



## Livestock & Meat Commission Health and Safety Policy

### 1 Policy Statement

It is the policy of LMC to comply with the terms of the Health & Safety at Work Order (NI) 1978 and other applicable legislative and regulatory requirements. The Health & Safety objective of LMC is to minimise the number of instances of occupational accidents and illnesses.

LMC recognises and accepts the duty to protect the Health & Safety of all visitors to our premises, including contractors and temporary workers, as well as any members of the public who might be affected by our operations.

While the Commission will do all that is within its power to ensure the Health & Safety of its employees, it is recognised that Health & Safety at work is the responsibility of each and every individual associated with LMC. It is the duty of each worker to take reasonable care of their own and other people's welfare and to report any situation which may pose a threat to the wellbeing of any other person.

LMC will provide every worker with the training necessary to carry out their tasks safely. However if a worker is unsure of how to perform a certain task or feels it would be dangerous to perform a specific job then it is the worker's duty to report this to their Manager. An effective Health & Safety programme requires continuous communication between everyone at all levels. It is therefore every worker's responsibility to report immediately any situation which could jeopardise the wellbeing of themselves or any other person.

LMC's Health & Safety Policy will be reviewed every three years or more frequently as required by the Senior Management Team, particularly when changes to our operations occur. Any changes to the policy may be the subject of consultation with relevant consultees.

A handwritten signature in black ink that reads 'Ian Stevenson'.

Chief Executive, LMC

## 2 Responsibilities

The **Chief Executive** is delegated by the Commission to carry ultimate responsibility for Health & Safety.

The **Corporate Governance Officer** has responsibility for policy communication, implementation, monitoring and review.

**Line Managers** are responsible for practical implementation of Health & Safety Policy, including:

- Ensuring operations under their control are, as far as reasonably practicable, conducted without detriment to the Health & Safety of employees or others who may be affected by their activities;
- Ensuring that their area of responsibility is subject to risk assessment and any actions arising fully implemented as required by The Management of Health and Safety at Work Regulations 1999;
- Ensuring that all accidents, incidents, near misses and cases of work-related ill health, within their area of responsibility, are recorded and reported in the Accident Book or to the appropriate person. Review of all such reports shall lead to thorough investigation and appropriate remedial action as necessary.
- Ensuring the reporting of Injuries, Diseases and Dangerous Occurrences as required by the Regulations (RIDDOR) (NI) 1997, reporting requirements are detailed at **Appendix A**.

**Employees** are required to:

- Co-operate in implementing the requirements of all Health & Safety legislation, related codes of practice and safety instructions;
- Refrain from doing anything which constitutes a danger to themselves or others;
- Ensure that any equipment issued to them, or for which they are responsible, is correctly used and properly stored;
- Report Health & Safety concerns, including the risk of slips or trips to an appropriate person.

Failure by any member of staff to comply with the requirements of LMC's Health & Safety Policy may constitute a breach of LMC Disciplinary Rules and will be dealt with as such.

## 3 Procedure

### 3.1.1 Risk Assessments including Control of Substances Hazardous to Health (COSHH)

Trained members of staff conduct risk assessments and all staff at specific work locations are encouraged to contribute to the process. The findings of risk assessments are reported to the Chief Executive, relevant Line Manager and staff involved. Actions required to remove or control risks are agreed and communicated to relevant staff.

Risk assessments are reviewed annually or when the work activity changes.

### 3.1.2 Information, Instruction and Supervision

Relevant Health & Safety posters and publications are displayed at LMC Head Office. Relevant procedures should also be displayed at other work locations where LMC staff are required to provide services. LMC will work closely with client organisations to ensure Health & Safety arrangements for the organisation are made known to LMC staff and that these staff work in accordance with required procedures.

Health & Safety information is communicated to staff from time to time. This can take the form of oral communication, circulation of relevant information leaflets, staff work instructions, codes of practice or by example.

A Health & Safety awareness programme has been introduced for all staff. It will be refreshed periodically but at least every three years. Line Managers or the Corporate Governance Officer can be contacted at any time for advice or guidance on matters of Health & Safety.

All staff are trained to perform their jobs effectively and with regard to safe working practices and procedures. Where there is daily supervision, it is the responsibility of individuals and those in charge to ensure that Health & Safety standards are maintained. Those staff working without daily supervision are individually responsible for maintaining Health & Safety standards. As part of their induction, new staff will receive Health & Safety training from their Line Manager or from another person delegated by the Line Manager. This training may take place in conjunction with on-the-job training. Training records are held at LMC Head Office.

Personal Protective Equipment (PPE) is issued to all staff as necessary for their specific job. Replacement or additional items are requested through the Chief Executive's Office and records of all PPE request and issue are maintained at Head Office.

### 3.1.3 First Aid

There are three qualified First Aiders based at LMC Head Office. Those staff working off site should familiarise themselves with the location of First Aid Boxes and key contacts for First Aid. **Appendix B**, attached, lists current First Aiders at LMC Head Office.

### 3.1.4 Emergency Procedures – Fire and Evacuation

The Chief Executive has nominated the Corporate Governance Officer to ensure that a Fire Risk Assessment is carried out at LMC Head Office. Alarms are tested on a weekly basis and emergency evacuation is tested at least annually. **Appendix C**, attached, lists the current Fire Wardens.

### 3.1.5 Records

The Corporate Governance Officer is responsible for ensuring that appropriate records are kept of all aspects of Health & Safety. This includes proper recording and reporting of accidents and work-related ill health. All Health & Safety records are held at LMC Head Office as follows:

- Training – centralised Personnel Administration Management System (PAMS).
- PPE request and issue – Chief Executive's office.
- Accident book – located at reception.
- Risk Assessments, including COSHH assessments – Education Services Manager/ Corporate Governance Officer/Chief Executive.
- Fire alarm testing and evacuation – Fire Wardens.
- Circulation of relevant Health & Safety information – Corporate Governance Officer/Senior Management Team.

## RIDDOR Reporting Requirements Appendix A

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997, places a legal duty on employers, self-employed people and people in control of premises to report:

- work-related deaths
- major injuries or over-three-day injuries
- work related diseases
- dangerous occurrences (near miss accidents).

Since 1 April 2013, employers have the option to report all work-related incidents to HSENI, no matter who the relevant enforcing authority is for the business.

Although revised RIDDOR reporting requirements were introduced in Great Britain in 2012 and 2013, the position in Northern Ireland remains unchanged from the 1997 legislation.

The Health and Safety Executive NI is the lead body responsible for the promotion and enforcement of health and safety at work standards in Northern Ireland. HSENI provides advice and information on its website at <https://www.hseni.gov.uk/>

HSENI publication RIDDOR (NI) 97 outlines the obligations for employers on the reporting of injuries, diseases and dangerous occurrences, a summary is provided below and the publication in full can be viewed

at <https://www.hseni.gov.uk/sites/hseni.gov.uk/files/publications/%5Bcurrent-domain%3Aa-machine-name%5D/riddor-booklet-97.pdf>

### What must be reported?

#### Work-related accidents

For the purposes of RIDDOR, an accident is a separate, identifiable, unintended incident that causes physical injury. This specifically includes acts of non-consensual violence to people at work.

The following incidents must be reported:

- deaths
- major injuries
- over-three-day injuries - where an employee or self-employed person is away from work or unable to work as normal for more than three consecutive days;
- injuries where the person is taken from the scene of an accident to hospital;
- some work-related diseases
- dangerous occurrences - where something happens that does not result in an injury, but could have done.

Gas Safe registered gas fitters must also report dangerous gas fittings they find. Gas conveyors/suppliers must report some flammable gas incidents.

### Types of reportable injury

#### Death or major injury

If there is an accident connected with work and:

- your employee, or a self-employed person working on your premises is killed or suffers a major injury\* (including as a result of physical violence); or
- a member of the public is killed or taken to hospital;

you must notify the enforcing authority without delay (e.g. telephone). They will ask for brief details about your business, the injured person and the accident; and within ten days you must follow this up with a completed accident report form (NI2508).

### **Over three day injury**

If there is an accident connected with work (including an act of physical violence) and your employee, or a self-employed person working on your premises, suffers an over three day injury you must send a completed accident report form (NI2508) to the enforcing authority within ten days. An over the three day injury is one which is not major but results in the injured person being away from work or unable to do their normal work for more than three days (including non-work days).

### **Dangerous occurrence**

If something happens which does not result in a reportable injury, but which clearly could have done, then it may be a dangerous occurrence which must be reported immediately (e.g. by telephone).

Within ten days you must follow this up with a completed accident report form (NI2508).

### **Disease**

If a doctor notifies you that your employee suffers from a reportable work related disease then you must send a completed disease report form (NI2508A) to the enforcing authority. The reportable diseases are listed later or you can simply ring the Employment Medical Advisory Service of the Health and Safety Executive for Northern Ireland (HSENI) to check whether a disease is reportable.

### **Keeping records**

You must keep a record of any reportable injury, disease or dangerous occurrence. This must include the date and method of reporting; the date, time and place of the event, personal details of those involved and a brief description of the nature of the event or disease. You can keep the record in any form you wish, for example by keeping copies of completed report forms in a file or recording the details on a computer.

### **Definition of major injuries, dangerous occurrences and diseases**

#### **Reportable major injuries are:**

- fracture other than to fingers, thumbs or toes;
- amputation;
- dislocation of the shoulder, hip, knee or spine;
- loss of sight (temporary or permanent);
- chemical or hot metal burn to the eye or any penetrating injury to the eye;
- injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours;

- unconsciousness caused by asphyxia or exposure to harmful substance or biological agent;
- acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin;
- acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material;
- any other injury leading to hypothermia, heat induced illness or to unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours.

**Reportable dangerous occurrences are:**

- collapse, overturning or failure of loadbearing parts of lifts and lifting equipment;
- explosion, collapse or bursting of any closed vessel or associated pipework;
- failure of any freight container in any of its loadbearing parts;
- plant or equipment coming into contact with overhead power lines;
- electrical short circuit or overload causing fire or explosion;
- any unintentional explosion, misfire, failure of demolition to cause the intended collapse, projection of material beyond a site boundary, injury caused by an explosion;
- accidental release of a biological agent likely to cause severe human illness;
- failure of industrial radiography or irradiation equipment to de-energise or return to its safe position after the intended exposure period;
- malfunction of breathing apparatus while in use or during testing immediately before use;
- failure or endangering of diving equipment, the trapping of a diver, an explosion near a diver, or an uncontrolled ascent;
- collapse or partial collapse of a scaffold over five metres high, or erected near water where there could be a risk of drowning after a fall;
- unintended collision of a train with any vehicle;
- dangerous occurrence at a well (other than a water well);
- dangerous occurrence at a pipeline;
- failure of any loadbearing fairground equipment, or derailment or unintended collision of cars or trains;
- a road tanker carrying a dangerous substance overturns, suffers serious damage, catches fire or the substance is released;
- a dangerous substance being conveyed by road is involved in a fire or released;
- unintended collapse of: any building or structure under construction, alteration or demolition where over five tonnes of material falls; a wall or floor in a place of work; any falsework;
- explosion or fire causing suspension of normal work for over 24 hours;
- sudden, uncontrolled release in a building of: 100kg or more of flammable liquid; 10kg of flammable liquid above its boiling point; 10kg or more of flammable gas; or of 500kg of these substances if the release is in the open air;
- accidental release of any substance which may damage health.

Note: additional categories of dangerous occurrences apply to mines, quarries, railways and offshore workplaces.

**Reportable diseases from Schedule 3 of the Regulations**

**Occupational diseases**

**Conditions due to physical agents and physical demands of work:**

- Inflammation, ulceration or malignant disease of the skin due to ionising radiation.
- Malignant disease of the bones due to ionising radiation.
- Blood dyscrasia due to ionising radiation.
- Cataract due to electromagnetic radiation.
- Decompression illness.
- Barotrauma resulting in lung or other organ damage.
- Dysbaric osteonecrosis.
- Cramp of the hand or forearm due to repetitive movements;
- Subcutaneous cellulitis of the hand (beat hand);
- Bursitis or subcutaneous cellulites arising at or about the knee due to severe or prolonged external friction or pressure at or about the knee (beat knee).
- Bursitis or subcutaneous cellulites arising at or about the elbow due to severe or prolonged external friction or pressure at or about the elbow (beat elbow).
- Traumatic inflammation of the tendons of the hand or forearm or of the associated tendon sheaths.
- Carpal tunnel syndrome.
- Handarm vibration syndrome.
- Anthrax.
- Brucellosis..
- Avian chlamydiosis.
- Ovine chlamydiosis
- Hepatitis.
- Legionellosis.
- Leptospirosis.
- Lyme disease.
- Q Fever.
- Rabies.
- Streptococcus suis.
- Tetanus.
- Any infection reliably attributable to the performance of the work specified in the entry opposite hereto.

#### **Conditions due to substances**

- Poisonings by any of the following:
  - (a) acrylamide monomer;
  - (b) arsenic or one of its compounds;
  - (c) benzene or a homologue of benzene;
  - (d) beryllium or one of its compounds;
  - (e) cadmium or one of its compounds;
  - (f) carbon disulphide;
  - (g) diethylene dioxide (dioxan);
  - (h) ethylene oxide;
  - (i) lead or one of its compounds;
  - (j) manganese or one of its compounds;
  - (k) mercury or one of its compounds;
  - (l) methyl bromide;
  - (m) nitrochlorobenzene, or a nitroor aminoor chloroderivative of benzene or of a homologue of benzene;
  - (n) oxides of nitrogen;
  - (o) phosphorus or one of its compounds. Activity: Any activity.
- Cancer of a bronchus or lung
- Primary carcinoma of the lung where there is accompanying evidence of silicosis. (c)
- Cancer of the urinary tract.



- Angiosarcoma of the liver.
- Peripheral neuropathy.
- Chrome ulceration of:
  - (a) the nose or throat; or
  - (b) the skin of the hands or forearm.
- Folliculitis
- Acne
- Skin cancer
- Pneumoconiosis
- Byssinosis
- Mesothelioma
- Lung cancer
- Asbestosis
- Cancer of the nasal cavity or associated air sinuses.
- Occupational dermatitis.
- Extrinsic alveolitis (including farmer's lung).
- Occupational asthma

Further detail on occupational diseases is available from the HSENI publication RIDDOR (NI) 97

<https://www.hseni.gov.uk/sites/hseni.gov.uk/files/publications/%5Bcurrent-domain%3Amachine-name%5D/riddor-booklet-97.pdf>

## **Appendix B**

### **First Aiders**

Gillian Davis	ext 216
Sandra Murray	ext 202
Seamus McMenamin	ext 212

## **Appendix C**

### **Fire Wardens**

Ruth Doherty	ext 200
Cherrie Kenny	ext 215
Noel Lavery	ext 221
Avril White	ex 213
Trevor Mitchell	contact Reception