

SCOTTISH LAW COMMISSION

HEALTH AND SAFETY POLICY

1. Introduction

(a) The Commission recognises that high standards in health and safety are an integral element of efficient business management. A good health and safety performance contributes significantly to the overall efficiency and effectiveness of our objectives and to the welfare of our staff.

(b) We will by our actions seek to promote and develop a positive health and safety culture and ensure that:

- Safe and healthy work methods and conditions are adopted and provided.
- All statutory requirements are observed and are treated as the minimum standards to be applied to all activities.
- Suitable and sufficient risk assessments will be conducted for all activities where there may be a threat to health and safety.
- Staff are made aware of potential hazards and the precautions to be adopted, by providing information, instruction, training and supervision.
- Steps are taken to identify the immediate and underlying causes of work related injuries and implement any preventive action necessary.
- Staff are actively encouraged to participate in health and safety arrangements and submit ideas and suggestions for improving standards.
- Effective arrangements are in place to ensure safety in activities that involve third parties such as work conducted by contractors.
- Periodic review of arrangements is undertaken.

(c) The responsibility for ensuring the health and safety of employees rests primarily with the employer – at the Commission, the Scottish Government (SG) as employer of staff assigned to the Commission. The Commission, and the Scottish Courts Service as landlord/provider of the premises in which the

Commission is located, also have responsibilities for health and safety at the Commission. These duties extend to all types of workplace and work activity. Employees also have a duty of care to themselves and others by avoiding risks, preventing accidents and co-operating with all instructions and arrangements for health and safety. Employee co-operation and support is vital if the aim of this policy is to be achieved. Failing to comply with defined procedures and policy may therefore be treated as a disciplinary offence.

(d) The rest of this document identifies the legal framework underpinning the Commission's Health and Safety Policy, sets out the relevant roles and responsibilities of Commission staff in relation to health and safety issues and also describes the procedures to be followed with a view to meeting the aims outlined in paragraph 1(b) above.

(e) The Commission's Health and Safety Policy is based on the Health and Safety Management System operated by the Scottish Government. The SG's HSMS identifies a number of specific procedures for implementation of the system. These procedures provide the mechanisms whereby hazards and identified, risks assessed and either eliminated or controlled. The detailed procedures which have so far been published by the SG are [reproduced in suitably modified form] [referred to] in this document. Further procedures will be added as and when they become available.

2. Legal Requirements

All relevant health and safety legislation will apply including the following, as amended from time to time:

- Health and Safety at Work etc Act 1974;
- Management of Health and Safety at Work Regulations 1999;
- Display Screen Equipment Regulations 1992;
- Electricity at Work Regulations 1989;
- Fire Precautions (Places of Work) Regulations 1999;
- Manual Handling Operations Regulations 1992;
- Health and Safety (First Aid) Regulations 1981;
- Control of Substances Hazardous to Health Regulations 1999(COSHH);

- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR);
- Workplace (Health, Safety and Welfare) Regulations 1992;
- Health and Safety (Consultation with Employees) Regulations 1996;
- Personal Protective Equipment at Work Regulations 1992;
- Health and Safety (First Aid) Regulations 1981;
- Noise at Work Regulations 1989;
- Control of Asbestos at work Regulations 1987;
- Provision and Use of Work Equipment Regulations 1977;
- Safety Representatives and Safety Committees Regulations 1977;
- The Construction (Design and Management) Regulations 1994.

3. Detailed Responsibilities

All Commissioners and staff have responsibilities for health and safety within the workplace. The following outlines the responsibilities attributed to specific members/groups of staff:

(a) Chief Executive

The Chief Executive is responsible for the health, safety and welfare of all staff within the Commission and for ensuring implementation of and compliance with the Commission's health and safety policy. The Chief Executive is also responsible for ensuring that the Health and Safety Officer (HSO) is equipped to implement the policy and that the HSO carries out his or her specified duties effectively. The Chief Executive is also responsible for developing a positive health and safety culture within the Commission by demonstrating that health and safety is valued.

(b) Health and Safety Officer

The role of the HSO is critical to the implementation of the health and safety policy. The HSO will have been provided with comprehensive training to enable him or her to carry out their duties competently.

The HSO will:

- Act as an interface between staff and management on matters of health and safety.
- Disseminate health and safety information.
- Carry out all necessary risk assessments in accordance with Scottish Executive HSMS published Procedures, as applied by the Commission's own Health and Safety Policy document.
- Carry out health and safety inductions for new or transferred staff.
- Carry out quarterly inspections of the workplace and actively encourage colleagues to adopt safe working practices.
- Prepare quarterly summary reports on performance/compliance including accident and incident information.
- Encourage a pro-active safety culture within the Commission.

(c) Fire Precautions Officer (FPO)

The Fire Precautions Officer is responsible for preparing and maintaining fire evacuation procedures within the building. Full details for arrangements for emergency evacuation are contained in the Commission's Fire Instructions. The FPO will receive suitable and sufficient training to enable him or her to carry out the role competently.

The Fire Precaution Officer will:

- Ensure sufficient provisions are in place for the building to allow a safe evacuation in the event of fire.
- Monitor the procedures to ensure they remain appropriate and up to date.
- Organise two controlled fire drills per year.
- Arrange for a weekly test of the fire alarm system to be carried out and recorded.
- Maintain a detailed fire plan for the building.
- Ensure adequate arrangements are in place for the safe evacuation of all persons with special needs i.e. wheelchair users or those with sight or hearing impairment.
- Report to the building factors immediately any matter which may give rise to serious and imminent danger.
- Disseminate information to Fire Marshals and other employees as appropriate.
- Hold regular meetings, at least 6 monthly with Fire Marshals to review the results of the latest evacuation drill and current arrangements.

(c) Fire Marshals

Fire Marshals and their deputies are primarily responsible for ensuring as far as reasonably practicable, the safe evacuation of all staff, visitors etc within the area for which they are responsible.

Fire Marshals and their deputies will:

- Act as a focal point for fire evacuation arrangements within their area of responsibility.
- Assist in the evacuation procedures as instructed by the FPO.
- Report to the FPO on any deficiencies in the area with respect to fire evacuation arrangements and following an evacuation drill.

(d) First Aiders

The primary responsibility of a first aider is to sustain life or limit the effects of a condition until emergency medical attention can be obtained.

First aiders will:

- Attend an approved training course and obtain the certification for that course.
- Attend an approved refresher course no later than 3 years after the initial training course and thereafter at periods determined by the course provider but at least every 3 years.
- Administer and/or offer first aid services with the purpose of the preservation of life until emergency medical assistance can be obtained.
- Administer and/or offer first aid services to limit the effect of a condition until such times as emergency medical assistance can be obtained.
- Administer and/or offer first aid assistance which due to the minor nature of the injury would receive no medical attention.
- Ensure sufficient first aid boxes are available and maintained.
- Monitor the condition of the first aid room and arrange for any deficiencies to be dealt with.
- Record all details of first aid administered or advice given on the casualty report form.

(e) Line Managers

It is a prime responsibility of line managers to ensure the health, safety and welfare of their staff.

Line Managers will:

- Co-operate fully with and support the HSO in the carrying out of his or her duties.
- Advise the HSO immediately of any health and safety issues which could result in serious or imminent danger and remove staff from any dangerous/unsafe situation.
- Advise the HSO as soon as possible of any accident, incident or near miss involving a member of staff and set a good personal example.
- Emphasise the importance of health and safety in relation to the day to day activities of their staff and set a good personal example.
- Familiarise themselves with the Commission's health and safety policy and understand those procedures which affect them and their staff.
- Ensure staff within their control implement safe working practices and comply with all relevant requirements of the health and safety policy.

(f) All Employees

All employees must take reasonable care for the health, safety and welfare of themselves and others who may be affected by their acts and omissions.

Employees will:

- Co-operate with their line manager and HSO to enable them to comply with the Commission's health and safety policy.
- Comply with the requirements of all relevant risk assessments carried out for them.
- Observe the requirements of the health and safety policy that apply to them.
- Report all accidents, incidents and near misses in accordance with paragraph 5.
- Advise the HSO and line manager immediately of any situation giving rise to serious or imminent danger.
- Advise the HSO of any deficiencies in the health and safety policy both in general terms and/or in relation to personal circumstances or working conditions.
- Advise their line manager and the HSO of any changes which may require their risk assessments to be reviewed.

4. Health and Safety Induction

- (a)** Health and safety induction is the process of providing essential health and safety information to all members of staff.
- (b)** All new employees or employees on assignment to the Commission from the Scottish Government. will be given local health and safety induction training.
- (c)** All persons who are not direct employees i.e. temporary staff, consultants, contractors etc. will also be provided with induction training.
- (d)** It is the responsibility of the HSO to ensure health and safety induction training is carried out for all new and transferred staff.
- (e)** The content of the induction will include as a minimum those items detailed on the induction checklist at Appendix A. **(HSMS 2)**
- (f)** The induction programme will recognise the special needs of employees who may have sensory, physical or other learning difficulties.
- (g)** Induction will normally be done on the first day of work. If this is not possible, the person or persons will be provided with the information identified by items 3 to 6 and item 8 of Appendix A. **(HSMS 2)** Induction training should be completed no later than 10 working days from commencement of work.
- (h)** Formal records will be retained for all induction sessions by the HSO.

5. Accident and Incident Reporting

(a) Procedure

- i. This sets out the responsibilities of staff and the procedures to be followed within the Commission whenever there is an injury, accident or dangerous occurrence to a member of staff whilst in the course of their employment. It is the responsibility of the individual to report incidents and accidents in which they are involved. Where this is not possible, their line manager should report the accidents. The recording and reporting system will apply to all individuals working on Commission business. It also applies to near miss occurrences i.e. incidents in which there is no resulting injury and for incidents where only property damage is the outcome.
- ii. In addition to the above there is a legal requirement within the Reportable Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) to report certain events. The Regulations identify three categories of incidents which require to be notified to the Health and Safety Executive (HSE).
 - Injuries
 - fatal/major (described in Appendix B) **(HSMS 06 Appendix A)**- immediate notification
 - over 3-day injuries - report within 10 days
 - Dangerous Occurrences (types listed in RIDDOR) - immediate notification
 - Diseases (types listed in RIDDOR) - report when notified by a medical practitioner.
- iii. Section (b) provides details to enable staff to identify the category of incident and Section (c) describes the reporting procedures to be followed. If any doubt exists, the advice of the HSO should be sought.
- iv. It should be noted that the Health and Safety Executive reporting system has now been centralised to allow reporting to the Incident Control Centre (ICC).

(b) Categories of Accidents and Incidents

i. Near Miss Incidents

These are incidents that have not resulted in any injury or damage to either persons or property. The fact that there was no material consequence however does not remove the need to record and report the incident. Often the lack of injury or damage is more due to good fortune than design. It is essential therefore that these events are identified and controlled before a similar incident results in a more serious consequence.

ii. Property Damage Incidents

These are incidents that only result in damage to property with no personal injury being sustained. Examples may include vehicle, equipment or building damage.

iii. Minor Injury

These are injuries, which either require very basic first aid treatment, or no treatment at all and thereafter do not prevent the person from carrying out their normal duties.

iv. Moderate Injury

These are injuries which are more serious than minor injuries but not as serious as a major injuries. These types of injuries may include the following:

- Injuries which require treatment at a hospital accident and emergency facility but not an overnight stay.
- Injuries which prevent the person carrying on with their normal duties for up to 3 days.
- Injuries which prevent the person from attending work for up to 3 days.

v. Other

This type of incident covers other events that are not referred to in the above categories. Examples are:

- Sudden, unexplained or unexpected illness in the workplace.
- Violence/intimidating behaviour.

Reference should be made to section C before deciding upon the appropriate injury classification.

vi. RIDDOR Accident and Incidents

The Reportable Injuries, Diseases and Dangerous Occurrences Regulations, 1995 (RIDDOR) require certain types of accidents and incidents to be reported to HSE. Comprehensive details of the categories of injuries and incidents which require to be reported are contained within the Regulations and are summarised in Appendix B.) **(HSMS 06 Appendix A)**

(c) REPORTING PROCEDURES

- i. All accidents and incidents within the Commission either involving staff or third parties should be recorded. An electronic form for recording incidents and accidents has been devised and is shown in Appendix C.) **(HSMS 06 Appendix B)** This form replaces all previous accident and incident recording forms and the accident book. The table below outlines what information should be recorded and who should take further action. Where possible the reporting should be carried out electronically. The HSO will be responsible for retaining copies of all completed forms and for maintaining a database of all incidents reported.

| Category of Injury or Incident | To Be Recorded by | Copy of electronic incident form to be sent to |
|-----------------------------------|---|---|
| Near miss incidents | Someone who witnessed the incident | HSO |
| Property damage incidents | The staff member involved, or in the case of a third party the HSO | HSO |
| Minor and Moderate injuries/Other | The staff member involved (or his /her line manager if the staff member is unable to complete the form). The HSO if a third party is injured. | HSO |
| RIDDOR accidents and incidents | The Chief Executive or the HSO if a third party is injured. | HSO Personnel N.B.This is in addition to formal notification to HSE |

ii. Reporting Procedures for Fatal and Major Injuries (RIDDOR)

The fatal or major injury incident should be reported in accordance with the following procedures, by the Chief Executive, or most senior person available at the time.

- **Notify immediately by telephone or e-mail:**
 1. **The national Incident Contact Centre, Caerphilly Business Park, Caerphilly, CF83 3GG. Tel - 0845 300 9923 Fax - 0845 300 9924 Email - riddor@natbrit.com.**
 2. **The next of kin or other person nominated by the injured person to be contacted in an emergency. Colleagues may know who should be contacted but if there are any doubts, the appropriate SG personnel team should be consulted.**
 3. **The SG health and safety team.**
 4. **The police in the case of a fatal injury or if a hazard to the public persists after the event.**
- **As soon as possible complete the Accident and Incident recording form (Appendix C) (HSMS 06 Appendix B) in accordance with the procedure identified in paragraph (c)i above. If the accident has been reported by telephone to the Incident Contact Centre, the ICC will also complete a report form F2508) (HSMS 06 Appendix C) as at Appendix D which they will send to the person who reported the injury. Copies of all F2508 forms must be forwarded to the Scottish Executive's health and safety team.**

iii. Reporting Procedures for Over 3-day Injuries

Once an accident related period of sick-leave exceeds 3 days, the ICC should be informed either by telephone or by e-mailing a completed F2508 form (Appendix D). (HSMS 06 Appendix C This should be carried out either by the Chief Executive directly or by the HSO following a request by the Chief

Executive. Note: if the ICC is contacted by telephone they will complete the F2508 form and return it to the person who reported the injury.

The above, however, only applies to injuries resulting from accidents to people who are at work and to injuries which are not major.

iv. Reporting Procedures for Dangerous Occurrences

The reporting procedure for dangerous occurrences is the same as that for fatal and major injuries - see paragraph (c)ii.

v. Reporting Procedures for Diseases

Following confirmation that a member of staff has contracted a reportable disease the Chief Executive should notify the HSO who will complete Accident Form F2508A (Appendix E) and send a copy to the ICC, the Scottish Executive's Health and Safety Team and the appropriate personnel team.

vi. Reporting Procedures for Non- Scottish Executive Employees

Where a non-employee of the Scottish Executive/Commission or a member of the public receives fatal or major injuries or has to be taken to hospital for treatment, as a result of staff work activities, this fact must be reported to the ICC in the same way as for employees. The responsibility for reporting these injuries lies with the Chief Executive or the HSO.

vii. Notification to TUS

TUS Health and Safety Representatives are entitled to investigate potential hazards and dangerous occurrences at the workplace and to examine the causes of accidents at the workplace. Any member of staff can contact a safety representative in this regard.

6. Workplace Inspection Procedure

- (a) The workplace will be inspected by the HSO every three months. This will be carried out by the end of February, May, August and November respectively. A checklist identifying many of the items to be checked during this inspection is contained within Appendix F. **(HSMOS 7 Appendix A)** Detailed guidance on what should be considered and checked for each item on the checklist is provided within Appendix G. **(HSMOS 7 Appendix A)**
- (b) Following completion of the workplace inspection form, details of any unsatisfactory items will be entered in the workplace action list contained within Appendix H. **(HSMOS 7 Appendix B)**
- (c) Upon completion of the inspection and 'live' action list, copies will be forwarded together with a summary of health and safety information for the three month period (Appendix I) **(HSMOS 7 Appendix C)** to the Chief Executive. Any corrective action will be arranged as soon as possible by the HSO.

7. The Use of Display Screen Equipment

(a) Information

The Health and Safety Executive (HSE) have produced a useful booklet "Working with VDUs" which provides information on risk, safe behaviour and good practices. A copy of this booklet is available from the HSO and all users of display screen equipment are advised to read this document.

(b) Risk Assessment Procedure

- i. The HSO is responsible for planning and monitoring the implementation of this procedure.
- ii. All display screen equipment (DSE) users will be identified using the criteria in paragraph (d)ii.
- iii. The HSO will carry out an assessment using Form DSE 1 (Appendix J). **(HSMS 8 Appendix A)** An assessment will be carried out for all staff who use workstations. The aim of the assessment is to identify and reduce the risks to employees using the equipment. The assessor will take the opportunity to train the users in good practices during the assessment process. A copy of the HSE booklet described above will be issued prior to or following the assessment. Suitable and sufficient measures will be implemented to eliminate or minimise any identified risks. Thereafter, users should comply with systems introduced for their protection and follow any health and safety advice given.
- iv. Records of workstation assessments will be kept by the HSO and will be reviewed following workstation or personnel changes or as necessary. Notwithstanding, all assessments will be reviewed annually. Any actions resulting from the assessment will be recorded and will include the following information:

- details of the actions required.
- details of those responsible for implementation.
- a realistic completion date set (six weeks has been allowed for the majority of items).
- a facility for progress review, which can be part of the overall review of Commission health and safety issues.

The HSO will be responsible for progressing actions through to completion.

- v. Eyesight tests will be provided on request from DSE users with repeat tests at a frequency determined by the optician. In most cases this will be every 2 years. Employees who have informed their line manager that they are suffering visual distress which they suspect is due to DSE use will also be provided with a test. The tests will be provided on request and without cost to employees. However, testing should only be done with the agreement of the Chief Executive. Where glasses are deemed necessary for using DSE the Scottish Government will contribute towards the purchase. This can be used to obtain a standard frame and lenses, or put towards a more expensive model. A proforma form and procedure for obtaining an eye test and payment toward corrective lenses, if required, is contained within Appendix K. **(HSMS 8 Appendix B)** DSE glasses will be regarded as safety equipment and it is a legal requirement that users care for them as they would any other piece of safety equipment.

(c) Potential Ill Health Effects Associated with Display Screen Equipment and Workstations

- i. For information regarding hazards and risks associated with the display screen equipment or VDUs, reference should be made to the appropriate section in the "Working with VDUs" leaflet produced by the HSE. Further advice/information can be obtained from the HSO.
- ii. Only a small number of users suffer ill health as a result of their work and usually as a result of incorrect use of the equipment rather than the equipment itself. The more common problems and possible corrective actions are outlined in Appendix L **(HSMS 8 Appendix C)**

(d) Definitions

i. Display screen equipment

The term display screen equipment (DSE) is applied to any alpha-numeric screen display, together with the associated equipment but excludes screens whose main purpose is to show television or other film pictures.

ii. User

A person can be considered a "user" of DSE if one or more of the following criteria can be applied:

- Dependence on the DSE to carry out their job
- No discretion on use or non-use of DSE
- Need for significant training
- Normally uses DSE for continuous work spells of one hour or more on a daily basis
- Fast transfer of information is an important factor in the job
- High level of concentration required

The list should include those who are required to work at:

- their employer's workstation.
- a workstation at home.

iii. **Assessment**

This will include:

- Identification of all work stations, on-site, or at home.
- Workstation ergonomics.
- User/operator posture.
- Screen reflections.
- Work intensity.
- Organisational factors.
- The user's physical characteristics in relation to the workstation.

iv. **Workstation Environment**

Environmental conditions i.e. heating, lighting and noise are considered as part of the risk assessment process although it should be noted that procedures and parameters are already in place to control these elements.

8. Stress

(a) Definitions

What is Stress?

The Health and Safety Executive (HSE) define stress as “the adverse reaction people have to excessive pressure or other types of demand placed upon them”.

This makes an important distinction between the beneficial effects of reasonable pressure and challenge (which can be stimulating and motivating) and work related stress which is the natural but distressing reaction to demands or pressures that the person perceives that they cannot cope with at a given time.

Problems arise when pressure is too great, goes on for too long or comes from too many directions at once.

Work related stress in itself is not an illness but if it is prolonged or intense it can induce or contribute to ill health problems such as heart disease, gastric illnesses, anxiety or depression.

Anyone can suffer from work related stress and it is estimated that at any one time as many as one in five people in the UK are feeling very or extremely stressed.

(b) How Do You Recognise Stress?

People react to stress differently. Some show acute reactions while others may exhibit symptoms that develop over time and may be mistaken for other health problems.

To help line managers recognise when a member of his/her team may be suffering from stress a number of typical symptoms are identified in Appendix M. **(HSMS 12/1)**

It is equally important that as individuals we are able to recognise when we may be suffering from stress. Included therefore in Appendix N **(HSMS 12/2)** is a number of typical symptoms to look for which may suggest we are exhibiting signs of stress.

Neither of these lists of symptoms by themselves will prove that someone is suffering from stress but they do provide useful information and can act as a starting point in the process of seeking or providing support or as a self help tool.

It is important to note however that stress prevention techniques identified in paragraph (e) should be applied at all times to protect staff from potential stress hazards in the first instance rather than wait until individuals are exhibiting symptoms and suffering.

(c) What Causes Stress?

Stress can have many different causes known as stressors and people react differently to the same stressors. Stressors may be present both within and outwith the workplace. Stressors at home may affect people whilst at work and vice versa. Stressors at work are essentially workplace hazards and as such present a potential risk to staff and like all risks these require to be assessed and suitable control measures put in place to eliminate or reduce the risk to staff.

HSE identify seven categories of potential stressors within an organisation which are discussed in detail in HSE booklet-“Tackling Work-Related Stress” (HSG 218) a copy of which is held by the HSO. The following paragraphs will concentrate on those hazards which can be controlled directly by line managers and individuals or by accessing the resources and facilities available centrally. A list of potential stressors at work are included in Appendix O **(HSMS 12/3)**. These should be used by managers to identify where the risk to employees may arise in the first instance. The list can also be used by individuals to assist them in identifying the potential sources of stress which they may already be experiencing.

(d) What is the Risk?

Having identified what the potential sources of stress are in the work environment the next step is to identify those who may be exposed to these stressors, what the likelihood of those individuals being harmed is and how serious the harm may be. This can be difficult in relation to stress as individuals reactions are different. A practical approach is therefore to assume that all staff subject to particular stressors are at risk and to put in place protection measures in order of priority depending on the number of staff at risk or how stressful the situation is perceived to be. This will not be an exact science but a logical approach will be the most successful way of reducing the exposure to potentially stressful situations.

This process must take into account as far as possible personal attributes and circumstances which may combine to make an individual more vulnerable to stress. An essential part therefore of this process is two way communication between line managers and their staff at all levels within the Commission.

(e) How to Avoid and Minimise Stress

Having identified what stressors may be present and who may be at risk the next step and the most important part of the process for line managers is to do something to protect individuals. What requires to be done depends on what is causing the stress but most of the measures essentially form the basis of good management practice and are identified in Appendix P **(HSMS 12/4)**. This table can be used as a check list to assess current arrangements and identify areas for improvement.

As individuals there are also self help steps which we can take to help reduce the effects of stress and a number of these have been identified in Appendix Q. **(HSMS 12/5)**

(f) Limitations

This procedure provides information to managers to enable them to protect and support staff. It also provides information to individuals to allow them to self assess and identify possible solutions within their own control. Whilst it is intended that this procedure is used to raise awareness of stress issues and to help manage stress in the workplace it is important to recognise that it is only one of many tools/mechanisms available to tackle the problem. This procedure provides the foundations for line managers and individuals but for any situation a different combination of approaches will be necessary. It is also important to recognise that this is only one part of the Commission's/Scottish Government's overall commitment to tackling work related stress and an equally important part of this programme includes addressing the organisational and cultural issues that can contribute to the problem.

(g) Access to Other Means of Support/Assistance

If during the application of this procedure it is identified that additional and/or independent support is required this can be obtained through a number of sources. Managers and individuals are encouraged to seek help and advice from whatever source they feel most comfortable with. The various alternative sources available include:

- **Personnel Teams** can offer support, advice and guidance to both line managers and staff who may potentially be suffering from work related stress. Personnel Teams can work with managers to identify local solutions to individual problems and may also use the services of Lothian Health (SE occupational health contractors).

- **The Counselling and Welfare Service (CAWS)** can offer confidential support, advice, guidance and counselling to individual members of staff and line managers on a range of issues such as personal problems, ill health work related problems (including stress), relationship difficulties, caring responsibilities, debt etc. More information can be obtained on the Scottish Government's intranet site by clicking on the following link – CAWS

- **The Employee Assistance Programme (EAP)** which as well as providing information can provide 24 hour telephone counselling staffed by fully trained, qualified counsellors. This can also be followed up by face to face counselling through the same confidential service. EAP can be contacted on Freephone 0800 587 5670.

- **The Civil Service Unions** within the Scottish Government can offer members assistance and advice both at individual and managerial level.

- **Families, Friends and Colleagues** who may be able to provide support and someone to talk through problems with.

- **GPs** who will be able to address any ill health issues and identify potential medical or healthy lifestyle solutions which may help address both the symptoms and problem. In addition GP's can also access specialist counselling services.

Summary of How to Apply This Procedure

The key steps associated with this stress management tool are as follows:

- Learn what stress is (refer to paragraph 8(a)).
- Learn to recognise potential stress symptoms (refer to paragraph 8(b), Appendix M).
- Learn to identify the potential sources of stress (refer to paragraph 8(c) and Appendix N).
- Line Managers should then identify the potential risk for their staff (refer to paragraph 8(b) and Appendix O)
- Identify and apply techniques to eliminate and/or reduce the risk and effects of stress (refer to paragraph 8(e)).
- Identify and seek additional support if required.

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