



AGENDA

HEALTH AND SAFETY COMMITTEE

Date: WEDNESDAY, 24 MAY 2023 at 5.00 pm

Civic Suite

Lewisham Town Hall, London SE6 4RU

COUNCILLORS

Councillor Laura Cunningham
Councillor Paul Bell
Councillor Chris Best
Councillor Natasha Burgess
Councillor Ayesha Lahai-Taylor
Councillor Carol Webley-Brown

Unions

GMB
Unite
NEU
Unison

Directorate Representatives

Dr Catherine Mbema, Director of Public Health
Wayne Wilson
Kathy Freeman, Executive Director for Corporate Resources
Mick Lear, Service Manager, Benefits
Rich Clarke, Head of Assurance
Joan Hutton, Director of Operations - Adult Social Care
Siobhan Da Costa, Legal Services
Paul Boulton, Interim Director of Public Realm

Health & Safety Advisors

Rich Clarke, Head of Assurance
Marta Makowska, Corporate Health & Safety Manager

Members are summoned to attend this meeting

Jeremy Chambers
Monitoring Officer
Lawrence House
Catford, London SE6 4RU
Date: 16 May 2023



INVESTOR IN PEOPLE

The public are welcome to attend our committee meetings, however occasionally committees may have to consider some business in private. Copies of reports can be made available in additional formats on request.

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Health and Safety Committee

Minutes

Date: 24 May 2023

Key decision: No

Class: Part 1

Ward(s) affected: All

Contributors: Chief Executive / Senior Committee Manager

Outline and recommendations

Members are asked to consider minutes of the meeting of the Health and Safety Committee held on 2 February 2023

1. Recommendation

It is recommended that the Minutes of the Health and Safety Committee meeting held on 2 February 2023, be confirmed, and signed.

Jeremy Chambers
Monitoring Officer

16 March 2023

MINUTES OF THE HEALTH AND SAFETY COMMITTEE

Thursday, 2 February 2023 at 5.00 pm

PRESENT: Councillors Chris Best, Paul Bell, Laura Cunningham, Stephen Hayes and Aliya Sheikh

ALSO PRESENT:

Apologies for absence were received from Councillor Aisha Malik-Smith

1. Election of Chair and Vice Chair

RESOLVED that Councillor Cunningham be elected Chair and Councillor Best be elected Vice Chair of the Health and Safety Committee for the remainder of the municipal year 2022/23.

2. Minutes

RESOLVED that the minutes of the meeting of the Health and Safety Committee held on 4 October 2019 be confirmed and signed.

3. Declarations of Interest

None.

4. Corporate Health and Safety Team Update

4.1 The Head of Assurance presented the report. He said that the information had been drawn from the Corporate Health and Safety Board work programme and was focused on issues that had been raised by members formally and during informal discussions.

4.2 Members were advised that a meeting of the Corporate Health and Safety Board had been scheduled for Thursday 26 January 2023, but had been postponed until Monday 6 February. The Board was out of sync with this meeting, but the subject matter to be discussed had been included in the report.

4.3 The Head of Assurance gave an overview of the incidents for each directorate. He said that data for incidents involving staff and members of the public could not be separated at the present time. The remit of this Committee was the safety of members of the public and he acknowledged that this information should be available. Data collection would be modified over the coming year to ensure that this information was available.

4.4 In a response to a question about the large increase in incidents across

directorates, the Head of Assurance said that there had been movement of service between the directorates. He gave an example that in 2021 Corporate Resources did not include passenger services but was included in 2022. In addition, more staff were working from home and would not necessarily report a trip or fall. Staff had returned to offices, and this could be a reason why reports of incidents had risen. In addition, reporting had changed so that the information had been amalgamated onto one page. It was difficult to determine whether there were more incidents or more reporting. He considered that there was more reporting; the severity of the incidents had not increased. Monitoring of incidents would continue.

- 4.5 The 3 RIDDORS mentioned in the report related to fractures and broken bones. There were various 7-day absences. This included one for Corporate Resources when someone exited a vehicle and was concussed.
- 4.6 Members were advised that the GMB representative had sent apologies for this meeting. There had not been a response from any of the other unions. The Chair said that she was keen for union representatives to attend this Committee and suggested that this be considered outside this meeting. The Head of Assurance said that union representatives were invited to and attended the Corporate Health and Safety Board.
- 4.7 In response to a question about how easy it was to report an incident, the Head of Assurance said that information was included in the introduction to health and safety training. There was a simple dropdown menu to complete on the intranet. Reporting of incidents was encouraged and in the next few months an audit programme would be rolled out which would be looking at individual services. Line managers were encouraged to report any staff incidents. The Health and Safety team then had confirmation that the manager was aware of any incidents within their team.
- 4.8 Community libraries were being used as warm hubs. The Head of Assurance agreed to find out whether staff had been trained to manage incidents that could occur with an increase of people on the premises.
- 4.9 Members were advised that defibrillators were provided on request. If a service area considered that there was a benefit to having the equipment, a request could be made to facilities management. Members did not consider this ad hoc system to be acceptable and agreed that the Council should adopt a policy for all the defibrillators in council owned buildings. The four sites referred to in the report were not always open and signage for the equipment was not clear. There was information about where defibrillators were in schools. The Chair asked officers to investigate provision of defibrillators and policies in other authorities.
- 4.10 In response to a question about eLearning courses, the Head of Assurance agreed to check the figures for the display screen equipment and Introduction to Health and Safety courses which were considered low.
- 4.11 The Chair said that she would attend the next meeting of the Corporate Assurance Board and report back to this Committee about how they were

operating and how the directors fed into the overall health and safety message. She said she would write to members and submit a report on her findings to the next meeting of this Committee

RESOLVED that

- (i) the report be noted,
- (ii) a policy for defibrillators be adopted and the policies and practises of other authorities be investigated and included in the Health and Safety Forward Plan,
- (iii) the Chair send a report to members of this Committee following her attendance at the Corporate Assurance Board;
- (iv) information about whether staff in libraries had received sufficient training to manage the potential increase of residents in buildings used as community hubs be sent to members of the Committee,
- (v) figures for the display screen equipment and Introduction to Health and Safety courses be checked because they were considered to be low; and
- (vi) further attempts be made to encourage unions to attend future meetings of this Committee.

5. Corporate Estate Health and Safety

- 5.1 The Head of Assurance presented the report. He referred to Appendix A in the report which detailed all the corporate estate assets that were part of a routine inspection programme. He wanted to make clear that none of the actions were severe. They were being monitored because they were minor and the objective was to encourage staff to complete the tasks.
- 5.2 Councillor Best referred to Appendix A and said that Champion Hall was in Sydenham ward and agreed to email officers with regard to the correct ward for Kirkdale Centre.
- 5.3 A question was asked about how officers could assure members that there was health and safety compliance response in all council owned buildings. Concern was expressed about recording incidents in swimming pools, the use of school facilities by the community, facilities in parks and whether Lewisham homes would be coming into the corporate estate. The Head of Assurance said that the answer to these questions was in development. In a trial run exercise, a sample of 20 properties were looked at last Autumn and all were found to be compliant. However, officers still needed to consider the compliance for another 280 properties. The Head of Assurance said that he was looking into how information could be gathered in a way that gave assurance. Officers had information about contracts and leaseholders but needed to develop ways of finding out the activity that takes place in these council buildings.
- 5.4 The Head of Assurance said that Lewisham Homes had their own Corporate Health and Safety team. He had met them recently and he would continue to work with them.

- 5.5 It was noted that when Lewisham Homes was brought in house, all of the assets and buildings would become the responsibility of Lewisham Council. This Committee would oversee all of those assets, including staff, once they were transferred back.
- 5.6 There was discussion about risk assessment and members were advised that a professional external risk assessor was engaged to undertake risk assessment in Lewisham. Risk assessments, shown as high medium and low, reflect the true use of a building to ensure that the remedial actions in place were proportionate. A library, for example, had a medium risk because of the nature of its use.
- 5.7 The Head of Assurance said that Deptford Lounge was not included in the list of Corporate Estates premises in the appendix to the report because Health and Safety requirements were overseen by a trust that occupied this building. He believed that the Albany oversee the health and safety for Deptford Lounge but he said that he would check this information and advise members accordingly.
- 5.8 The Albany was one of Lewisham's library hubs. Catford library had moved to Catford Mews. Members were aware of changes to the hubs and agreed to email the Head of Assurance with any information they received. Downham Health and Leisure Centre was part of a shared building the library part included Lewisham staff. Members were mindful of where staff were working, and that proper health and safety checks were being carried out. The Chair suggested that members should email the Head of Assurance and the Committee Officer if any anomalies were found in this report. This was agreed.
- 5.9 The Head of Assurance said that the information he had received was that the upkeep of the fabric of the buildings listed in the Appendix, was the responsibility of this Council. This list did not include buildings that were not the responsibility of this Council. These properties had a contractual arrangement and officers were looking into ways of monitoring how effective these contracts were in practice.
- 5.10 In response to a question, members were advised that introductory training was generic, but fire wardens and fire risk assessment in person training was specific to the building where staff were fulfilling those roles. The Head of Assurance said that the fire risk assessment for the Broadway Theatre since its recent renovation, had taken place and he agreed to provide this information as part of this Committee's Forward Plan.
- 5.11 Housing management services currently provided by Lewisham Homes would soon be brought under the control of Lewisham Council. The Head of Assurance agreed to report back to the next meeting of this Committee on the health and safety of staff transferred to this Council.
- 5.12 The Chair thanked the Head of Assurance and his staff, for all their hard work in producing these reports for this Committee

RESOLVED that

- (i) the report be noted;

- (ii) the Head of Assurance will investigate who was responsible for Health and Safety at Deptford Lounge and advise members accordingly; and
- (iii) information on the fire risk assessment for the Broadway Theatre be sent to members of this Committee and included in this Committee's Forward Plan.



Overview and Scrutiny Business Panel

Declarations of Interest

Date: 24 May 2023

Key decision: No

Class: Part 1

Ward(s) affected: All

Contributors: Chief Executive

Outline and recommendations

Members are asked to declare any personal interest they have in any item on the agenda.

1. Summary

1.1. Members must declare any personal interest they have in any item on the agenda. There are three types of personal interest referred to in the Council's Member Code of Conduct:

- (1) Disclosable pecuniary interests
- (2) Other registerable interests
- (3) Non-registerable interests.

1.2. Further information on these is provided in the body of this report.

2. Recommendation

2.1. Members are asked to declare any personal interest they have in any item on the agenda.

3. Disclosable pecuniary interests

3.1 These are defined by regulation as:

- (a) Employment, trade, profession or vocation of a relevant person* for profit or gain
- (b) Sponsorship –payment or provision of any other financial benefit (other than by the Council) within the 12 months prior to giving notice for inclusion in the register in respect of expenses incurred by you in carrying out duties as a member or towards your election expenses (including payment or financial benefit from a Trade Union).
- (c) Undischarged contracts between a relevant person* (or a firm in which they are a partner or a body corporate in which they are a director, or in the securities of which they have a beneficial interest) and the Council for goods, services or works.
- (d) Beneficial interests in land in the borough.
- (e) Licence to occupy land in the borough for one month or more.
- (f) Corporate tenancies – any tenancy, where to the member’s knowledge, the Council is landlord and the tenant is a firm in which the relevant person* is a partner, a body corporate in which they are a director, or in the securities of which they have a beneficial interest.
- (g) Beneficial interest in securities of a body where:
 - (a) that body to the member’s knowledge has a place of business or land in the borough; and
 - (b) either:
 - (i) the total nominal value of the securities exceeds £25,000 or 1/100 of the total issued share capital of that body; or
 - (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person* has a beneficial interest exceeds 1/100 of the total issued share capital of that class.

*A relevant person is the member, their spouse or civil partner, or a person with whom they live as spouse or civil partner.

4. Other registerable interests

4.1 The Lewisham Member Code of Conduct requires members also to register the following interests:

- (a) Membership or position of control or management in a body to which you were appointed or nominated by the Council
- (b) Any body exercising functions of a public nature or directed to charitable purposes, or whose principal purposes include the influence of public opinion or policy, including any political party
- (c) Any person from whom you have received a gift or hospitality with an estimated value of at least £25.

5. Non registerable interests

- 5.1. Occasions may arise when a matter under consideration would or would be likely to affect the wellbeing of a member, their family, friend or close associate more than it would affect the wellbeing of those in the local area generally, but which is not required to be registered in the Register of Members' Interests (for example a matter concerning the closure of a school at which a Member's child attends).

6. Declaration and impact of interest on members' participation

- 6.1. Where a member has any registerable interest in a matter and they are present at a meeting at which that matter is to be discussed, they must declare the nature of the interest at the earliest opportunity and in any event before the matter is considered. The declaration will be recorded in the minutes of the meeting. If the matter is a disclosable pecuniary interest the member must take not part in consideration of the matter and withdraw from the room before it is considered. They must not seek improperly to influence the decision in any way. **Failure to declare such an interest which has not already been entered in the Register of Members' Interests, or participation where such an interest exists, is liable to prosecution and on conviction carries a fine of up to £5000**
- 6.2. Where a member has a registerable interest which falls short of a disclosable pecuniary interest they must still declare the nature of the interest to the meeting at the earliest opportunity and in any event before the matter is considered, but they may stay in the room, participate in consideration of the matter and vote on it unless paragraph 6.3 below applies.
- 6.3. Where a member has a registerable interest which falls short of a disclosable pecuniary interest, the member must consider whether a reasonable member of the public in possession of the facts would think that their interest is so significant that it would be likely to impair the member's judgement of the public interest. If so, the member must withdraw and take no part in consideration of the matter nor seek to influence the outcome improperly.
- 6.4. If a non-registerable interest arises which affects the wellbeing of a member, their, family, friend or close associate more than it would affect those in the local area generally, then the provisions relating to the declarations of interest and withdrawal apply as if it were a registerable interest.
- 6.5. Decisions relating to declarations of interests are for the member's personal judgement, though in cases of doubt they may wish to seek the advice of the Monitoring Officer.

7. Sensitive information

- 7.1. There are special provisions relating to sensitive interests. These are interests the disclosure of which would be likely to expose the member to risk of violence or intimidation where the Monitoring Officer has agreed that such interest need not be registered. Members with such an interest are referred to the Code and advised to seek advice from the Monitoring Officer in advance.

8. Exempt categories

- 8.1. There are exemptions to these provisions allowing members to participate in decisions notwithstanding interests that would otherwise prevent them doing so. These include:-
- (a) Housing – holding a tenancy or lease with the Council unless the matter relates to your particular tenancy or lease; (subject to arrears exception)
 - (b) School meals, school transport and travelling expenses; if you are a parent or

guardian of a child in full time education, or a school governor unless the matter relates particularly to the school your child attends or of which you are a governor

- (c) Statutory sick pay; if you are in receipt
- (d) Allowances, payment or indemnity for members
- (e) Ceremonial honours for members
- (f) Setting Council Tax or precept (subject to arrears exception).



Health & Safety Committee

Corporate Health & Safety Team Update

Date: 24 May 2023

Key decision: No

Class: Part 1

Ward(s) affected: All

Contributors: Rich Clarke, Head of Assurance

Outline and recommendations

This report provides information to the Health & Safety Committee on matters of interest raised in previous meetings. It also summarises information raised at the Corporate Health & Safety Board including relevant incident statistics.

We ask Members to note the report.

1. Summary

- 1.1. The report includes an update on matters raised previously by this Committee, including details on training offered to Council staff.
- 1.2. The report summarises relevant matters raised at the Corporate Health & Safety Board, including most recent accident and incident statistics.

2. Recommendations

- 2.1. We ask that Members note and comment on the report.

3. Policy Context

- 3.1. The Council has various legal, regulatory and ethical responsibilities in ensuring the continuing health and safety of all those to whom it owes a duty of care. The work of this Committee in general helps to ensure the Council meets its responsibilities, especially to non-domestic service users. This report contributes to the Committee's understanding of health and safety governance at the Council and so aids in the effective completion of its responsibilities.

4. Update On Matters Raised By Committee

Defibrillators

- 4.1. There is a separate agenda item detailing a proposed Policy to guide buying and using defibrillators.

5. Matters Raised At Corporate Health & Safety Board

- 5.1. The most recent Board meeting was on 20 April 2023. It followed a full set of Directorate-level health and safety meetings, all of which included union representatives.

- 5.2. The Board's agenda included:

- HR Report on Occupational Health & Welfare
- Facilities Management Update, including compliance report on the corporate estate.
- Actions from each Directorate meeting.
- Statutory compliance report and incident reporting summary provided by the Corporate Health & Safety team.

- 5.3. Principal matters of interest for this Committee included:

Violence and Aggression Policy

- 5.4. Raised also by Union colleagues reflecting a view among some staff of increasing aggression from service users. Incident reporting statistics support this view at least to an extent. Visual review shows an increase in these reports. We cannot be definitive as we do not presently record incidents by type.
- 5.5. Following the meeting, the Corporate Health & Safety Team have reviewed the Council's existing policies and provided comment. The meetings also noted online training is available with the need for further in-person training discussed.

Outstanding Planned Preventative Maintenance (PPM)

- 5.6. The Board noted that average PPM compliance on the corporate estate is 58%. This means just over half of maintenance is completed on time. However, there are no individually major or long-standing issues. The Corporate Health and Safety Team are working with Facilities Management colleagues to discuss and agree an action plan for earlier flagging of overdue maintenance.

Fire Risk Assessments

- 5.7. On 25 April the London Fire Bridge inspected Lewisham Library and delivered a Level One Broadly Compliant result. The inspection highlighted some minor housekeeping issues but was satisfied with the Council’s fire risk assessment arrangements for the building. The Board also heard the Catford Library fire risk assessment is complete and identified remedial work is underway.
- 5.8. Several Directorate meetings also noted that a move to longer-term hybrid working had undermined established routines on the availability of fire marshals and first-aiders. The Corporate Health and Safety Team are discussing with directorates various approaches to help improve consistent coverage.

Health and Safety Self Assessments

- 5.9. After a break of several years, the Council is resuming its health and safety audit programme in 2023/24. A crucial first step is seeking self-assessments from individual services to help identify where intervention from the Corporate Team can lend most help. Based on responses from almost 90% of services, we identified a reasonable starting point of health and safety compliance. Overall, 71% of questions on the assessment received a positive response, with a slightly higher compliance rate on matters of ‘practical’ health and safety when compared with policy and governance. The chart below summarises, with responses to individual questions set out in the table which follows:

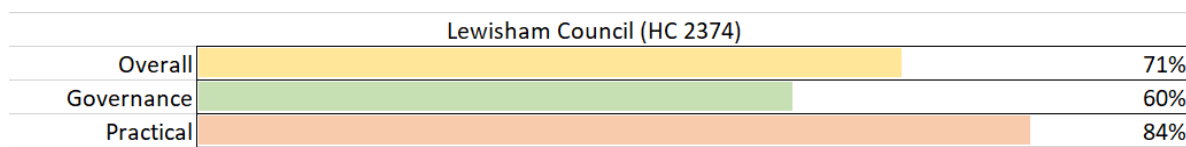


Figure 1: Graph showing self-assessment reported health and safety compliance

Governance Questions (% “yes”)	Practical Questions (% “yes”)
Staff aware of intranet guidance (87%)	Incidents recorded promptly (93%)
Have reviewed H&S risks (83%)	Building safety plans known (92%)
H&S item at team meetings (73%)	Use online incident reports tool (89%)
Action plan for high H&S risks (61%)	Complete incident reporting (86%)
H&S documents accessible (55%)	Lessons learned from incidents (86%)
Detailed review for high risks (54%)	Suitable PPE accessible (81%)
Screen assessments complete (45%)	Personal evacuation plans (73%)
Remote workers risk assessed (43%)	First aid location known (69%)
H&S training plan in place (41%)	

Figure 2: Table showing self-assessment responses by question

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6. Incidents

- 6.1. The Board (and relevant Directorates) also received information on reported incidents and change quarter-to-quarter. The table below summarises:

Directorate	Q3 2022/23	Q4 2022/23	Change
Chief Executive's	1	0	-1
Children & Young People (non-school)	3	6	+3
Schools	292	323	+31
Community Services	20	36	+16
Corporate Resources	39	20	-19
Housing, Regeneration & Public Realm	17	10	-7
Total	372	395	+23

- 6.2. The more serious are called 'RIDDOR' incidents. These come with compulsory reporting to the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. The number and nature of such incidents in the quarter to 31 March 2023 is below.

RIDDOR Category	CED	CYP	School	COM	COR	HRPR
Dangerous Occurrence	0	0	0	0	0	0
Major Injury or Condition	0	0	1	0	0	0
Member of Public to Hospital	0	0	0	0	1	0
>7 Day Absence	0	0	2	1	0	0
Pupil to Hospital	0	0	8	0	0	0
Prescribed Disease	0	0	0	0	0	0
Totals	0	0	11	1	1	0

- 6.3. The highlighted RIDDOR incident, in which a member of the public went to hospital, is of particular relevance noting this Committee's remit. In this incident, a member of the public was injured crossing the road between Laurence House and the Civic Suite in Catford. Members of the Council's security team who witnessed the incident offered their help and reported the incident using our online tool.
- 6.4. The relevant health and safety directorate meeting discussed this incident in some detail. Technically it should not feature in our statistics as it did not involve a council employee or council property. Nonetheless we recognise there

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will be times where council staff act diligently to help others while on duty. There are advantages to noting these instances as well as developing guidance to support colleagues in providing effective help. The Corporate Health and Safety Team are developing further guidance to share with especially public-facing colleagues.

- 6.5. The most serious incidents involved fractures arising from falls or slips. The Council documents all RIDDOR incidents and investigates as appropriate. There is, to the best of our knowledge, no external agency involvement in any of these incidents.

7. Financial implications

- 7.1. The report is to note. There are no financial implications arising.

8. Legal implications

- 8.1. The report is to note. There are no legal implications arising.

9. Equalities implications

- 9.1. The report is to note. There are no equalities implications arising.

10. Climate change and environmental implications

- 10.1. The report is to note. There are no climate change and environmental implications arising.

11. Crime and disorder implications

- 11.1. The report is to note. There are no crime and disorder implications arising.

12. Health and wellbeing implications

- 12.1. The report is to note. There are no health and wellbeing implications arising.

13. Background papers

- 13.1. No background papers.

14. Report author and contact

- 14.1. Rich Clarke, Head of Assurance. rich.clarke@lewisham.gov.uk. Telephone (020) 8314 8730 (ext. 48730).

Agenda Item 5



Health & Safety Committee

Council Defibrillator Policy Draft

Date: 24 May 2023

Key decision: No

Class: Part 1

Ward(s) affected: All

Contributors: Rich Clarke, Head of Assurance. Corporate Health & Safety Team.

Outline and recommendations

This report sets out the draft policy guiding the Council's purchase and use of Automated External Defibrillators (AED) intended for installation on Council premises. The Health & Safety Committee is recommended to:

- Review and comment on the draft policy.
- Agree a response to provide to Mayor and Cabinet supporting a decision to adopt the policy.

Timeline of engagement and decision-making

No other public reporting to date. Internal consultation through Directorate Health and Safety meetings and the Corporate Assurance Board.

If so recommended by this Committee, the policy will be submitted for inclusion in Mayor and Cabinet decision-making. Based on current agendas, this will likely be in late summer/early autumn.

1. Summary

- 1.1. This Policy – which we believe is a first among London Boroughs – aims to support effective acquisition and use of defibrillators across the Council. There is nothing in the policy that Council services cannot do already but it seeks to instil and support best practice in setting out:

- The nature and role of defibrillators.
 - When a service might seek to get a defibrillator.
 - Proper siting and maintenance procedures.
 - Keeping central oversight of defibrillators on Council property.
 - Procedures for linking to local and national networks to help ensure they are available for broad use.
- 1.2. The Policy does not direct when a service should get a defibrillator. This decision should spring from a locally-assessed risk. This risk assessment should include evaluating needs of service users and visitors. The Policy also does not earmark any central or extra funding. Council services will continue to buy defibrillators from existing budgets in response to assessed risk.

2. Recommendations

- Review and comment on the draft policy.
- Agree a response to provide to Mayor and Cabinet supporting a decision to adopt the policy.

3. Policy Context

- 3.1. This report aligns with Lewisham's Corporate Priorities, as set out in the Council's [Corporate Strategy \(2022-2026\)](#):
- Cleaner and Greener
 - A Strong Local Economy
 - Quality Housing
 - Children and Young People
 - Safer Communities
 - Open Lewisham
 - Health and Wellbeing
- 3.2. In particular, this report closely aligns to our priority on Health and Wellbeing. Put simply, defibrillators save lives. The best chance of successful resuscitation is with minimum delay; ideally within the first three minutes 0 with up to a 75% survive rate reported. The chances of resuscitation fall by 10% with every minute delayed. There is a real advantage in having defibrillators available.
- 3.3. The Policy seeks to maximise the benefits for residents as well as staff by making sure any defibrillators we buy are part of The Circuit. This is a national arrangement led by the British Heart Foundation in collaboration with local ambulance services. It makes sure emergency call handlers have up-to-date

information on defibrillator locations so they can direct members of the public in an emergency. Emergency call handlers will also contact the owner with instructions on where they are needed.

4. Background

- 4.1. This Committee has an existing interest in provision and effective use of defibrillators across the Borough. The Corporate Health and Safety Team have drafted this Policy with the aim of encouraging colleagues across the Council to buy defibrillators where prompted by risk assessment, and then helping to ensure continuing effective use.

5. Financial implications

- 5.1. There are no additional financial implications in the draft Policy.

6. Legal implications

- 6.1. There are no notable legal implications in the draft Policy.

7. Equalities implications

- 7.1. There are no additional equalities implications.

8. Climate change and environmental implications

- 8.1. There are no climate change or environmental implications.

9. Crime and disorder implications

- 9.1. There are no crime and disorder implications.

10. Health and wellbeing implications

- 10.1. Health and wellbeing implications are considered in the body of the report.

11. Background papers

- 11.1. The Draft Policy at Appendix A incorporates links to other documents about the use of defibrillators and the British Heart Foundation's "Circuit".

12. Report author(s) and contact

- 12.1. Rich Clarke, Head of Assurance. rich.clarke@lewisham.gov.uk.

13. Appendices

- Appendix A – Draft Policy



London Borough of Lewisham

Providing Automated External Defibrillators (AED) In the Workplace

Produced by: Corporate Health and Safety Team (DATE ADDED ONCE APPROVED)

CORPORATE HEALTH AND SAFETY TEAM

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CORPORATE HEALTH AND SAFETY TEAM

1. Introduction to CPR

CPR stands for cardiopulmonary resuscitation. It combines chest compressions and rescue breaths to give someone the best chance of survival following a cardiac arrest. A cardiac arrest is when the heart cannot pump blood to the body, including the brain and lungs. Death can result in minutes without treatment. CPR uses chest compressions mimicking how the heart pumps to help to keep the blood flowing.

Automated External Defibrillators (AEDs, or just 'defibrillators') send an electric pulse or shock to the heart to restore a normal heartbeat. The unit checks the heart rhythm and will only shock if needed. It will not send a shock if not required.

If an adult is unresponsive and not breathing normally, you still need to call 999 for emergency help and start CPR straight away to increase the chance of survival.

2. Legal Duties

2.1 Employers

The [Health and Safety \(First Aid\) Regulations 1981](#) require employers to provide adequate and appropriate equipment, facilities, and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work. Regulation 3 requires the employer to make first aid provisions in the workplace.

Health and safety legislation does not require that employers have a defibrillator onsite. However, employers should carry out a first aid needs assessment. This assessment should include estimating the risk of a sudden cardiac arrest happening onsite. The assessment will also consider the potential consequences, which will always be severe.

2.2 Non-employees

The Council does not have a duty under health and safety legislation to provide first aid for non-employees such as visitors. However, a duty of care arises where there is a foreseeable risk that may affect visitors. The Health and Safety Executive recommends that employers consider the first aid needs assessment of visitors in their assessments and make appropriate provisions.

3. The Council's Arrangements

The vast range of Council activity means we cannot apply one overarching first aid needs assessment. Each service group or site must complete their own assessment. If that assessment determines a defibrillator is an appropriate response to need then responsibility for provision, purchasing, and maintenance of the unit falls to the service group or site. You must complete the Defibrillator Assessment Form (Appendix D and [online at this link \(pending\)](#)) before purchase.

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The Council already provides defibrillators at the following buildings:

- Old Town Hall
- Civic Suite
- Laurence House

Defibrillators available within other Council buildings are managed locally ([list to be developed and maintained at a link](#)).

3.1 First aid needs assessment

The best chance of successful resuscitation is when defibrillation and other first aid procedures are carried out with minimum delay; ideally within the first three minutes. The chances of resuscitation fall by at least 10% with every minute that defibrillation is delayed so there is a very real advantage in having an AED available on site. Up to a 75% survival rate has been reported when defibrillation is performed within three minutes of someone collapsing. This must be considered against the ambulance service's aim to reach most urgent calls within eight minutes.

When completing a First Aid Needs Assessment, consider the following:

(Note: this is not a comprehensive list, and will necessarily omit site specific factors)

- a. The likelihood of sudden cardiac arrest occurrence and the potential outcome.
- b. Number of people who use the location, including employees, contractors, members of the public and visitors.
- c. Age of people at the location (cardiac arrest likelihood increases with age).
- d. Nature of work activities at the location (sedentary work carries lower risk).
- e. Workplace hazards (e.g., stress, manual handling).
- f. Work patterns (e.g. whether the site is used outside office hours when other facilities may be harder to access).
- g. The likely time from emergency services call-out to site (if deemed greater than five minutes, then this also increases the need for an AED)
- h. Incident history

If the assessment determines the risk is sufficient to support providing defibrillator(s), the appropriate number of devices required would depend on the assessment as well as the number of trained operators. There is no official guidance on the appropriate number, or how large an area or workforce a single unit might support.

3.2 Role of Nominated Officer

Defibrillators must be properly maintained. This ensures that if the need arises, they are in a safe condition for use. Each site or service group must nominate one or more people to complete weekly checks on the units. That person or people must then complete specific weekly checks. **See Appendices A, B & C**

3.3 AED training

You do not need formal training to operate a defibrillator. Once the unit is opened it will give clear step-by-step instructions, using both voice and visual diagrams. The device automatically checks heart rhythm and will only tell you to shock if needed. It is not possible to shock someone accidentally.

The Council can provide class-based training in conjunction with the London Ambulance Service. This training is suitable for new users and those requiring annual refresher training and is arranged by Learning and Development. [Click here](#) to request further information on what training is available.

3.4 Incident reporting

The Council maintains an incident reporting database in compliance with health and safety legislation. Service groups must report all incidents on this system including where an AED unit has been used. You can report an incident [at this link](#).

4. The Circuit

The person responsible for a defibrillator must register the unit on [The Circuit](#). This is the national defibrillator network managed by the British Heart Foundation and connects defibrillators to ambulance services across the UK. The Circuit allows London Ambulance Service (LAS) to share information about the location and type of defibrillator to help guide people making emergency calls.

LAS will provide accredited sites with access to their online checking system and will automatically alert you to a serious medical emergency near the defibrillator location.

An LAS team will provide advice and support to accredited sites. After a defibrillator is used, a call should be made to the Defibrillator Hotline on **020 7783 2365** at the earliest opportunity. LAS will visit site to debrief those involved and answer any questions or concerns. They will also download the event details from the unit as this can provide important information to help continuing hospital treatment.

The person responsible for a defibrillator must renew Circuit accreditation every two years to ensure details remain up to date.

For further information regarding the Circuit as used by LAS click the [link](#).

(Possible policy addition: central login details for The Circuit)

Appendix A: Automated External Defibrillator Guidance and FAQ

GUIDANCE:

AUTOMATED EXTERNAL DEFIBRILLATOR (AED) CHECKS

1 What does an Automated External Defibrillator do?

- 1.1 An automated external defibrillator (AED) is a lifesaving medical device used on people who have suffered a sudden cardiac arrest. They work by scanning the heart to determine whether a shock is required. If a shock is required, the AED will deliver one automatically, helping the heart return to its normal rhythm.
- 1.2 When someone suffers a cardiac arrest, their chances of survival reduce drastically with every minute that passes. If you have a defibrillator close by, it is important to ensure you know that it is going to work.

2 Why carry out inspections?

- 2.1 Regular inspections of the AED unit are essential to ensure it is working properly and ready for use in an emergency.

3 Self-Checks

- 3.1 Although most defibrillators carry out daily self-checks, it is best practice to conduct weekly visual checks. You should carry these out as set out in the user manual for your AED.

4 How to carry out a visual check

- 4.1 Ensure that the AED is visible (with appropriate signage), easily accessible and stored correctly (mounted on a wall at a reasonable height).
- 4.2 Staff who have the responsibility to check the AED must know how to access it. All staff should be briefed on the AED's presence and how to respond to an emergency.
- 4.3
 1. Wipe the defibrillator and case over thoroughly with an antibacterial cleansing wipe.
 2. Once it is clean, check there are no obvious damage to the unit and the storage case.

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3. Battery: Is the battery/self-test indicator is still showing “OK” as per the manufacturer's instructions. Is the battery in date?
 4. If the battery needs to be replaced, follow the manufacturer's instructions. Follow instructions below on how and when to order a replacement battery.
 5. Ensure the electrode pads work and are in date as set out in the user manual with the AED.
 6. Are all the accessories present? (See 4.6 and consult your AED user manual.
 7. Are the cables intact and free of damage? (Order replacements when needed).
- 4.4 Record your weekly checks on a check sheet. An example weekly checklist can be found at **Appendix B** of this policy and [at this link \(link tbc\)](#).
- 4.5 You must keep your weekly visual check list record with the AED.
- 4.6 The confirmed list of items that you should have present with the AED are as follows:
- Adult electrode pads x 2 sets
 - Paediatric electrode pads x 1 set
 - Razor x 1
 - Disposable gloves x 2 pairs
 - Cloth x 1
 - Scissors (First Aid Tuff Cut Utility Scissors) x 1
 - CPR Face Shield x 2
 - Replacement Battery (when required)

5 How to request replacement items:

- 5.1 Corporate Buildings (other than the Catford Complex) are responsible for ordering and paying for their own equipment.
- 5.2 **CATFORD COMPLEX ONLY** – Complete the order form at **Appendix C** or [at this link \(link tbc\)](#). Please place orders at least **two months** before items go out of date to ensure timely replacement.

ALL OTHER SITES – please refer to your local arrangements for ordering supplies.

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6 Other Issues

- 6.1 If you need to relocate your AED, you must raise a call with Facilities Management fmhelpdesk@Lewisham.gov.uk.

ALL OTHER SITES – please refer to your local arrangements for arranging the relocation of your AED.

- 6.2 If there is a fault with your unit, consult the “Troubleshooting” section of the unit's manual.

Updated by: Corporate Health and Safety Team

Any queries or questions regarding this document please [email](#).

Appendix B Automated External Defibrillator Weekly & Monthly Checklist

You can download an electronic version of this form to support your own checks [at this link \(link pending\)](#).

Building Name _____ **Purchase Date** _____
Defibrillator Location _____ **AED Model** _____

Date of Check	Is the Defibrillator in its designated location?	Is the unit clean & undamaged?	Is the unit beeping?	Are there any warning lights on?	Are all the accessories present and in date?	Are all the electrodes present and in date?	Monthly 'Switch On' test complete?

Appendix C Automated External Defibrillator Accessory Order Sheet

You can use an electronic version of this form to support your orders [at this link \(link pending\)](#).

Building Name _____ **Purchase Date** _____
Defibrillator Location _____ **AED Model** _____

Item	Suggested quantity	Order Amount	Reason for Order	Date Requested
Adult electrode pads	2			
Paediatric electrode pads	1			
Battery	1			
Razor	1			
Disposable gloves (pairs)	2			
Cloth	1			
Scissors (First Aid Tuff Cut Utility Scissors)	1			
CPR Face Shield	2			

Name of person placing order _____

Appendix D Automated external defibrillator (AED) assessment form

You can find an electronic version of this form at: [LINK TO BE ADDED](#)

This checklist outlines what the responsible manager should know before purchasing AED unit(s).
 Any manager intending to purchase an AED unit must complete this form and thereafter is responsible for the compliance with the LBL Provision of Defibrillator in the Workplace Policy.
 To support resilience, please provide an alternative site contact who can be reached in the responsible manager’s absence.
 Send completed forms to the [Corporate Health and Safety Team](#).

Name of responsible manager		Job Title	
Alternative Site Contact		AED proposed location(s)	
Directorate/Service Area		Form Date	

No	Item	Y/N or N/A	Responsible person name
1	Defibrillator must be a semi or fully automatic defibrillator operating according to the latest UK Resuscitation Council guidelines. Items such as the battery or defibrillator pads must be within their expiry date.		
2	Storage – the defibrillator must be easily accessible and not locked away. The storage cabinet should be highly visible, and its location marked with the UK standard defibrillator sign.		

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3	Training – staff at the location must be trained in using the defibrillator and training should be refreshed annually. An up-to-date list of trained staff and their certificates must be available.		
4	Checking – you must record that the defibrillator has been given a visual check at least once a week and a ‘switch-on’ test at least once a month. The outcome of these checks must be recorded. Refer to Appendix A & B		
5	Responsible Staff - Each location should have two nominated people with responsibility for the defibrillator(s). Their contact details should be provided to the London Ambulance Service via The Circuit.		
6	The Circuit – You must register the defibrillator(s) with The Circuit .		

For further information please refer to LBL Provision of Defibrillator in the Workplace or contact Corporate Health and Safety at corporatehealthandsafety@lewisham.gov.uk

For further information regarding the Circuit click the [link](#).