
- automatic update and review settings
  - flexibility to change and review as circumstances change or incidents occur
  - prescribed local, regional and national consultation and authorisation processes
  - easy access and download
  - effective audit, quality and enforcement scrutiny at site, region and national level
  - rapid update of assessments in response to any nationally or thematically perceived need to amend or enhance control methods
  - Assessments of trivial risks and of those risk which are outside the bounds of reasonable foreseeability can be collated onto a national register and used in defence of spurious litigation to show that NOMS has taken steps to consider the risk and to conclude that no action is necessary.
  - Readily available Management Information on the progress and status of Risk Assessment activity. E.g. how many risk assessment are there in NOMS? How many are out of date or unauthorised?
- 2.7 Detailed training, methodology and briefing will be delivered via the HS Policy Team and Regional HS Advisors and their teams.

## **3. Policy and strategic context**

The executive summary outlines legal and strategic context.

4. **Guidance**

[Annex A](#) outlines the principles to be adopted in Grouping Work Activities for assessment and developing core assessments

[Annex B](#) Provides more detailed guidance as to how to undertake a risk assessment.

## **Guidance on grouping of work activities and premise use for the purpose of risk assessment planning**

### **1. Introduction**

- 1.1 The following guidance is aimed at ensuring that the process for undertaking risk assessments avoids duplication of effort and assists with the standardisation and implementation of effective control measures.
- 1.2 By reducing the number of risk assessments it will also make consultation with staff and their union H&S reps consultation easier and more meaningful and assist with the communication of the completed risk assessments to staff.

### **2. Premise related assessments**

- 2.1 Many hazards in a workplace are common to all or most occupants regardless of the team they work in or the activities they undertake. For example, premise related risks (e.g. slips/trips, vehicle movement) or activities commonly undertaken in the premises (computer use, dealing with challenging behaviour, cleaning of body fluids, alarm response etc) are activities or risks common to many or most occupants in a prison.
- 2.2 Where a location accommodates different teams and departments it makes sense for relevant line managers to adopt a joint approach to producing a single premise related assessment for each risk common to all those using the premises.
- 2.3 Where groups are more or less affected by the risk than others, it is possible to recognise this in these assessments by identifying more or less control measures for particular groups.
- 2.4 Where systems devised to control a risk are operationally different in different locations, this can be referred to in simple local operating procedures where it is proportionate to do so. For example, cleaning procedures in wings with different layouts.

### **3. Prisoner / Offender Interaction and Management**

- 3.1 In many NOMS premises and activities, the procedures and facilities used for managing prisoners and offender activity and interaction will have significant similarities regardless of the team/unit they work for.
- 3.2 Where a location accommodates more than one team or operations are broadly the same in a range of units / teams (e.g. similar wings within a prison) the relevant line managers should adopt a joint approach to produce a single assessment for the relevant tasks.
- 3.3 Other offender contact processes for example home visits in Probation, external escorts in custodial settings will vary and are therefore best addressed in the appropriate team and or by individual assessment.

#### **4. Core risk assessments**

- 4.1 Where activities are undertaken in a similar manner in more than one place it is acceptable for core risk assessment to be prepared for common use, provided they are reviewed and amended to reflect local circumstances and variations.
- 4.2 A suite of national core risk assessments will be produced and maintained by the NOMS Health, Safety and Fire Team
- 4.3 NOMS are planning to upload and manage all Prison risk assessments via the RIVO Safeguard system and ultimately NPS risk assessments will be transferred and managed by the same system.

## Guidance for undertaking a risk assessment

### 1. Introduction

- 1.1 Risk assessment is a simple technique that seeks to identify what aspects of work have the potential to cause harm, to whom and how that harm can be eliminated or reduced.
- 1.2 NOMS has adopted as best practice the Health and Safety Executive 'five steps to risk assessment' model described in detail in this annex.
- 1.3 Particular terms are used which have a specific meaning in risk assessment:
- HAZARD means anything that has the potential to cause harm (e.g. violence and intimidation, lone working, moving machinery, working at heights, trip hazards, electricity etc.)
  - HARM is the injury/loss that results and may either be immediate (i.e. 'acute harm' such as a fall from a height) or delayed (i.e. 'chronic harm' such as exposure to a biological hazard). Personal susceptibility ('sensitive harm' e.g. from pre-existing medical conditions) should also be taken into account.
  - SEVERITY is the level of injury/loss that can result if the harm was to occur.
  - PROBABILITY is the chance (or likelihood) that a particular hazard may result in harm.
  - RISK is a combination of the severity of harm and the probability of it occurring.
- 1.4 Undertaking risk assessments is a responsibility of management, but in practice they are best undertaken by a team approach, involving staff who undertake and manage the work, their elected Union H&S representatives and, as necessary HSF Advisors at an appropriate level.
- 1.5 However the manager should lead the process and retains the responsibility to ensure the completed assessment is suitable and sufficient.

### 2. Risk assessment step 1 - identifying the Hazards

- 2.1 There are a number of ways that hazards may become identified including in particular:
- Talking to staff/Union H&S reps
  - Inspections/surveys
  - Incident reporting and investigation
  - Notification of potential hazards by staff
  - Job/task analysis
- 2.2 Common hazards likely to be encountered are as noted below. This is not an exhaustive listing, noting that other hazards might be applicable in local circumstances.

<ul style="list-style-type: none"> <li>• Access/egress</li> <li>• Contagious diseases (e.g. HIV, Hepatitis, TB etc)</li> <li>• Electrical equipment and electrical supplies</li> <li>• Falling objects</li> <li>• Personal hygiene issues (NB Food hygiene is not covered by this Procedure)</li> <li>• Installed plant and machinery</li> </ul>	<ul style="list-style-type: none"> <li>• Lifting or carrying loads</li> <li>• Needle sticks</li> <li>• Travelling to and from work</li> <li>• Industrial and maintenance equipment and processes</li> <li>• Slips, trip and fall</li> <li>• Stress at work</li> <li>• Work Related Upper Limb Disorders</li> <li>• Violence and intimidation to staff</li> <li>• Working at height</li> </ul>
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<ul style="list-style-type: none"> <li>• Lone and out of hours working</li> <li>• Night working</li> </ul>	<ul style="list-style-type: none"> <li>• Working environment (temperature, adverse weather, ventilation and lighting etc.)</li> </ul>
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### 3. Risk assessment step 2 – identifying who might be harmed and how

3.1 There is no need to identify individuals. What is required is the identification of groups of people who will either be undertaking the work or who may be affected by it. Typical groups of people will include (in alphabetical order):-

- Approved Premises Staff
- Contractors, Agency Workers, Partnership Staff etc
- Members of the Public (including volunteers and visitors)
- Prison Officers
- Instructional Officers
- Staff involved in victim liaison
- Offenders
- Office and support Staff (in contact with offenders)
- Office and support Staff (not in contact with offenders)
- Probation Officers/Probation Services Officers in contact with offenders on NOMS property
- Probation Officers/Probation Services Officers in contact with offenders not on NOMS property (e.g. in Courts, Prisons, Home Visits etc.)
- Reception Staff
- Staff seconded to a third party employer

3.2 Particular care needs to be taken of groups who may be particularly at risk. These groups (not individuals) should be identified separately. Examples of groups who may be at particular risk includes:-

- Disabled Staff/Offenders
- New and Expectant Mothers
- Inexperienced staff
- Visitors
- Young persons (aged under 18)
- People returning to work after prolonged absence
- Those people who may have difficulty in reading or comprehending written instructions for whatever reason.

### 4. Risk assessment step 3 – evaluate the risks and check if more needs to be done

4.1 The level of risk is based on a combination of severity and probability; calculated using a tool that assigns a numeric level, 1-5, for both the severity and likelihood, which can then be multiplied together to produce the overall risk rating.

4.2 The tables below provide further detail on assigning numeric values to the severity and likelihood:-

Severity	Examples
1 Trivial (Low)	<ul style="list-style-type: none"> <li>• ill-health leading to minor discomfort e.g. headaches</li> <li>• one-off emotional disturbance</li> <li>• superficial injuries, such as minor cuts, scalds, bruises etc. which might require self-treatment and will recover rapidly and completely in the immediate term</li> </ul>
2 Low to medium (Minor)	<ul style="list-style-type: none"> <li>• a point sufficiently between low and medium as to make the injury neither low nor medium</li> <li>• minor but disabling sprains</li> <li>• injuries which impact on normal function in the immediate to short term but with full recovery in short term</li> </ul>
3 Medium (Moderate)	<ul style="list-style-type: none"> <li>• regular or sustained emotional disturbance eg. disturbed sleep patterns etc over the medium term</li> <li>• more serious injuries, such as deep lacerations, burns, concussion, serious sprains or minor fractures (e.g. to fingers, toes)</li> <li>• substantial multiple minor injuries whose overall impact is sufficient to be likely to require first aid and subsequent clinical treatment</li> <li>• full recovery will be made in the short to medium term</li> </ul>
4 Medium to high (Major)	<ul style="list-style-type: none"> <li>• ill-health or injury leading to long term or permanent minor disability (e.g. work-related upper limb or musculoskeletal disorders)</li> <li>• significant medium to long term health impact or discomfort e.g. dermatitis, asthma</li> <li>• likely to require ongoing clinical treatment or monitoring</li> <li>• major fractures</li> </ul>
5 High (Severe)	<ul style="list-style-type: none"> <li>• permanent major disability or ill-health</li> <li>• major multiple or internal injuries requiring ambulance or and hospitalisation substantially above and beyond A+E</li> <li>• significant and real threats with intent to kill,</li> <li>• occupational cancer,</li> <li>• death.</li> </ul>
<p>NB most likely outcome for severity should be chosen not the worst case scenario e.g. a trip in an office should would most likely result in bruising or cuts and thus be assigned a severity level 1 (low) even though in an extreme, but very unlikely case some one could hit their head on the side of desk as they fall resulting in a fatality.</p>	

Probability	Examples
1 (low) Very Improbable	Realistically foreseeable as an outcome but would only happen very rarely even if the circumstances were repeated many times
2 low to medium Improbable	Quite foreseeable as an outcome but would be rare if the circumstances were repeated many times
2 (medium) As improbable as it is probable	Foreseeable as an outcome and would occur as around as often as it would not if the circumstances were to be repeated many times.
4 medium to high Probable	Very foreseeable as an outcome with an adverse outcome occurring more times than not if the circumstances were to be repeated many times.
5 (high) Very Probable	Highly foreseeable as an outcome with the adverse outcome occurring very frequently if the circumstances were to be repeated many times.

- 4.3 By multiplying the values for severity and the probability, an overall value for the risk rating (minimal: moderate, significant or intolerable), can be calculated as shown in the table below:-

		Likelihood (probability)				
		1 Very Improbable	2 Improbable	3 As improbable as probable	4 Probable	5 Very Probable
Level of Severity	5. Severe	5	10	15	20	25
	4. Major	4	8	12	16	20
	3. Moderate	3	6	9	12	15
	2. Minor	2	4	6	8	10
	1. Low	1	2	3	4	5

High – Rating 15-25	Medium - Rating 5 - 12	Low - Rating 1 – 4
<b>High to Very High</b>	<b>Medium</b>	<b>Low</b>
Urgent review of the equipment, activities, system of work within the workplace with the aim of lowering the risk to the next level. At the upper end may well require immediate action to control and/or lower the level of risk or exposure by prohibition or cessation of activity.	Review the activities, system of work equipment within the workplace with the aim of reducing the risk to the next level.	Usually, no further action required except to monitor. However, if it is possible to reduce risk levels still further by using controls that are “reasonably practicable”, then this should be done.

4.4 The resultant risk rating provides a means to determine the nature of additional controls necessary and the priority for actioning them as shown in the table below:-

Risk rating	Implication
Minimal	<ul style="list-style-type: none"> <li>No additional protective controls are required.</li> <li>However it is still prudent to consider if there are any further cost effective protective measures which could be implemented to reduce the risk yet further (as low as is reasonably practicable)</li> <li>Regular monitoring is required to ensure that the protective measures in place are maintained.</li> </ul>
Moderate	<ul style="list-style-type: none"> <li>Action must be taken to reduce the risk to a level that is as low as is reasonably practicable</li> <li>Particular effort should be made to implement risk reduction measures for those with a high severity but low likelihood</li> <li>Risk reduction measures must be implemented within a defined time period</li> <li>Regular monitoring is required to ensure that the protective measures in place are maintained</li> </ul>
Significant	<ul style="list-style-type: none"> <li>New work must not commence and work already in progress must stop immediately until further control protective measures have been put in place</li> <li>Work may recommence if temporary control measures are introduced (e.g. interim safe working procedures, temporary barriers etc)</li> <li>The objective of the control measures (temporary or permanent) must be to reduce the level of risk to at least 'moderate'.</li> <li>Permanent control measures should be implemented within 21 working days.</li> <li>It is likely that significant resource may be needed to provide an acceptable level of control in these cases.</li> <li>Frequent monitoring of the additional protective measures will be required to ensure they remain in place and effective.</li> </ul>
Intolerable	<ul style="list-style-type: none"> <li>New work must not commence and work already in progress must stop immediately until further permanent protective measures have been put in place</li> <li>Temporary control measures would generally not be acceptable</li> <li>The permanent control measures must reduce the level of risk to at least 'moderate'.</li> <li>It is likely that significant resource may be needed to provide an acceptable level of control in these cases.</li> <li>Frequent monitoring of the additional protective measures will be required to ensure they remain in place and effective.</li> </ul>

4.5 It should be noted that the law does not require NOMS to eliminate all risk, but rather to put in place protective measures that minimise risks as low as is reasonably practicable (ALARP). Control measures do not need to be implemented where managers can show that the sacrifice (money and/or time) to implement them would be grossly disproportionate to the level of risk.

- 4.6 The specific detailed protective measures for reducing the overall risk will depend on the local circumstances of the work activity. However, in all cases, the introduction of measures must follow the following hierarchy as shown in the table below:-

<p>Can the hazard be eliminated?</p> <p>If not proceed to the next step</p>	<ul style="list-style-type: none"> <li>• This must always be the first option for consideration</li> <li>• Does the work actually need to be done? If not then do not undertake the activity</li> <li>• If at all possible avoid the risk altogether by removing it.</li> <li>• If the work does need to be done, is there an alternative approach that eliminates the risk (but taking care not to introduce new hazards)</li> <li>• Measures should always aim to combat the risks at source, e.g. if the steps are slippery or uneven, treating or repairing them is better than displaying a warning sign</li> </ul>
<p>Can physical measures be introduced?</p> <p>If not proceed to the next step</p>	<ul style="list-style-type: none"> <li>• Can the hazard and the individual can be physically 'separated' to reduce the risk e.g. an 'air lock' between the main entrance and inner corridor, an electromagnetic door interlock, reception window etc</li> <li>• Note that this measure does not include Personal Protective Equipment (PPE - see below)</li> </ul>
<p>What procedural systems can be put in place to reduce the risk?</p> <p>If not proceed to the next step</p>	<ul style="list-style-type: none"> <li>• Can new or additional workplace procedures or instructions be put in place to reduce the risk (without the need for PPE)?</li> <li>• Consideration should be given to documenting the new safe system of work and controls. NB this is different from just documenting the existing way work is done</li> <li>• Retraining or providing new training for staff will be required</li> <li>• A proper level of supervision will need to be established to monitor the new procedures. Whilst the procedures are new the supervision level may initially need to be higher</li> <li>• In assessing the resultant level of risk (i.e. with the new instructions in place) the evaluation must take account of the likelihood of the harm being incurred as a consequence of any non compliance with those instructions</li> <li>• Procedural systems may incorporate the use of safety devices such as personal assistance alarms. Where such safety devices are included consideration should be given to levels of testing and maintenance necessary to ensure their correct functioning</li> </ul>
<p>What Personal Protective Equipment (PPE) may be necessary?</p>	<ul style="list-style-type: none"> <li>• PPE includes any item of personal equipment designed to reduce or eliminate harm eg safety foot wear, gloves, aprons, safety goggles, face masks, hard hats etc</li> <li>• The use of PPE to protect individuals should normally be viewed as the last option control measure</li> <li>• PPE can be used as an additional protective measure and can be an everyday part of workwear e.g. safety boots, overalls etc even when the risk is relatively low.</li> </ul>
<p>NB these are not mutually exclusive and in reality a combination of options will most likely be needed</p>	

- 4.7 Where additional measures are considered necessary to reduce the risk to acceptable levels, it is critical to identify the person who will be responsible for implementing the changes and set time-scales for delivery.

5. Risk assessment step 4 - record your findings

- 5.1 It is a legal requirement that employers record the significant findings of their risk assessment.
- 5.2 By using the risk assessment form managers will comply with this requirement as the form has been designed to assist with undertaking a risk assessment and act as suitable record.
- 5.3 Risk assessments must be kept available for the duration of the work to which they apply and retained for a further three years when revised or no longer applicable.

6. Risk assessment step 5 - review your assessment and revise it if necessary

- 6.1 All risk assessments must be reviewed and amended as necessary:-
- At least every 12 months to ensure that the procedures are still 'fit for purpose'. These should be linked to the nature of the risk concluded after all previously identified additional protective measures have been put in place.
  - If, in the meantime, the nature of work changes significantly. This does not mean that a re-evaluation is required every time an inconsequential change is introduced.
  - Or whenever there are reasons to believe the assessment is no longer valid (e.g. the identification of previously unidentified hazards).

The review should be undertaken by the manager/supervisor responsible for the work activity, should involve the people undertaking the work and wherever possible the local Safety Representative. Advice if necessary can also be obtained from the Divisional HSF Lead.

## Glossary and Definitions

**Accidents** – Any adverse and unintended event which has caused injury or ill-health, this includes assaults.

**Contractors** – Organisations commissioned to undertake work on behalf of NOMS.

**G and O Audits** – Governance and Order Audits undertaken by MoJ's Independent Audit and Assurance Team in NOMS' custodial sites. These cover Fire and OHS respectively on a 3 year cycle.

**Cardinus** – Cardinus Workstation Safety Plus ® - NOMS' Software Application for use by staff for the delivery of both risk assessment and training about safe use of computer workstations.

**DSE** – Display Screen Equipment – Computer and CCTV display equipment and workstations.

**IP** – Injured Party following an accident.

**Near Miss** - Any adverse and unintended event which would have caused injury or ill-health but, for some reason, did not, this includes assaults.

**NORCET** – NOMS OHSF Risk Control and Evaluation Tool – A reporting device to measure OHSF Performance at regular intervals across NOMS services.

**OHSF** – Occupational Health, Safety and Fire. This abbreviation is used to cover the whole range of OHSF risks. Where the term is used without the O and / or the F it is intended to indicate that the reference excludes that aspect of the risk, hence HS is used where references to occupational health and fire safety are **intended to be excluded**.

**OHSF Sponsor** – A senior manager in a particular NOMS location or service whose role it is to provide leadership on OHSF matters and ensure that OHSF work is expedited and that senior colleagues keep OHSF issues in mind when making management decisions. The OHSF Sponsor is not an advisor or expert.

**OSSP** – On-Site Service Providers - Contractors engaged to deliver ongoing services on NOMS' premises such as education, healthcare, facilities management etc. As distinct from contractors attending to undertake discrete, time-limited pieces of work.

**Rivo** – Rivo Safeguard ® - NOMS Accident Recording and OHSF Management Software

**Safety Tour** – A walk-through of a premises (or part of a premises) by a senior manager with a view to considering the health and safety of those using the premises and any issues or concerns they have.

**SMT** – Senior Management Team(s).

**TFM Providers** – Contractors, their employees and subcontractors who are engaged by NOMS to provide facilities management services to NOMS premises.

**WPI** – Workplace Inspection – Formal visual check of the state of a workplace (or part of it) to identify immediately visible hazards, put in place steps to remove them and make a brief record of the WPI.