
Report To:	Policy and Resources Committee	Date:	4 February 2025
Report By:	Head of Organisational Development, Policy & Communications	Report No:	PR/03/25/RB/MR
Contact Officer:	Morna Rae	Contact No:	01475 711160
Subject:	OD, Policy and Communications Policy Updates		

1.0 PURPOSE AND SUMMARY

1.1 For Decision For Information/Noting

1.2 The purpose of this report is to seek approval of the following updated policies:

- Infection Control Policy
- Reservists Policy
- Moving and Handling Policy
- Discipline and Supporting Performance Policy

1.3 As part of the wider work in developing a policy framework a number of policies were identified for review and update. This work has been undertaken on a phased basis.

2.0 RECOMMENDATIONS

2.1 The Committee is recommended to approve the policies.

Morna Rae
Head of Organisational Development, Policy and Communications

3.0 BACKGROUND AND CONTEXT

3.1 The *Review of Council Policy Framework* report to the 26 March 2024 Policy and Resources Committee included a review schedule for Organisational Development, Policy and Communications policies. A total of twelve updated policies have been agreed by Committee from June 2024. Further policies have been reviewed and are now provided for approval.

3.2 The updated policies are provided in the appendices. Appendix 1 provides an overview of the key changes.

Infection Control Policy

3.3 The following changes have been made to the existing policy:

- Use of new policy template with related additional information added, and
- Reference to Covid-19

Reservists Policy

3.4 The changes made to the existing policy include:

- Use of new policy template with related additional information added,
- Updated legislative references

Moving and Handling Policy

3.5 The following changes have been made to the existing policy:

- Use of new policy template with related additional information added,
- Simplification of policy with removal of some sections to appendices.

Discipline and Supporting Performance Policy

3.6 The changes made to the existing policy include:

- Use of new policy template with related additional information added
- Additional sections on Expectations of Conduct, failure to maintain registration with professional bodies, and responsibilities to inform regulatory bodies & to make referral to Disclosure Scotland
- Added section on anonymous allegations
- Amendments to section on Added electronic, audio or video recording

3.7 The Family Friendly policy was previously included in the review schedule presented to the 26 March 2024 Policy and Resources Committee. Committee are asked to note that following review this will no longer be a standalone policy as its provisions sit within the terms and conditions of employment.

3.8 Similarly it was previously planned that the Media and Social Media Protocol would be updated and presented to Committee for approval as part of the policy review schedule. The CMT have agreed that this should be considered outwith the policy review schedule as it is a protocol document. An audit of our social media presence and review process will still take place, this will include engagement with Elected Members and an updated protocol brought to Committee for agreement.

4.0 PROPOSALS

4.1 It is proposed that Committee approve the updated policies.

Communication of the changes will be undertaken through the Health and Safety Committee, Trade Union Liaison Group, ICON post and website updates.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		X
Legal/Risk	X	
Human Resources		X
Strategic (Partnership Plan/Council Plan)	X	
Equalities, Fairer Scotland Duty & Children/Young People's Rights & Wellbeing	X	
Environmental & Sustainability		X
Data Protection		X

5.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

5.3 Legal/Risk

There are risks in the failure to have updated and relevant policies.

5.4 Human Resources

There are no Human Resources implications in terms of posts.

5.5 Strategic

This report supports the delivery of the following outcomes within the Council Plan 2023-2028:

- High quality and innovative services are provided giving value for money
- Our employees are supported and developed

5.6 Equalities, Fairer Scotland Duty & Children/Young People

Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

X	YES – Assessed as relevant and an EqIA is required and will be made available on the Council website: https://www.inverclyde.gov.uk/council-and-government/equality-impact-assessments
	NO – will be completed as required for specific topics.

Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO – Assessed as not relevant under the Fairer Scotland Duty.

Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights

6.0 CONSULTATION

6.1 None.

7.0 BACKGROUND PAPERS

7.1 None.

Overview of Policy Updates		
Infection Control Policy		
PAGE	TITLE	PROPOSED CHANGE
Throughout		Use of new policy template
7	Policy Content	Additional information added in relation to Covid-19
10	Policy Content	Additional information added in relation to Covid-19
Reservists Policy		
PAGE	TITLE	PROPOSED CHANGE
Throughout		Use of new policy template
4	Policy Content	Updated legislation
Moving and Handling Policy		
PAGE	TITLE	PROPOSED CHANGE
Throughout		Use of new policy template
5	Policy Content	Simplification of policy with removal of some sections to appendices.
Discipline and Supporting Performance Policy		
PAGE	TITLE	PROPOSED CHANGE
Throughout		Use of new policy template and content moved between policy and procedure
6	Expectations of Conduct	New text added
8	Registration with Professional Bodies	Additional detail added on responsibilities
9	Obligation To Inform Regulatory Bodies	Additional detail added on responsibilities
9	Notification To Disclosure Scotland	Additional detail added on responsibilities
10	Anonymous Allegations	New section added
11	Fraud/Corruption	Reference added to Anti-fraud and Corruption Policy
		Added electronic, audio or video recording by any device of the hearing will not be permitted

Organisational Development, Human Resources and Performance

Infection Control Policy

Version No 3

Produced by: 2.3

Inverclyde Council
Municipal Buildings
GREENOCK
PA15 1LX

2024

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DOCUMENT CONTROL

Document Responsibility		
Policy Title	Corporate Group	Service
David Strain	Health and Safety Team Leader	OD, HR & Comms

Change History		
Version	Date	Comments
1.0	October 1998	Original Interim Document (Withdrawn)
2.0	February 2015	Updated to Infection Control and BBV
3.0	September 2024	Reviewed after Covid 19

Distribution		
Name	Date	Designation
CMT and Extended Management Team		
Union Representatives		

Policy Review		
Updating frequency	Next Review Date	Responsible Officer
5 yearly review	2030	Health and Safety Team Leader

Policy Review and Approval			
Name	Action	Date	Communication
Infection Control Policy	Policy and Resources Committee Approval	4 Feb 2025	

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1 INTRODUCTION

1.1 EXECUTIVE SUMMARY

This policy aims to provide guidance and information to Council services to help them manage infection control standards. It is essential to ensure the safety of staff by making reasonable adjustments and providing sufficient resources where necessary.

1.2 BACKGROUND

The Control Of Substances Hazardous to Health Regulations 2002 require the Council to ensure that employees are protected from substances hazardous to health, this includes biological hazards. The Council are required, so far as is reasonably practicable, to protect its employees and others from acquiring infections, including blood borne viruses as a result of their work activities.

Micro-organisms which can cause infection in the workplace are generally spread by one of four main routes.

- Airborne Transmission - In this route, micro-organisms spread by aerosol droplets through the air e.g. respiratory discharges such as coughs and sneezes, or contaminated dust.
- Faecal-Oral Transmission - This route is spread by hand to mouth e.g. going to the toilet, not washing hands then transferring micro-organisms to food which is then eaten.
- Direct Contact Transmission - This can either be directly from person to person, from animal to person or indirectly via things such as inanimate objects.
- Blood and Body Fluid Transmission - This includes a skin penetrating injury e.g. via a contaminated needle or other sharp object or through a bite caused by challenging behaviour or by an infected animal or insect.

Some of the key areas where employees may be exposed to or transmit infectious organisms are:

- Those providing personal care to service users¹ or others.
- In a pandemic or outbreak situation where high levels of community based transmission may result in a significant spread of disease.
- Those in contact with service users with additional support needs who are known to scratch or bite or be subject to unpredictable behaviours.
- Working in the presence of or finding discarded/used needles.
- Cleaning up of blood or body fluid spillages.

1.3 STRATEGIC CONTEXT

This policy supports the Council in the delivery of the Council Plan 2023/28 in relation to the following outcomes:

¹ Service Users can be anyone receiving personal care within the Council, i.e. pupils in educational establishments, people receiving homecare, those attending residential accommodation, anyone receiving first aid.

- High quality and innovative services are provided, giving value for money
- Our employees are supported and developed

1.4 LINKS TO LEGISLATION

This policy is consistent with the requirements of the Health & Safety at Work etc. Act 1974 and the Control of Substance Hazardous to Health Regulations 2002. The Policy also takes account of the requirements within Public Health Scotland.

[Public Health Scotland](#)

[Infections at work - Biosafety - HSE](#)

[HSE and infections at work](#)

1.5 AIM

The aim of this policy is to ensure that Inverclyde Council undertake appropriate assessments of risk to employee

1.6 LINKS TO CORPORATE GROUPS

This policy links to the work of the Health and Safety Committee.

2 SCOPE

This policy applies equally to all employees regardless of grade, experience or role within the organisation. The policy also applies to contracted staff as far as is reasonably practicable and to pupils, service users or members of the public who have access to Council premises.

3 POLICY CONTENT

3.1 ARRANGEMENTS

These arrangements outline the Council's intentions regarding infection control.

3.2 RISK ASSESSMENT

The risks from infection at work can be dealt with in the same way as any other health and safety issue - through carrying out a risk assessment. In line with the corporate policy on Hazardous Substances, a risk assessment must be carried out for all work activities where employees may come into contact with infectious organisms at work.

Various factors need to be considered in assessing the risk. The key points are:

- Where the organism may be present e.g. in an animal, person or environment.

- How employees may be exposed e.g. direct skin contact and/or inhalation.
- What effects it may have e.g. infection, cause allergies.
- Exposure i.e. frequency of contact taking into account the systems of work and protective measures in place.
- Who is at risk e.g. employees, visitors, service users.
- Identify employees who may be at greater risk e.g. vulnerable staff.
- Community risks in the event of outbreaks of infectious diseases.

The aim of the assessment is to enable decisions to be made about the actions needed to prevent or control the risk. This includes the setting up of practical control measures, providing information and training, monitoring exposure and carrying out immunisation and/or health surveillance where the assessment shows that these are required.

An Infection Control/BBV Risk Assessment proforma is available in Appendix 1.

3.3 IMMUNISATION

The need for staff to be immunised is determined by the risk assessment process. Immunisation is a supplement to reinforce other control measures. Staff groups identified by the risk assessment process as requiring immunisation will have vaccines made available to them free of charge. The line manager should refer the employee to Occupational Health by completing a Health and Safety Occupational Health referral form (See Occupational Health Policy) and sending it to the Health and Safety Team Leader at:

3rd Floor
Municipal Buildings
Clyde Square
Greenock
PA15 1LY
Or emailing it to: health.safety@inverclyde.gov.uk

Post exposure treatments are available for some diseases. Advice on post exposure treatments is available from the Council's occupational health provider. Enquiries should be emailed to health.safety@inverclyde.gov.uk or call (71)4720.

The Council's occupational health provider have a needlestick process in place see Appendix 2.

3.4 STANDARD INFECTION CONTROL PRECAUTIONS

Standard Infection Control Precautions (SICP's) are to be used by all employees in all settings where care is being provided at all times for all Service Users, whether infection is known to be present or not, to ensure the safety of those being cared for, including employees and visitors to the Council.

SICPs are the basic infection prevention and control measures necessary to reduce the risk of transmission of infectious agent from both recognised and unrecognised sources of infection. Sources of (potential) infection include blood and other body fluids secretions or excretions (excluding sweat), non-intact skin or mucous membranes and any equipment or items in the care environment or establishment that could have become contaminated.

The application of SICPs during service delivery is determined by an assessment of risk to and from individuals and includes the task, level of interaction and/or the anticipated level of exposure to blood and/or other body fluids.

To be effective in protecting against infection risks, SICPs must be used continuously by all employees. SICPs implementation monitoring must also be ongoing to ensure compliance with safe practices and to demonstrate ongoing commitment to service user and visitor safety.

There are 10 elements of SICP's.

3.4.1 Assessment of Infection Risk

Service users must be assessed for infection risk prior to care being given and this should be continuously reviewed while they are under the care of the Council or HSCP. This assessment will influence any decisions in regard to the care needs.

Service users who may present a cross-infection risk include those:

- With diarrhoea, vomiting, an unexplained rash, fever or respiratory symptoms. This includes Covid 19.
- With a known (laboratory confirmed) or suspected pathogen for which the duration of precautions are not yet complete. i.e. a person with a group A streptococcus infection will remain infectious for 24 hours after antibiotics have been administered.
- Known to have been previously positive with a Multi-drug Resistant Organism e.g. MRSA, CPE.
- Been a close contact of a person who has been colonised or infected with CPE in the last 12 months.
- Who have been hospitalised outside Scotland in the last 12 months.

3.4.2 Hand Hygiene

Hand washing is widely acknowledged to be one of the most important ways of controlling the spread of infection. Employees may think that they know how to wash their hands but evidence suggests that many people do not use the correct technique. This means that areas of the hands can be missed.

The diagrams in Appendix 3 demonstrate the hand hygiene procedure that should be followed when washing with soap and water or using alcohol based hand rubs (ABHR).

Hands should be cleaned:

- Before and after personal contact with service users
- After touching a service user's immediate surroundings
- Between carrying out different care activities on the same service user
- Following cleaning/disinfection procedures
- Before handling food
- Before eating, drinking or smoking
- Before taking medication or giving it to someone else
- Before inserting contact lenses
- After contact with body fluids

- After removing gloves
- Whenever hands are visibly dirty
- After any activity or contact that contaminates the hands including using the toilet, coughing, sneezing, handling waste etc. even if gloves have been worn.

Alcohol/antibacterial hand gels and rubs are a practical alternative to soap and water where employees do not have immediate access to suitable washing facilities. However, hands that are visibly dirty or potentially grossly contaminated should wherever possible be washed with soap and water and dried thoroughly.

Wash hands with non-antimicrobial liquid soap and water if:

- Hands are visibly soiled or dirty.
- Caring for service users with suspected or known gastrointestinal infections i.e. norovirus.
- Caring for service users with vomiting or diarrhoeal illness
- After cleaning up vomit or faeces.

3.4.2.1 Hand Preparation

Preparation of the hands increases the effectiveness of cleaning. Employees identified as at risk from infection and/or deliver personal care should:

- Expose their forearms.
- Keep nails short, clean and free of polish or artificial nails.
- Avoid wearing jewellery, such as wristwatches, bracelets and especially rings with ridges or stones. A plain metal finger ring is acceptable but it should be moved up or removed during hand hygiene.
- Cover all cuts and abrasions with a waterproof dressing.

3.4.2.2 Hand Washing Facilities

In premises, adequate hand washing facilities must be available and easily accessible. Designated hand washing facilities must be provided in hygiene/treatment rooms, laundries and kitchens. Designated hand washing facilities must have basins provided with liquid soap dispensers, paper towels and foot-operated waste bins. Where hand washing facilities are not readily available for example when working at outside locations employees should have access to alternatives i.e. alcohol/antibacterial hand gels and rubs.

Staff working in the community should carry a supply of alcohol based hand rub to enable them to carry out hand hygiene when necessary.

Where staff are required to wash their hands in the service user's home they should do so for at least 20 seconds using any hand soap available.

Staff should carry a supply of disposable paper towels for hand drying rather than using hand towels in the individual's own home. Once hands have been thoroughly dried, ABHR should be used.

3.4.2.3 Hand Drying/Skin Care

Improper drying can contaminate hands that have been washed. Wet surfaces transfer organisms more effectively than dry ones and inadequately dried hands are prone to skin damage.

- Alcohol based hand rubs provided should contain emollients in their formulation.
- Warm/tepid water should be used to reduce the risk of dermatitis, hot water should be avoided.
- Dry hands thoroughly after hand washing using disposable paper hand towels.
- Use an emollient hand cream during work breaks and when not working.
- Do not use or provide communal tubs of hand cream in settings where personal care is being provided.
- Staff with skin problems should report this to their line manager and be referred by the line manager to occupational health. Staff should also seek advice from their own GP.

3.4.3 Respiratory and Cough Hygiene

Respiratory and cough hygiene is designed to minimise the risk of cross-transmission of respiratory illness:

- Cover the nose and mouth with a disposable tissue when sneezing, coughing wiping and blowing the nose.
- If a disposable tissue is not available use the elbow to cover the nose and mouth when sneezing
- Service users showing symptoms of respiratory illness should be encouraged to wear a surgical (type II R FRSM) face mask where it is clinically safe and tolerated by the wearer.
- Staff members showing symptoms of respiratory illness should be encouraged to wear a surgical (type II R FRSM) face mask where it tolerated by the wearer.
- Dispose of all tissues and face masks promptly into a waste bin.
- Wash hands with a non-antimicrobial liquid soap and warm water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions.
- In the absence of disposable tissues and hand hygiene facilities only, cough or sneeze into their elbow/sleeve.
- Keep contaminated hands away from the eyes, nose and mouth.

Employees should promote respiratory and cough hygiene helping those (e.g. elderly, children or those with additional support needs) who need assistance with this e.g. providing service users with tissues, plastic bags for used tissues and hand hygiene facilities as necessary.

3.4.4 Personal Protective Equipment (PPE)

Personal protective equipment is used to protect both staff and service users from the risk of cross-infection. It may also be required for contact with animals, hazardous chemicals and some pharmaceuticals. PPE includes items such as gloves, aprons, masks, goggles or visors. In certain situations it may also include hats and footwear.

All PPE should be:

- Located close to the point of use
- Stored to prevent contamination in a clean/dry area until required for use (expiry dates must be adhered to.)
- Be single use only items where possible.
- Disposed of immediately after each service user and/or following completion of a procedure or task.
- Disposed of correctly i.e. contaminated waste or domestic waste.

Reusable PPE items i.e. non disposable goggles or face shields must have a decontamination schedule with responsibility assigned.

3.4.4.1 Disposable Gloves

Gloves:

- must be worn where there might be contact with body fluids and or blood, non-intact skin, lesions, mucous membranes, hazardous drugs and chemicals etc.
- must be put on immediately prior to exposure risk and changed immediately after each service user and/or following completion of a procedure or task;
- must never be worn inappropriately i.e. going between service users, moving around the work area or at IT workstations.
- changed if a perforation or puncture is suspected and appropriate for use, fit for purpose and well fitting.
- must be appropriate for use, fit for purpose and well-fitting.

Gloves are not a substitute for hand hygiene. Disposable gloves are for single use only and they must be removed and discarded appropriately as soon as the task is completed. Hands must always be washed following their removal. The disposable gloves provided must be either powder free vinyl or nitrile. Latex gloves must not be issued to staff due to the risk of sensitivity and allergic reaction associated with latex.

The correct procedure for the safe removal of re-usable and single use gloves is shown in Appendix 4.

3.4.4.2 Disposable Plastics Aprons

These should be worn whenever there is a risk of contaminating clothing. They should be worn when in direct contact with a service user or their immediate environment. E.g. providing toileting support or changing bed linen. Employees should dispose of them appropriately once the task is completed and/or changed between Service users.

3.4.4.3 Visors and Eye Protection

These should be worn when a work activity is likely to cause body fluids or substances to splash into the eyes/face and always during aerosol generating procedures.

3.4.4.4 Fluid Resistant Type IIR surgical face masks

Masks may also be necessary if infection is spread through the airborne route – for example, severe acute respiratory syndrome (SARS), COVID, flu. Staff should ensure that this equipment fits correctly, is handled as little as possible, and changed between service users or tasks. Masks should be disposed of appropriately immediately after use.

If a service user requests that a staff member providing close personal care wears a mask then employees should comply, in addition if an employee has signs of a respiratory illness and is working in close proximity to service users, or others, then wearing a mask would be good practice in order to reduce the risk of passing on their infection. This is especially important when dealing with or providing care to service users who are vulnerable to respiratory illnesses. This is especially important where there are high instances of community based infections.

Where a staff member chooses to wear a mask this should be supported.

In the event of a cluster situation, an outbreak or in situations where there is increased risk then wearing of masks may be reintroduced. This decision will be risk based and driven by public health advice. Services should determine a suitable level of stock to maintain and ensure that a system of stock rotation is implemented.

Where use of mask has been identified as required through risk assessment these must be worn by employees.

3.4.5 Safe Management of Care Equipment

Care equipment is easily contaminated with blood or other body fluids, secretions, excretions and infectious agents. Consequently, it is easy to transfer infectious agents from communal equipment. Care equipment is classified as either:

- Single-use – equipment which is used once on a single service user and then discarded. It must never be reused even on the same person. The packaging carries this symbol.
 - Needles and syringes are single use devices.
 - Never administer medications from a single dose vial to multiple service users.
- Single Service User use – equipment which can be reused on the same Service User.
- Reusable invasive equipment – used once then decontaminated. (It is unlikely that Inverclyde Council will deal with this equipment stream.)
- Reusable non-invasive equipment – or communal equipment. Reused on more than one service user following decontamination between each use.



Before using any sterile equipment check that:

- The packaging is intact
- There are no obvious signs of packaging contamination; and
- The expiry date remains valid.

Decontamination of reusable non-invasive care equipment must be undertaken:

- Between each use
- After blood and/or body fluid contamination;
- At regular predefined intervals as part of an equipment cleaning protocol; and
- Before inspection, servicing and repair.

Follow manufacturers' guidance for use and decontamination of all care equipment.

All reusable non-invasive care equipment must be rinsed and dried following decontamination then stored clean and dry.

Decontamination protocols should include responsibility for; frequency of and method of environmental decontamination.

For guidance on how to decontaminate non-invasive care equipment see Information Sheet 58, Appendix 5.

3.4.6 Safe Management of the Workplace Environment

The cleanliness of the environment where a service user is being cared for is important to prevent the spread of infection. The person responsible for maintaining this environment must be identified and a clear reporting mechanism in place to ensure that any deficiencies are notified so that they can be acted upon.

The environment must be:

- Visibly clean, free from non-essential items and equipment to facilitate effective cleaning;
- Well maintained and in a good state of repair; and routinely cleaned in accordance with an agreed cleaning schedule.
- A fresh solution of general purpose neutral detergent in warm water is recommended for routine cleaning. This should be changed when dirty or at 15 minute intervals when changing tasks.
- Routine disinfection of the environment is not recommended. However, 1,000ppm available chlorine should be used routinely on sanitary fittings.

Employee groups should be aware of their environmental cleaning schedules and clear on their specific responsibilities. Cleaning protocols should include responsibility for; frequency of; and method of environmental decontamination.

3.4.7 Safe Management of Linen

Clean linen should be stored in a clean, designated area, preferably an enclosed cupboard. If it is not stored in a cupboard then the area it is stored must be designated for that purpose and the linen covered with an impervious cover able to withstand decontamination.

For all used linen:

- Ensure a laundry receptacle is available as close as possible to the point of use.

Do not:

- Rinse shake or sort linen on removal from any beds etc.;
- Place used linen on the floor or any other surfaces, i.e. tables;
- Re-handle used linen once bagged;
- Overfill laundry receptacles; or
- Place inappropriate items in the laundry receptacle i.e. used equipment/needles.

For all infectious linen i.e. linen or clothing that has been used by a service user who is known or suspected to be infectious and/or linen that is contaminated with blood and/or other body fluids e.g. faeces:

- Place directly into a water-soluble/alginage bag (Appendix 6) and secure; then place into a plastic bag e.g. clear bag before placing in a laundry receptacle or returning to the Service User. This applies to any items heavily soiled and unlikely to be fit for reuse.

3.4.8 Safe Management of Blood and Body Fluid Spillages

Spillages of blood or other body fluids may transmit blood borne viruses. Spillages must be decontaminated immediately by staff trained to undertake this safely. Responsibilities for the decontamination of blood and body fluid spillages should be clear within each area.

For management of blood and body fluid spillages see Appendix 7 Information Sheet 57.

3.4.9 Safe Disposal of Waste (including sharps)

There are many different categories of waste however for the purposes of this policy three main types are included:

- Domestic Waste
 - Recyclates (glass, paper and plastics, metals, cardboard)
 - Residual waste (any other domestic waste that cannot be recycled)
- Special (or hazardous) waste (Clinical Waste)
 - Generally is produced as a result of healthcare activities e.g. soiled dressings, sharps. Or waste which may contain infectious materials, i.e. blood or body fluid contamination.
- Offensive Hygiene Waste
 - dog faeces from collection bins
 - dog/cat faeces and animal bedding from kennels/catteries
 - feminine hygiene wastes
 - nappy wastes from nurseries
 - domestic type incontinence wastes

Clinical waste should be put into clinical waste yellow bags, clearly identified as clinical waste. These bags must be removed and incinerated by an approved waste management provider, and should not be disposed of in any other manner.

3.4.9.1 Clinical Waste Deposit Area

To comply with the "Waste Management Licensing Regulations" Inverclyde Council have made available a central clinical waste collection point.

A clinical waste skip (yellow in colour) is located at the Pottery Street Waste Depot adjacent to the port-a-cabin at the weighbridge.

This facility is available to allow the safe deposit of clinical waste that may be collected by Inverclyde Council employees during the course of their duties.

The clinical waste skip will be controlled by Transport and Waste employees operating from the garage office. The key for the skip and the "Clinical Waste Deposit Register" will be held and controlled from this location.

Employees wishing to deposit clinical waste should report to the garage office and give the appropriate information to employees controlling the waste collection point.

If no employees are present efforts should be made to locate them or a return visit made.

- Clinical waste should not be deposited in this area if no employees are present to provide access to the skip.
- Clinical waste being deposited must be in either a sharps container or clinical waste yellow bag.
- Clinical waste must always be properly bagged; it must never be deposited loose.

Sharps boxes must:

- Have a dedicated handle.
- Have a temporary closure mechanism, which must be employed when the box is not in use.
- Be disposed of when the manufacturers' fill line is reached; and be labelled with the point of origin and the date of closure.

Information Sheet 49 – BBV: Sharp/needle uplift awareness provides further information on the correct method of uplifting needles. Appendix 9

3.4.9.2 Offensive Hygiene Waste

Segregation of these wastes as a discrete waste stream is expected where they are produced by the Council in quantity (approx 7kg or 1 bag per interval period). A failure to segregate may have significant implications for the subsequent management of other waste it is mixed with.

Non-healthcare businesses (like householders) may dispose of smaller quantities in their mixed municipal waste ('black bag') without it affecting the classification or management of that waste.

These wastes are not normally considered to be clinical wastes unless a healthcare professional identifies through risk assessment that waste may be infectious. It must then be identified and managed as clinical waste.

3.4.10 Occupational Safety: prevention and exposure management (including sharps)

A sharp is defined as any item that is capable of penetrating the skin and may be contaminated with blood or other body fluids. Sharps include needles, glass, metal and knives. The main hazards of a sharps injury are Hepatitis B, Hepatitis C and HIV. Sharps handling must be assessed kept to a minimum and eliminated is possible with the use of approved safety devices. Manufacturers' instructions for safe use and disposal must be followed.

A significant occupational exposure is:

- An injury which breaks the skin, e.g. injuries from needles, bites etc.
- Exposure of broken skin (abrasions, cuts, eczema, etc; and/or
- Exposure of mucous membranes including the eye from splashing of blood or other high risk body fluids.

There is a potential risk of transmission of a Blood Borne Virus (BBV) from a significant occupational exposure and employees must understand the actions they should take when a significant occupational exposure incident takes place. All sharps injuries or near misses must be reported to line managers and recorded on the Council's incident reporting system "figtree".

Accidents can occur at any stage and to reduce the risk of injury and exposure to blood-borne transmissible diseases. To avoid injury employees should ensure that:

- Sharps are not passed directly from hand to hand.
- Handling is kept to a minimum.
- Needles are not broken or bent before use or disposal.
- Syringes or needles are not dismantled by hand before disposal.
- Needles are never re-sheathed.
- They plan for the safe handling and disposal of sharps before they are used.
- Used sharps are placed in a special container at the point of use, by the user and not a third party. This should conform to UN Standard 3291 and British Standard 7320.
- Service users who self-medicate must be encouraged to dispose of sharps themselves directly into a sharps container at the point of use.
- Where needles are regularly used consideration should be given to the use of retractable needles.
- Sharps containers must be kept in a secure place away from unauthorised people.

Employees who are identified at risk from injury by discarded needles should be provided with puncture resistant gloves and suitable equipment for safe handling and disposal.

Premises or locations that identify a risk from discarded sharps such as syringes must have suitable equipment available/accessible to remove the sharps. Out of hours, they can liaise with the Community Wardens to make arrangements for the area to be made safe.

For information on the management of an occupational exposure incident see Appendix 9

3.4.10.1 Managing Accidents

Accidental exposure to body fluids can occur by:

- Injury penetrating the skin – for example, from needles, instruments, bone fragments or significant bites that break the skin.
- Exposure of broken skin – for example, abrasions, cuts or eczema.
- Exposure of mucous membranes, including the eyes and the mouth.

The action that should be taken immediately following accidental exposure to body fluids, including blood is given below and illustrated in Appendix 9.

Action to be taken by the person exposed:

- Immediately stop what you are doing and attend the injury.
- Encourage bleeding of the wound by applying gentle pressure – do not suck. Wash well under running water, dry and apply a waterproof dressing as necessary. If body fluids splash into eyes, irrigate with cold water. If body fluids splash into your mouth, do not swallow. Rinse out several times with cold water. Report the incident to your manager and complete an online Accident Form Figtree and the Accident Book
- If line manager is not available contact Health and Safety on ext. 4720.
- Go to A&E

Action to be taken by the line manager:

- Initiate an investigation into the cause of the incident.
- If the Service User involved in the incident is known gain information from the Care Plan about medical history.
- Assess the degree of risk to the employee. Incident that will normally be regarded as high risk are:
 - Needlestick injuries
 - Bites – that break the skin
 - Any incident resulting in the skin being broken
- Contact the Health & Safety Team for follow up action/treatment as necessary.
- Inform Health and Safety of all relevant information about the incident.
- Ensure an accident form is completed.
- Complete/review risk assessment.
- Following an incident, exposed staff should be given time to talk about their concerns, provided with information about the risks arising from the exposure, and informed of the support available from the staff counselling service.

Action to be taken by Occupational Health

- Check the immune status of the exposed employee if known and discuss their immune status with the employee.
- Dependent on best practice, offer the employee the chance to have their blood tested.

3.5 Special Considerations for First Aiders

The risk of being infected whilst carrying out first aid duties is small. The following precautions can be taken to reduce the risk of infection:

- Cover any cuts or grazes on your skin with a waterproof dressing.
- Wear disposable gloves when dealing with blood or any other body fluid.
- Use suitable eye protection and a disposable plastic apron where splashing is possible.
- Use devices such as a resuscitator when giving mouth-to-mouth resuscitation, but only if you have been trained to use them.
- Wash hands after the procedure.

3.6 Vulnerable Employees

If there is a known infectious risk, managers must consider if any of the staff exposed would be at increased risk due to their own health. Guidance on other infections is available in Appendix 10.

3.6.1 New or Expectant Mothers

Some infections in pregnancy may cause damage to the developing baby and pregnant staff should not work with these infectious hazards. (Advice must be sought from the Health and Safety Team or Occupational Health Service, on individual cases when appropriate.)

Main risks are from chicken pox, rubella, measles like rashes, slapped cheek and certain zoonosis such as toxoplasmosis and psittacosis. All pregnant staff must have a risk assessment completed as soon as their pregnancy is known.

3.6.2 Those with lowered immune system (immunocompromised)

This would include those being treated with radiotherapy and chemotherapy for cancer, and high doses of steroids or illness that affects immunity such as Leukaemia, HIV. These individuals are more likely to develop some infections and these may be more severe. Advice must be sought from the Occupational Health Unit on an individual case basis and an individual risk assessment carried out.

3.7 Confidentiality

Confidentiality must be maintained at all times. Services should actively safeguard and protect confidentiality about the medical status of all staff and service users. When the medical status of a staff member or service user is known, either through recorded information or verbally, the indisputable “need to know” is the criteria for disclosure not “want to know”.

Deliberate breaches of confidentiality will be considered a disciplinary matter. An individual who wishes his/her medical status to remain confidential should have his/her wishes respected. For information to be shared the informed consent of the individual should be obtained. Before an individual gives consent, it is vital that she/he should be aware of the implications of agreeing to disclosure of information. The Council’s Data Protection Policy and Data Protection Protocols must always be followed.

4 ROLES AND RESPONSIBILITIES

4.1 CORPORATE DIRECTORS

Corporate Directors have a collective and individual responsibility to employees in providing Health and Safety Leadership within Inverclyde Council, they should ensure that their Directorate has:-

- As far as is practicable, the adequate provision of financial resources to meet the foreseeable expenditure for Personal Protective Equipment and training to deal with BBV’s and other infections.
- Have included within business continuity plans the risks from an outbreak of an infectious disease.

4.2 HEADS OF SERVICE

Heads of Service will have a pivotal role in the effective implementation of the Infection Control Policy. They shall be responsible for ensuring:

- That this policy is implemented within those areas under their control or influence.
- That there is a system to monitor that their managers are complying with this policy.
- That where two or more Services are located within a building to liaise with other Heads of Service to co-ordinate infection control arrangements.
- That adequate equipment or facilities are provided and maintained and;
- That suitable notices are displayed informing employees of the arrangements for infection control.

4.3 MANAGERS/TEAM LEADERS/SUPERVISORS

Any person who has a managerial/supervisory responsibility for other employees, whatever title they are given has the responsibility to:

- Assess the risks of transmission of infection or blood borne disease to employees and others, and to establish appropriate procedures.
- Refer employees in areas of known risk of infection to occupational health via ODP&C to have their immune status confirmed. If an employee does not have immunity and immunisation is identified as an appropriate control measure for an individual employee they will be offered a course of vaccinations in work time and at no cost to the employee; or their work activities will be changed to reduce their exposure risk.
- Inform employees of the level of risk in their workplace.
- Ensure that infection control training is provided where required and retraining carried out every three years.
- Provide employees with guidance and information to minimise the risk of needle stick injuries and the action they should take in the event of a contamination injury.
- Ensure that infection control PPE and other materials or equipment are checked and stocks maintained.
- Ensure that suitable notices are displayed informing employees of the arrangements for first aid provision.
- Provide employees with guidance on standard infection control procedures to reduce the risk of transmission of blood borne diseases or other infections.

4.4 EMPLOYEE RESPONSIBILITIES

All employees have a responsibility to ensure that they are complying with the health and safety procedures and requirements appropriate to their job. To achieve this, in relation to this policy, employees should:

- Where designated as a responsible person ensure that checks on equipment or facilities are checked and maintained.
- Inform their line manager if they have an infectious disease, especially if working in areas where there is close contact with others or dealing with vulnerable service users.

- Inform their line manager immediately if there are any concerns about safety in relation to infection control.
- Inform their line manager if they require immunisation.
- Report any incidents where there is a risk of infection or contact with Blood Borne Viruses.

4.5 HEALTH AND SAFETY TEAM LEADER

The Council Health and Safety Team Leader shall ensure that the Infection Control Policy is monitored for effectiveness, is subject to regular review, and is revised when necessary. This shall be done in conjunction with Heads of Service and Trades Union safety representatives.

4.6 CORPORATE HEALTH AND SAFETY COMMITTEE

The Corporate Health and Safety Committee will perform a pivotal role in ensuring that this policy is implemented.

The safety committee will oversee monitoring of the effectiveness of the policy and other measures to reduce risks and promote workplace health and safety.

5 IMPLEMENTATION

Inverclyde Council recognises the need to provide staff with relevant information on the how to deal with the risk of infection and exposure to BBV's. Employee awareness will help with the implementation of this policy. Information on infection control will be made available on the Council's Intranet System ICON, and on Information Sheets. The information will be updated on a regular basis.

5.1 TRAINING

The Council recognises that training of employees is important to ensure that all relevant employees have the necessary skills to carry out the requirements of this policy. Employees identified as at risk from infection and/or deliver personal care must receive information and training on the Infection Control Policy and standard precautions on induction. This must be reviewed on a regular basis and the training recorded.

5.2 COMMUNICATION OF THE POLICY

The Council recognises the importance of communicating the policy to all employees. This policy will be communicated to staff via the Corporate Health and Safety Committee, the Council's team briefing system and a copy will be placed on the Council's Intranet system ICON. Line managers and services are responsible for communication of this policy to any employees within their areas of responsibility who may be affected by the contents of this policy.

6 RISK

6.1 LEGISLATIVE RISK

The principal legislation that applies to infection control is the Control of Substances Hazardous to Health Regulations 2002 (COSHH). These regulations cover hazardous substances including biological agents (pathogenic micro-organisms) and they contain a schedule of special provisions relating to biological agents.

The Health and Safety at Work etc Act 1974 is the primary piece of legislation covering occupational health and safety in Great Britain.

It sets out the general duties which:

- employers have towards employees and members of the public
- employees have to themselves and to each other
- certain self-employed people have towards themselves and others.

7 EQUALITIES

7.1 CONSULTATION AND ENGAGEMENT

Inverclyde Council recognises the importance of employee consultation and is committed to involving all employees in the development of policies and procedures. The following groups are formally consulted:

- Trade Unions representatives through the Corporate Health and Safety Committee
- All Chief Officers
- Employees through internal communication channels

7.2 EQUALITY IMPACT ASSESSMENT

An equality impact assesment has been carried out.

INVERCLYDE COUNCIL RESERVISTS POLICY

Version No 2

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1 INTRODUCTION

1.1 EXECUTIVE SUMMARY

Inverclyde Council has pledged its support for members of, or those wishing to join the Reserve Forces and acknowledges the training undertaken by Reservists that enables them to develop skills and abilities that are of benefit to both the individual and their employer. This policy intends to define our obligations towards all employees who are members of the Reserve Forces.

1.2 BACKGROUND

Inverclyde Council is committed to employing staff who are members of the Reserve Forces, and they recognise the valuable contribution that Reservists make to the UK Armed Forces, their communities, and the civilian workplace. The Council will not disadvantage those Reservists who notify the Council of their Reserve status or those Reservists who are made known to the Council directly by the Ministry of Defence (MoD).

Inverclyde Council was presented with the Employer Defence Recognition Scheme, Gold Award in 2017 and retained the award in 2022.

1.3 STRATEGIC CONTEXT

The policy supports delivery on the Council Plan 2023/28 in relation to the following outcomes – “Outcome 1.4 More people will be in employment, with fair pay and Conditions;” “Outcome 3.2 Our employees are supported and developed”

1.4 LINKS TO LEGISLATION

The Armed Forces Bill 2021 enshrined the Armed Forces Covenant in law for the first time to help prevent service personnel and veterans being disadvantaged when accessing essential services like healthcare, education, and housing.

The Reserve Forces (Safeguard of Employment) Act 1985 (SOE 85) provides reservists who have a liability to be mobilised with 2 types of protection:

1. protection of employment: the Act provides protection from unfair dismissal and makes it a criminal offence for an employer to terminate a reservist’s job without their consent solely or mainly because he or she has a liability to be mobilized;
2. rights to reinstatement: the Act provides a legal right to reinstate the reservist to their former job, subject to certain conditions.

The Reserve Forces Act 1996 (RFA 96), sets out the call-out powers under which reservists can be mobilised for full-time service.

1.5 AIM

This aims of this policy are:

- To pledge Inverclyde Council’s support for members of, or those wishing to join the Reserve Forces and acknowledges the training undertaken by Reservists that enables them to develop skills and abilities that are of benefit to both the individual and their

employer. This policy intends to define our obligations towards all employees who are members of the Reserve Forces.

- That the Council will not disadvantage those Reservists who notify the Council of their Reserve status or those Reservists who are made known to the Council directly by the Ministry of Defence (MoD).
- That the Council shall, subject to the provisions set out in Section 3.2/3.3, agree to Release Reservists for attendance at Reserve Forces Training events where these take place on their normal working days.
- That the Council shall, subject to the provisions set out in Section 3.2 agree to the release of all employees mobilised for Reservist duties.
- To continue to treat the contracts of employment of employees mobilised for Reserve Service as operable throughout the period of such service and there will be no loss of continuous service or service-related benefits but refer to para 3.6.
- To ensure that Managers are aware of their responsibilities under this policy and associated procedures
- To ensure that employees are aware of the terms of this policy and associated procedures and of their responsibilities to comply with them.

1.6 LINKS TO CORPORATE GROUPS

This policy links to the Trade Union Liaison Group.

1.7 TERMS OF REFERENCE

Policy content is designed to meet our obligations in respect of the Armed Services/Veterans Covenant and the duties within the Armed Forces Bill

2 SCOPE

This policy is applicable to all Council employees. That is, to those employed under the:

- Scottish Joint Council for Local Government Employees;
- Scottish Negotiating Committee for Teachers (SNCT);
- Scheme for Salaries and Conditions of Service laid down by the Joint Negotiating Committee (JNC) for Chief Officials of Local Authorities (Scotland)

3 POLICY CONTENT

3.1 TYPES OF RESERVIST

3.1.1 There are two main types of Reservist:

- Volunteer Reservists - civilians recruited into the Royal Naval Reserves, Royal Marines Reserves, Army Reserve and Royal Auxiliary Air Force.
- Regular Reservists - ex-regular servicemen who may retain a liability to be mobilised depending on how long they have served in the Armed Forces.

3.1.2 The Reserve Forces Act 1996 also provides for other categories, such as:

- Full Time Reserve Service -Reservists who wish to serve full time with regulars for a predetermined period in a specific posting
- Additional Duties Commitment - part-time service for a specified period in a particular post
- Sponsored Reserves - These are personnel employed by a contractor to provide a service to the Ministry of Defence (MoD).
- High Readiness Reserves – These are Reserves, usually with a particular skill set, that are available at short notice (with written agreement from their employer)

3.2 RESERVE STATUS NOTIFICATION

3.2.1 Reservists are required to inform their employer that they are a member of the Reserve Forces and the specific force that they belong to. This is so that the Council can provide the appropriate level of support to the Reservist. It also assists with resource planning during periods of leave e.g. training and/or mobilisation. The Council also recognises the additional skills and experiences that being a Reservist can bring to the Council and therefore it is useful for the Council to understand where these skills and experiences exist.

3.2.2 Reservist employees are also required to grant permission for the Ministry of Defence (MoD) to write directly to their employer. This is known as 'Employer Notification' and ensures the Council is made aware that the employee is a Reservist and the benefits, rights and obligations that apply.

3.2.3 The MoD will issue written confirmation to the employer informing them the employee is a Member of the Reserve Forces. The letter will provide detail of mobilisation obligations and rights as an employee; rights as an employer; and details of the financial assistance available if an employee is mobilised. Where possible, it will also provide details of any annual training commitments. The MoD will also send a follow-up letter each year to confirm that the information held is still accurate.

3.2.4 It is the responsibility of the Reservist to ensure their personal details are kept up to date e.g. if they change employer or leave their respective Reserve Force.

In any circumstance, the Reservist will not be disadvantaged because of notifying the Council of their Reserve status.

3.3 TRAINING COMMITMENTS AND TIME OFF

3.3.1 The Council recognises the importance of the training undertaken by Reservists that

enables them to develop skills and abilities that are of benefit to their respective Reserve Force, the individual and the Council

Reservists are typically committed to 24-40 days training per year. Training tends to take place 1 evening per week, over various weekends throughout the year and one 2-week training period also known as 'annual camp'. Training commitments vary but, in most cases, include:

- **Weekly training** - most Reservists train at their local centre for around two-and-a-half hours, one evening a week.
- **Weekend training** - all Reservists are expected to attend several training weekends which take place throughout the year.
- **Annual training** - a 2-week annual training course sometimes referred to as 'annual camp'. This may take place at a training establishment, as an attachment to a Regular Unit, a training exercise or a combination of any of these. Training normally takes place within the UK, although each year some Reservists train overseas.

3.3.2 An employee who is member of the non-regular forces and attends an annual training camp for a period of not less than a week will be granted special leave with pay equal to the period which the employee attends the camp, but not exceeding a period of 15 days and subject to the deduction of service pay and allowances received in respect of the period of special leave.

3.3.3 **Additional Leave**

Out with these provisions leave, with or without pay, may be authorised by the Director or Head of Service in conjunction with the Head of Organisational Development and Human Resources, in accordance with para 17.11 of the Conditions of Service.

3.3.4 Line Managers will where practicable facilitate work rosters to allow attendance at annual camp and other training commitments (e.g. weekly or weekend training sessions).

Reservist employees should give as much notice as possible of training commitments to allow appropriate planning for absences. Permission once given will not be rescinded unless there are exceptional circumstances.

3.4 MOBILISATION

3.4.1 Mobilisation is the process of calling Reservists into full time service with the Regular Forces, to make them available for military operations. The maximum period of mobilisation will depend on the scale and the nature of the operation and is typically no longer than 12 months.

3.4.2 The Call-out papers for mobilisation are sent by post to the employer or sometimes delivered in person by the Reservist to their line manager. The documentation will include the call-out date and the anticipated timeline. Whenever possible, Defence aims to give at least 28 days' notice of the date that a Reservist will be required to report for mobilisation, although there is no statutory requirement for a warning period prior to mobilisation.

A period of mobilisation comprises three distinct phases:

- Medical and pre-deployment training;
- Operational tour;
- Post-operational tour leave

Pre-mobilisation – Line Managers should:

- Meet with Reservist to ensure all mobilisation paperwork completed (including pay, benefits & pension arrangements)
- Make a claim for financial assistance as appropriate (see s.12 of policy)
- Discuss any handover of work and return of equipment
- Arrangements for keeping in touch

During mobilisation – Line Managers should:

- Keep in touch with Reservist as arranged

Post-mobilisation – Line Managers should:

- Ensure both employer and reservist fulfil their return-to-work obligations (including reference to template letters)
- After care and support requirements

3.5. APPLYING FOR EXEMPTION/DEFERRAL/REVOCAATION

3.5.1 In all cases of mobilisation, the Council will release the Reservist to report for duty unless there are exceptional circumstances, whereby the decision and reasoning will be explained to the Reservist.

3.5.2 In such circumstances line managers have the right to seek exemption, deferral or revocation if the Reservist's absence is considered to cause serious harm to service delivery.

Definitions of 'harm' will vary from case to case, but may include:

- loss of reputation, goodwill or other financial harm
- impairment of the ability to produce goods or provide services
- harm to the research and development of new products, services or processes (which could not be prevented by the granting of financial assistance under sections 83 and 84 of The Reserve Forces Act 1996).

3.5.3 Details of how to apply for exemption are included in the call-out pack. The application must reach the Adjudication Officer within 7 days of the Council receiving a call-out notice. If this timescale is not met, permission to make a late application will need to be obtained from the Adjudication Officer. The Reservist also has the right to apply for exemption or deferral if the call-out papers arrive at a difficult time.

3.5.4 If an unsatisfactory decision is received following the application for a deferral, the Council can appeal for a hearing by the Reserve Forces Appeals Tribunal. Appeals

must reach the Tribunals Secretary within 5 days receipt of written notice of the decision. If the tribunal rejects the application for exemption or deferral, the Council will be required to release the Reservist for mobilisation.

3.6. TREATMENT OF TERMS AND CONDITIONS DURING MOBILISATION

- 3.6.1 The Council will continue to treat the contracts of employment of employees mobilised for Reserve Service as operable throughout the period of such service and there will be no loss of continuous service or service-related benefits

Pay

The MoD will assume responsibility for the Reservist's salary for the duration of their mobilisation. They will pay a basic salary according to the Reservist's military rank. If this basic element is less than the Reservist receives from the Council, it is the Reservist's responsibility to apply to the MoD for the difference to ensure that they suffer no loss of earnings. This is known as a Reservist Award.

Where mobilisation occurs, the employee will be given special unpaid leave of absence.

The Council is not required to pay the Reservist's salary during the period of mobilisation.

Benefits

Contractual benefits that are suspended by the Council during mobilisation can be claimed by the Reservist as part of their Reservist Award. The Line Manager and Reservist should discuss any benefit arrangements during the pre-mobilisation meeting. This should cover those benefits which will be suspended and for any continuing benefits, arrangements should be made as to how these are paid.

Pension

If the Reservist is a member of the Council pension scheme and the employer suspends the employer contribution, and the Reservist chooses to remain within it, then the MoD will make the employer contributions for the period of mobilisation, as long as the Reservist continues to make their personal contributions.

Annual Leave

Reservists should be encouraged to take any accrued annual leave before mobilisation. The Council is not obliged to accrue annual leave for a Reservist employee during the period of mobilisation. Reservists accrue annual leave with the MoD whilst they are in full time service. When they demobilise, Reservists are entitled to a period of post-operational leave (POL). During this period, they will continue to be paid by the MoD.

Dismissal/Redundancy

A Reservist's employment cannot be terminated on the grounds of their military

duties or their liability to be mobilised. To do so would be a criminal offence under s.17 of The Reserve Forces (Safeguarding of Employment) Act 1985.

Reservists can be included in the redundancy pool if this is necessary due to a downturn in business or closure of a department. However, all employees should be treated consistently, and redundancy criteria should not discriminate against Reservists on the grounds of their Reserve service or call-up liability.

Sick Pay

Should a Reservist become sick or injured during mobilisation they will be covered by Defence Medical Services and any financial assistance will continue to be received (including pay) until demobilised. If the sickness or injury continues and this results in early demobilisation, the Reservist will remain covered by Defence until the last day of paid military leave.

After this time The Reservist will be covered by the Council sickness arrangements (in line with local policy).

3.7. RETURN TO WORK

3.7.1 Both the Reservist and their employer have obligations under The Reserve Forces (Safeguarding of Employment Act) 1985 regarding the return-to-work process

3.7.2 **Reservist:**

The Reservist must write to their employer by the third Monday after their last day of military service making their request to return to work and suggesting a date which should fall within 6 weeks of their last day of full-time service. This letter formally starts the return-to-work process.

They are also encouraged to informally contact the employer to discuss their return to work at the earliest opportunity, whether via a letter, a meeting or a telephone call. The formal application must be made in writing for it to be valid under the Act.

If a Reservist is not happy with the offer of alternative employment they must write to the employer stating why there is reasonable cause for them not to accept it. If a Reservist believes that an employer's response to their application denies their rights under the Safeguard of Employment Act 1985, an application can be made to a Reinstatement Committee for assessment. This committee will consider the Reservist's application and can make an order for reinstatement and/or compensation.

3.7.3 **Employer:**

The Employer has an obligation under Reserve Forces (Safeguarding of Employment) Act 1985 to reinstate the Reservist, where possible to their former role, and if not, to a mutually acceptable role on the same terms and conditions prior to mobilisation.

The Reservist should be reinstated within 6 weeks of the last day of their full-time service. They must be reinstated for a minimum period of 13, 26 or 52 weeks, depending on their length of service prior to mobilisation.

Sometimes Reservists may need refresher training when they return to work, or

be given time to familiarise themselves with processes and procedures in the workplace. Financial assistance may be available for retraining if it is required as a direct result of their mobilisation, although applications cannot be made for training courses that would have taken place anyway. Evidence of costs will be required in addition to evidence that the Reservist could not reach the required standard by any other means, such as workplace experience.

3.8 AFTERCARE

3.8.1 A Reservist returning to work will benefit from a smooth re-integration into the workplace/team. The following should be considered as part of this process:

- The need to update on changes and developments in the Council.
- The need to offer specific refresher training where it is sought/considered necessary.
- Where the job duties have changed since mobilisation a period of skills training may be required to assist with new aspects of the job.
- Whether the reservist can meet up with colleagues informally or socially before or after return to work to prevent any feeling of dislocation, if this is sought.
- Reasonable time off to seek therapeutic treatment if required.

3.8.2 Positive Conversations

Line managers who carry out Positive Conversation meetings with a Reservist should be aware that Reserve Forces activities undertaken by an individual (either through training or mobilisation) bring essential skills into the workplace such as leadership, communication, team working and organisational ability, which ultimately lead to improved performance in the workplace.

3.9 FINANCIAL ASSISTANCE

3.9.1 Financial assistance for employers in the event of an employee who is a Reservist being mobilised is governed by the Reserve Forces (Call out and recall) (Financial Assistance) Regulations 2005. These cover additional costs above the normal earnings of the called-up Reservist associated with replacing that employee. There are 3 types of award available:

One-off costs

- Agency fees, if a recruitment agency or employment agency is used to find a temporary replacement; or Advertising costs
- No financial cap on claims, but any claim must be supported by relevant documentation

Recurring costs

- Overtime costs, if other employees work overtime to cover the work of the Reservist [by the amount that such costs exceed earnings of the Reservist]

- Costs of temporary replacement [by the amount that such costs exceed earnings of the Reservist]

The maximum claim available is £110 per day (£40,000 per annum). Claims can be made for every normal working day that the Reservist is away on service. An application for one-off costs and recurring costs must be made within 4 weeks of the end of full time Reservist service.

Training award

If a returning Reservist has to undertake additional training as a direct result of their mobilisation (routine training excluded), then the Council can make an application for the financial assistance.

3.10. FURTHER INFORMATION

Further sources of guidance and information can be obtained from the following:

- Defence Relationship Management
<https://www.gov.uk/government/groups/defence-relationship-management>

Helpline: – 0800 389 5459. This is a free telephone helpline open during office hours where advice and guidance can be obtained on training, mobilisation and employment issues.

- Royal Navy website www.royalnavy.mod.uk/the-fleet/maritime-reserves
- Army website: www.army.mod.uk/join/20233.aspx
- Royal Air Force website www.raf.mod.uk/rafreserves

4 ROLES AND RESPONSIBILITIES

4.1 THE CHIEF EXECUTIVE

The Chief Executive has overall responsibility for the maintenance and operation of this policy.

4.2 DIRECTORS

Directors are responsible for setting the strategic direction of their Service consistent with the aims of the policy.

4.3 HEADS OF SERVICE/SERVICE MANAGERS

Heads of Service & Service Managers should promote a culture whereby the Policy is followed, ensuring consistency and fairness, appropriate supports put in place and that employees are aware of the contents of the policy.

4.5 EMPLOYEES

Employees are required to familiarise themselves with the terms of the policy and ensure that they comply with the content.

5 IMPLEMENTATION

5.1 TRAINING

Appropriate training will be provided for managers in the effective implementation and operation of the Policy

5.2 COMMUNICATION OF THE POLICY

The policy will be available on ICON, the intranet, as well as publically via the Council website.

6 RISK

6.1 LEGISLATIVE RISK

The Council has certain legal responsibilities regarding liability for mobilisation and reinstatement at work afterwards.

6.2 WIDER RISKS

In employing reservists, the Council needs to be aware of the commitments our reservists will need to fulfil such as training and mobilisation. Reservists may be mobilised for anything from a few days up to a maximum of 12 months. This could impact on service delivery at a short notice although there is financial assistance to Employers

7 EQUALITIES

7.1 CONSULTATION AND ENGAGEMENT

This policy was updated in consultation with the Trade Union Liaison Group.

7.2 EQUALITY IMPACT ASSESSMENT

This policy was assessed in relation to the Council's equality duties. All employees are entitled to use, access and be subjected to the policy and there is no evidence to indicate that this policy could affect employees differently or less favourably, on the grounds of their Protected Characteristics.

Organisational Development, Human Resources and Performance

Moving and Manual Handling Policy

Version No 3

Produced by:
Health and Safety
Inverclyde Council
Municipal Buildings
GREENOCK
PA15 1LX

November 2024

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This document can be made available in other languages, large print, and audio format upon request.

DOCUMENT CONTROL

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Policy Title	Corporate Group	Service
Moving & Manual Handling	Education, Communities and Organisational Development	OD,HR & Comms

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2.0	February 2015	Updated to Infection Control and BBV
3.0	November 2024	Reviewed and policy format change

Distribution		
Name	Date	Designation
CMT and Extended Management Team		
Union Representatives		

Policy Review		
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5 yearly review	2030	Health and Safety Team Leader

Policy Review and Approval			
Name	Action	Date	Communication
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1 INTRODUCTION

1.1 EXECUTIVE SUMMARY

This policy supports the council in providing a safe place of work, a safe environment and safe systems of work, including the provision and maintenance of plant so far as is reasonably practicable. This includes the need to minimise the risks arising from moving and handling.

1.2 BACKGROUND

Manual Handling Operation Regulations 1992 require the Council to ensure that employees are protected for the risk of injury or ill health due to the requirement to lift and carry loads. These loads can either be inanimate objects or people.

1.3 STRATEGIC CONTEXT

This policy supports the delivery of the following outcomes within the Council Plan 2023-2028:

- High quality and innovative services are provided giving value for money
- Our employees are supported and developed

1.4 LINKS TO LEGISLATION

The council will comply with all aspects and provisions of the following regulations which underpin this policy:

- Health & Safety at Work etc. Act 1974;
- The Manual Handling Operations Regulations 1992;
- The Management of Health and Safety at Work Regulations 1999,
- The Provision and Use of Work Equipment Regulations 1998,
- The Lifting Operations and Lifting Equipment Regulations 1998

This sits alongside all other relevant statutory obligations. This includes the organisation and arrangements required to ensure the risks from manual handling are adequately controlled for employees and others who may be affected by our undertakings.

1.5 AIM

The aim of this policy is to minimise the risk of exposure to musculoskeletal injuries due to manual handling activities. We aim to eliminate or minimise the risks of moving and handling activities where possible. Where it is not possible we aim to implement a range of support and develop safer moving and handling practices. Where moving and handling cannot be avoided it will then be subjected to a moving and handling risk assessment where the risks will be reduced to the lowest levels as far as reasonably.

1.6 LINKS TO CORPORATE GROUPS

This policy links to the work of the Corporate Health and Safety Committee.

2 SCOPE

2.1 This Policy applies equally to all employees regardless of grade, experience or role within the organisation. The policy also applies to contracted staff as far as reasonably practicable and to pupils, service users or members of the public who have access to council premises.

3 POLICY CONTENT

3.1 POLICY STATEMENT

It is the policy of Inverclyde Council to take all reasonably practicable steps to safeguard the health, safety and welfare at work of all of its employees.

A high standard of health and safety performance is recognised as an integral part of the council's service delivery. Therefore, sufficient resources will be allocated to meet the requirements of the council's Moving and Handling Policy.

This standard will be achieved by Inverclyde Council :-

- Providing managers with sufficient information to identify work activities and persons at risk from manual handling activities.
- Providing managers with information about the manual handling and management standards for identifying the risk of exposure.
- Providing managers with information and training in respect of :-
 1. Identifying high risk activities where manual handling is likely to be a hazard.
 2. Appropriate control measure.
 3. The suitability of workplaces, safe working practices, and equipment used by employees.

3.2 RISK ASSESSMENTS

The risks from manual handling can be dealt with in the same way as any other health and safety issues through carrying out a risk assessment. This must be carried out for all work activities where employees are required to move or handle items or people as part of their work tasks.

Various factors need to be considered in assessing the risk. The key points are:

- Task – Does the task involve handling away from the trunk, twisting, stooping, reaching. Is the employee required to lift or carry a distance.
- Load – Is the load, heavy, bulky, unstable, sharp, or hot etc.
- Environment – what space is there, is the floor in good condition, is it hot or cold, is the lighting good.
- Individual – Is the individual pregnant, have health problems, require special training.

The aim of the assessment is to enable decisions to be made about the actions needed to prevent or control the risk. This includes eliminating the requirement for manual handling, the

setting up of practical control measures, providing information and training, monitoring of the effectiveness of these controls.

A number of risk assessment proformas are available as appendices:

- Generic Inanimate Load Handling with guidance
- Generic People Handling
- Individual Person Handling Risk Assessment – Council premises
- Person Handling Assessment – Care in the community

These forms can be adapted depending upon the individual needs of the Service. Where the forms have been adapted these must be clearly labelled with the council's logo and the heading changed to indicate the Service or section the form is used by.

The assessment of manual handling tasks within the council must only be undertaken by staff that have a level of knowledge, experience and competence appropriate to the task being assessed.

Care should be taken not to overcomplicate manual handling assessments and where simple and straightforward controls can be implemented the need for a 'specific' manual handling assessment can be negated. There will however be tasks that do require a more 'in depth' manual handling assessment and the information provided below offers advice and guidance on how the various issues associated with manual handling and the differing types of assessment may be carried out.

3.3 LIFTING OF LOADS AND INANIMATE OBJECTS

This type of assessment is aimed specifically at manual handling tasks that require loads, materials etc. to be transferred and moved by staff from one place to another. Many of these tasks can be incorporated within the general risk assessment process and the flow chart above should be followed to identify the areas to be considered to determine the level of assessment required. Each service will have varied tasks in terms of manual handling with the main control measure being can this be avoided or can this be carried out using equipment.

The following guidelines apply to tasks involving the lifting, carrying, or moving of loads and inanimate objects:

Risk Assessment

See appendix 1 for creating a specific task manual handling risk assessment, where a task(s) are part of an employees everyday duties this can be built into job specific risk assessments with the guidelines below.

All manual handling must undergo a risk assessment to evaluate:

- The Task: Repetition, distance, posture, and frequency.
- The Load: Weight, size, shape, and stability of the object.
- The Environment: Floor condition, lighting, and obstacles.
- Individual Capabilities: Physical ability, training, and health considerations.

General Guidelines

Assess Before Lifting:

- Evaluate the weight and shape of the load.
- Plan the route to ensure it is clear of obstructions.
- Check the stability and secure any loose parts of the load.

Adopt Proper Lifting Techniques:

- Stand close to the load with feet shoulder-width apart.
- Bend at the knees, not the waist, keeping the back straight.
- Grip the load firmly with both hands.
- Lift smoothly, using the strength in your legs, not your back.
- Avoid twisting your back; turn your whole body instead.

Avoid Overloading:

- Do not attempt to lift or carry loads that exceed your capacity.
- Use mechanical aids (e.g., trolleys, hoists, plant machinery) where necessary.
- Seek assistance for heavy or awkward loads.

Lifting Aids and Equipment

- Use mechanical lifting aids (e.g., sack trucks, dollies, pallet jacks, hoists, plant machinery) for heavy loads.
- Where equipment is not available a cost exercise to hire equipment should take place for short and long term use.
- Ensure lifting aids are well-maintained and inspected regularly.
- Training will be provided for the correct use of lifting aids.

Team Lifting

For larger or heavier objects, ensure team lifting is coordinated:

- Assign a leader to direct movements.
- Communicate clearly before lifting and while carrying.
- Lift and lower the load in unison.
- Ensure weight limit is relevant to number of people lifting

3.4 EQUIPMENT PROCUREMENT AND NEW TECHNIQUES

All directorates and services should look procure equipment to reduce the need for physical moving and handling where reasonably practicable. Services when refreshing equipment should look at new technologies in terms of equipment and techniques such as exoskeleton technology

3.5 MOVING AND ASSISTING SERVICE USERS/PATIENTS

This type of assessment is aimed specifically at tasks that involve the care of service users and, in particular, the help and assistance provided by employees to service users who have additional support needs.

These types of assessments can be carried out at two levels, with a 'Level 1' assessment being an initial assessment of the client to determine:

- a) The level of the client's incapacity
- b) If assistance from carers is required
- c) If the current controls available are adequate
- d) The methodology to be used by carers assisting the client
- e) If a more 'in-depth' assessment is required

Assessments at this level can be undertaken by staff with basic knowledge, understanding and experience of moving and assisting issues within a 'care environment' and will form part of any initial care plan developed for a service user or patient.

'Level 2' assessments will be carried out when the person undertaking the 'Level 1' assessment identifies a requirement for a more in-depth assessment as, in their opinion, they do not have the competence to carry this out. Where the need for this level of assessment is identified it will be the responsibility of the appropriate manager to arrange for a competent person(s) to carry out such an assessment.

Given the nature of the council and health and social care partnership undertakings, many of the 'moving and assisting' assessments that need to be carried out for service users/patients will be intrinsically linked to an individual service user's/patient's general care needs.

In recognition of this service user's/patient's Care Plans have been developed that will allow both the 'care' needs of the service user/patient and the 'moving and assisting' needs of the client to be initially addressed on a single pro forma (see appendices section). These care plans will incorporate the 'Level 1' assessment described above whilst the specific 'moving and assisting pro forma' should be used where a more in-depth assessment is required. This should be accessible within the Care Plan and used for reference by carers.

The flow chart available in the appendix outlines the areas to be considered to determine the level of assessment required.

Other information relevant to the care of the client should be included in the Care Plan as per normal arrangements within each section/department.

3.6 MANUAL HANDLING/CLIENT CARE PLAN PRO-FORMA

The following pro forma/guidance for carrying out assessments are available in the appendices section of this document:

- Client Care Plan – 'In the Community' (Including Initial M & H Assess.)
- Client Care Plan – Residential & Daycare (Including Initial M & H Assess)
- Moving & Handling Assessment (All Services)
- Guidance Sheet for Moving & Handling Assessments
- Manual Handling Assessment (Lifting loads)

3.7 SAFE WORKING LOADS

All equipment provided by Inverclyde Council, or the Health Social Care Partnership will be maintained and tested for the safe working loads of people. At no time should this equipment exceed the maximum limit as this will affect the stability of the equipment provided.

Where service users or patients exceed the maximum weight limit for equipment then bariatric equipment should be used. Further advice should be taken from occupational health staff, community nursing staff or moving and handling co-ordinators.

3.8 SERVICE USERS/PATIENTS WHO ARE OBESE OR MORBIDLY OBESE (BARIATRIC)

When a bariatric service user/patient comes into contact with the service then contact should be made with the Occupational Therapist, community nursing staff, moving and handling co-ordinator or adviser for additional support and advice.

3.9 PATIENT HANDLING ASSESSMENT IN AN EMERGENCY

The Health and Safety Executive states that the law is not intended to stop “well-intentioned” improvisation in an emergency. This would include an unexpected life-threatening situation involving the safety of service users/patients, employees and members of the public in situations such as a fire, a major spillage or other emergency.

4 ROLES AND RESPONSIBILITIES

In addition to the responsibilities laid out in the Corporate Health and Safety Policy the following responsibilities are specific to this Policy.

4.1 THE CHIEF EXECUTIVE

The Chief Executive has overall responsibility for the maintenance and operation of this policy.

4.2 DIRECTORS

Directors have a collective and individual responsibility to employees in providing health and safety leadership within Inverclyde Council and the Health Social Care Partnership, they should ensure that this policy is cascaded downwards to all employee levels and that:

As far as is practicable, the adequate provision of financial resources to meet the foreseeable expenditure for appropriate equipment or handling aids to eliminate or reduce the risks from manual handling and manual handling training relevant to the risks identified.

4.3 HEADS OF SERVICE/SERVICE MANAGERS

Heads of Service will have a pivotal role in the effective implementation of the Moving/Manual Handling Policy. They shall be responsible for ensuring:

- That this policy is implemented within those areas under their control or influence.
- That there is a system to monitor that their Managers are complying with this policy.
- That where two or more Services are located within a building to liaise with other Heads of Service to co-ordinate manual handling arrangements and provision of manual handling aids and equipment.

- That adequate equipment or facilities are provided and maintained and;
- That suitable notices are displayed informing employees of the arrangements for manual handling.

4.3 TEAM LEADERS/SUPERVISORS

Any person who has a managerial/supervisory responsibility for other employees, whatever title they are given has the responsibility to:

- Assess the manual handling risks to employees and others, and to establish appropriate procedures..
- Inform employees of the level of risk in their workplace.
- Ensure that manual handling training is provided where required (different for each service) but no longer than every three years.
- Provide employees with guidance and information to minimise the risk of manual handling injuries.
- Ensure that handling aids and equipment are checked and maintained as per manufacturer's instructions.
- Ensure that a designated person(s) is identified who will monitor and keep appropriate records in regard to:
 - Training
 - Equipment inspection and maintenance
 - Statutory inspections and test of lifting equipment.

4.4 MOVING AND HANDLING CO-ORDINATOR/MOVING AND HANDLING TRAINERS

Where the Service have appointed a Moving and Handling Co-ordinator or Trainer they will ensure that:

- Adequate training programmes for moving and handling are in place within their area of responsibility.
- Oversee the implementation of this policy within their area of responsibility.
- Moving and assisting courses are evaluated and reviewed as necessary and in line with current legislation and guidance.
- Ensure adequate record keeping in relation to training.
- Support the service in carrying out risk assessments.
- To review the moving and handling training programme annually and update any training materials or working practices.
- Advising managers and employees on best practice of moving and handling, and where risks cannot be eliminated.
- Delivering manual handling training as per their training to the Service area they have responsibility for.

- Maintain records of employees who have attended training.
- Designing, facilitating and evaluating the moving and handling training programme for all staffing groups.
- Providing advice and guidance on procurement of equipment and safe systems of work during use of equipment.
- To assist with investigations into moving and handling accidents/incidents, and to advise or make recommendations to prevent further accidents or incidents.
- To liaise with Health & Safety Adviser as and when required.

4.5 EMPLOYEE RESPONSIBILITIES

All employees have a responsibility to ensure that they are complying with the health and safety procedures and requirements appropriate to their job. To achieve this, in relation to this Policy, employees should:

- Where designated as a responsible person ensure that appropriate records are kept and that checks are carried out as per the Council policy.
- Inform their line manager immediately if there are any concerns about safety in relation to manual handling.
- Follow the training provided and use the appropriate handling aids where required.
- Report any incidents where there is a risk of injury due to manual handling or where a musculoskeletal injury has been sustained.

4.6 AGENCY WORKERS AND EMPLOYER RESPONSIBILITIES

Any agency workers working on behalf of Inverclyde Council or the HSCP will have the same level of moving and handling training provided by their employer which is in line with the Scottish Manual Handling Passport Scheme.

Agency workers have a responsibility to ensure that they comply with the health and safety procedures and requirements appropriate to their job when working on behalf of Inverclyde Council or the HSCP.

All training records for agency workers should be available for inspection as and when required.

4.7 HEALTH AND SAFETY TEAM LEADER

The Council Health and Safety Team Leader shall ensure that this Policy is monitored for effectiveness, is subject to regular reviews, and is revised when necessary. They will do so in conjunction with Heads of Service and Trade Union Safety Representatives.

4.8 CORPORATE HEALTH AND SAFETY COMMITTEE

The Corporate Health and Safety Committee will perform a pivotal role in ensuring that this policy is implemented.

The safety committee will oversee monitoring of the effectiveness of the policy and other measures to reduce risks and promote workplace health and safety.

5 IMPLEMENTATION

5.1 TRAINING

All staff must be trained in the proper moving and assisting techniques prior to undertaking work that involves moving and assisting service users or patients, lifting equipment, materials etc. Refresher training should be carried out within an appropriate timescale based on the tasks being undertaken, staff competence and the findings of any relevant risk assessments. Training shall be arranged and co-ordinated at a service level.

5.1.1 INDIVIDUAL – TRAINING RECORDS & COMPETENCY ASSESSMENTS

To ensure that staff are well trained a competency based approach has been taken to ensure that both Council and HSCP staff meet the requirements of the moving and handling passport in Scotland.

Each staff member will have competency based level of learning and assessment which is modular based and assessed annually by approved persons within their respective organisations. The modules have been set out below to give an understanding of the moving and handling passport within Scotland.

- Module A Manual Handling Theory
- Module B Inanimate Objects
- Module C Chair Manoeuvres
- Module D Bed Manoeuvres
- Module E Hoisting
- Module F Lateral Transfers

5.2 COMMUNICATION OF THE POLICY

The policy will be available on ICON, the intranet, as well as publically via the Council website.

6 RISK

6.1 LEGISLATIVE RISK

This policy takes into account the requirements of the Health & Safety at Work etc. Act 1974 and the Management of Health & Safety at Work Regulations, The Manual Handling Operations Regulations 1992. These regulations cover work related tasks that involve the manual handling of items or objects including people or animals and as an employer we shall

- so far as is reasonably practicable, avoid the need for his employees to undertake any manual handling operations at work which involve a risk of their being injured; or
- where it is not reasonably practicable to avoid the need for his employees to undertake any manual handling operations at work which involve a risk of their being injured

- make a suitable and sufficient assessment of all such manual handling operations to be undertaken by them, having regard to the factors which are specified in column 1 of Schedule 1 to these Regulations and considering the questions which are specified in the corresponding entry in column 2 of that Schedule,
- take appropriate steps to reduce the risk of injury to those employees arising out of their undertaking any such manual handling operations to the lowest level reasonably practicable, and
- take appropriate steps to provide any of those employees who are undertaking any such manual handling operations with general indications and, where it is reasonably practicable to do so, precise information on
 - the weight of each load, and
 - the heaviest side of any load whose centre of gravity is not positioned centrally.

6.2 WIDER RISKS

Without this policy there is a risk that the Council does not fulfill its health and safety duties. This in turn could lead to health and safety incidents, financial claims and penalties.

7 EQUALITIES

7.1 CONSULTATION AND ENGAGEMENT

Inverclyde Council recognises the importance of employee consultation and is committed to involving all employees in the development of policies and procedures. The following groups are formally consulted:

- Trade Union Representatives through the Corporate Health and Safety Committee.
- All Chief Officers.
- Employees via the Council Intranet.

7.2 EQUALITY IMPACT ASSESSMENT

This policy has been impact assessed in line with the Council's obligation to comply with the Equality duties.

Organisational Development, Human Resources and Performance

Discipline & Supporting Performance Policy

Version No 2.0

Produced by:

Inverclyde Council
Municipal Buildings
GREENOCK
PA15 1LX

December 2024

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This document can be made available in other languages, large print, and audio format upon request.

DOCUMENT CONTROL

Document Responsibility		
Policy Title	Corporate Group	Service
Discipline & Supporting Performance Policy		

Change History		
Version	Date	Comments
1.0	October 2013	Disciplinary Policy -Changed to reflect Policy & Resources outcomes on 24.9.13
1.1	October 2017	Disciplinary Policy Included reference to the Displacement Selection Criteria Matrix
2.0	February 2025	<p>New policy template used.</p> <p>Added section on expectations of conduct</p> <p>Added section of failure to maintain registration with professional bodies in policy and procedure</p> <p>Added section on anonymous allegations</p> <p>Clarified position with discipline for sessional/supply teachers in policy</p> <p>Added reference to Council's Anti-Fraud and Corruption Policy</p> <p>Added electronic, audio or video recording by any device of the hearing will not be permitted</p> <p>Added clarification it is responsibility of service in conjunction with HR to inform regulatory bodies & to make referral to Disclosure Scotland</p> <p>Sections moved between policy and procedure</p>

Policy Review		
Updating Frequency	Next Review Date	Responsible Officer
5 years	2030	HR Manager

Policy Review and Approval			
Name	Action	Date	Communication
Policy and Resources Committee	Approval	February 2025	ICON, internet, trade unions and employee emails

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1 INTRODUCTION

1.1 EXECUTIVE SUMMARY

The Discipline and Supporting Performance Policy will provide a sound basis for the maintenance of standards of conduct and performance for employees of the Council. Issues will be dealt with at the lowest possible level consistent with the seriousness of the alleged misconduct or performance issues.

1.2 BACKGROUND

This policy complies with the provisions outlined in the ACAS Code of Practice on Disciplinary and Grievance Procedures. Employers and workers should always attempt to address and resolve workplace disciplinary issues. Disciplinary matters can in most cases be settled informally. Where this is not achievable, however, formal action may be necessary.

The ACAS Code of Practice on Discipline and Grievance provides guidance to employers, employees and representatives seeking to resolve these conflicts in the workplace.

A key provision in the code states that disciplinary issues should be dealt with informally, wherever possible. Informal action is often the fastest and most effective way to resolve minor cases of misconduct or poor performance in employees.

1.3 STRATEGIC CONTEXT

This policy supports delivery of the Council Plan 2023/28. Aligning with the Council's vision and values, this policy supports strategic objectives related to workforce management, ensuring compliance with legislative and regulatory obligations. It supports the Council Plan 2023/28 outcomes of:

- More people will be in employment, with fair pay and conditions
- Our employees are supported and developed

1.4 LINKS TO LEGISLATION

The policy and the related procedure complies with the Employment Rights Act (2008), section 199 of the Trade Union and Labour Relations (Consolidation) Act (1992) and the ACAS Statutory Code of Practice 1 – Disciplinary and Grievance Procedures (March 2015).

Under this policy, the Council will ensure that everyone receives equal consideration and that the needs of all are taken into account as per The Equality Act 2010, irrespective of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation. For disabled workers Inverclyde Council will make reasonable adjustments so to allow participation in disciplinary procedure, as far as is reasonable, to the same standard as a non-disabled worker.

1.5 AIM

Inverclyde Council recognises that the provision of excellent services to the public requires employees to perform to the highest possible standards.

The desired outcome of this policy and associated procedure is to ensure employees achieve and maintain satisfactory standards of conduct and performance in a consistent, fair and supportive working environment. These standards are determined through the Code of Conduct, contract of employment, job description/person specification, professional standards and other relevant organisational policies, procedures and guidance or through reasonable expectations set by the manager.

The policy provides a framework with accompanying procedure to ensure that matters are addressed without unreasonable delay where informal support has failed to achieve the required results. However, there may be occasions when disciplinary action is the only recourse open to Inverclyde Council.

1.6 LINKS TO CORPORATE GROUPS

This policy links to the Trade Union Liaison Group and the Workforce Development Group.

2 SCOPE

This policy and procedure applies to all employees of Inverclyde Council including Local Government Employees, Teachers and Chief Officers. The Chief Executive is covered by a separate policy.

It is recognised that there is close partnership working through the Health and Social Care Partnership with NHS employees. Where issues arise in relation to NHS employees in relation to potential discipline issues then information sharing with the NHS Greater Glasgow and Clyde may be appropriate. This should only be done following agreement by the Head of Organisational Development, Policy & Communications and/or Head of Legal & Democratic Services

This policy does not apply to agency and casual workers. Natural justice requires that allegations about the conduct of a casual worker should be addressed using a fair process, with the person being allowed the opportunity to explain his or her side of the incident to the relevant Head of Service. This policy and procedure may be referred to, with advice from HR, to establish an appropriate approach. See associated procedure for further details.

3 POLICY CONTENT

This policy sets out the key principles of the approach to discipline and supporting performance. The related processes are set out in the procedure document.

3.1 EXPECTATIONS OF CONDUCT

The Role of Clear Expectations in Preventing Misconduct

Clear expectations are the foundation of any successful discipline process. Without clearly communicated standards, employees may struggle to understand what is acceptable behavior or performance, leading to misunderstandings or mistakes. Establishing clear expectations from the outset can prevent issues from arising and ensure that employees are aligned with Council objectives and values.

Clear expectations help employees know exactly what is required of them in terms of their job performance, behaviour, and adherence to Council policies. Whether it's setting performance targets, outlining acceptable conduct, or explaining the Council culture, providing these expectations ensures that everyone is on the same page.

When expectations are clear and employees are fully aware of what is expected, the likelihood of misconduct decreases significantly. Employees are more likely to succeed in their roles when they understand the specific behaviours or performance levels that are required. Additionally, clear expectations can serve as a benchmark for both employees and employers to measure progress. If issues do arise, having a well-defined set of expectations in place ensures that the corrective process is based on agreed-upon standards.

Moreover, when expectations are clearly communicated and consistently reinforced, employees are less likely to feel confused, overlooked, or unfairly treated. This contributes to a healthier workplace where individuals understand their roles and responsibilities, and the Council can function more efficiently.

The standards of conduct we are all expected to follow are set out in a range of policies (and associated procedures) including (but not limited to) the:

- Employee Code of Conduct
- Financial Regulations
- Anti-Fraud & Corruption Policy
- Grievance & Dignity & Respect Policy and Procedures
- Whistleblowing Policy
- Acceptable Use of Information Systems Policy
- Corporate Health & Safety Policy
- Recruitment, Selection, Redeployment & Relocation Policy
- Supporting Employee Attendance Policy
- Supporting Alcohol, Substance Use and Gambling Concerns in the Workplace Policy
- Professional bodies and codes, such as Scottish Social Services Council (SSSC), General Teaching Council (GTC)
- PVG Scheme.

We are expected to maintain these professional and reasonable standards of conduct at work.

These policies are available on ICON along with supporting procedures and/or guidance. Colleagues who don't have access to ICON can access them on the external website, or request copies from their manager, ask HR, or their Trade Union Representative if they are a member.

Occupations which are governed by rules and professional standards of conduct set by external regulatory bodies must also be adhered to. Failure to meet and maintain these may result in disciplinary action being taken, up to and including dismissal.

The Council has a statutory duty to notify some external registration bodies and professional when misconduct has taken place or when disciplinary action has been taken. These external bodies include:

- The Scottish Social Services Council
- The Care Inspectorate
- Police Scotland
- Disclosure Scotland
- General Teaching Council

3.2 MISCONDUCT

Misconduct is behaviour that is considered unacceptable at work. It can also include unacceptable behaviours outside work if it impacts on your contract of employment.

Further details may be found in the associated procedure.

3.3 GROSS MISCONDUCT

Gross misconduct is behaviour and/or conduct that is so serious that your employment with us will normally be brought to an end without notice or pay in lieu of notice (summary dismissal). Gross misconduct can also occur outwith the workplace. There are more details surrounding misconduct and gross misconduct in the procedure, including examples of each.

Further details may be found in the associated procedure.

3.4 CONDUCT OUTWITH THE WORKPLACE

It is also important to note than an employee's conduct outside of the workplace may also lead to them being considered under the Disciplinary Policy, the Council's Code of Conduct is key in this respect and all employees and managers should familiarise themselves with their obligations.

3.5 CAPABILITY DUE TO PERFORMANCE

In the context of this policy, capability relates to an employee's ability to perform their duties. Capability in general relates to application of effort, quality of work, general performance or similar issues which may result in disciplinary proceedings being instigated.

Normally, disciplinary proceedings under this heading will be applied following the exhaustion of a performance management process where the necessary level of performance has not been achieved.

Further details may be found in the associated procedure.

3.6 REGISTRATION WITH PROFESSIONAL BODIES

This policy emphasises that it is each employee's responsibility to ensure his or her registration with relevant professional bodies e.g. GTC/SSSC etc. remains current at all time.

It is a responsibility of employees to ensure that they maintain such registration as is necessary to enable them to practise their profession. Where registration is a requirement, and an employee allows their registration to lapse, they are not in a position to work in the capacity for which they are employed.

Further details can be found in the associated procedure.

3.7 OBLIGATION TO INFORM REGULATORY BODIES & THE RIGHT TO LEGAL REPRESENTATION

The Council will inform regulatory/inspectorate organisations and/or government bodies such as the Scottish Social Services Council (SSSC), General Teaching Council (Scotland) (GTCS), Health and Care Professionals Council (HCPC), Police Scotland, Scottish Ministers, and any other organisations who become relevant in the future, of any disciplinary outcomes or proceedings as required in line with the individual requirements of each body.

This will be the responsibility of the employing service. Any officers dealing with such cases must do so in conjunction with the Head of Organisational Development, Policy & Communications.

Where relevant, appropriate representation at Disciplinary Hearings may be extended to allow a legal advisor in circumstances where the potential outcome of the proceedings would perhaps prevent employees from practicing their chosen career either by being legally barred or making employment in their employment sector highly unlikely in the future.

3.8 NOTIFICATION TO DISCLOSURE SCOTLAND – PROTECTION OF VULNERABLE GROUPS (PVG) SCOTLAND ACT (2007)

The PVG Act aims to provide a robust system by which unsuitable people are identified and prevented from doing regulated work with children or protected adults. To facilitate this aim, it is necessary for organisations to pass on information to Disclosure Scotland that indicates an individual may be unsuitable to do regulated work so that it can be properly evaluated and appropriate action taken. The process of providing such information to Disclosure Scotland is called 'making a referral'.

The referral process to Disclosure Scotland is entirely separate from any dispute or appeal against disciplinary action or dismissal.

It is an offence not to make a referral within 3 months of the criteria for referral being met. The criteria is set out in the Act itself and will be referred to relevant officers handling the case.

Failure to refer can result in a fine and a prison sentence of up to 5 years. Individuals within organisations may be prosecuted, alongside the organisation itself, if it can be demonstrated that the offence was committed with their consent, connivance or through their negligence.

A referral will be the responsibility of the employing service. Any officers dealing with cases which may involve a referral to Disclosure Scotland, must do so in conjunction with the Head of Organisational Development, Human Resources & Communications.

The Service will also notify Disclosure Scotland where an employee resigns in anticipation of punitive disciplinary action, is transferred to any alternative post, or were on a fixed term/temporary contract which has or was due to expire.

3.9 PVG STATUTORY DUTIES

While it is important to emphasize the supportive role given to employees and their families who find themselves experiencing difficulties, it should also be noted that there is a statutory requirement for the Council, and by implication, its employees, to protect children and vulnerable adults.

Further details can be found in associated procedure.

3.10 PRECAUTIONARY SUSPENSION

There may be instances where suspension with full pay is necessary following an incident. Normally this will be where there is good reason to believe that the individual's presence at work might:

- impede or inhibit the investigation;
- prejudice a subsequent dismissal on grounds of gross misconduct if challenged before an employment tribunal;
- present an immediate risk to colleagues, service users, pupils, the public or the Council's resources (physical or intellectual).

Suspension other than in cases to prevent an immediate risk should be a last resort.

Further details can be found in associated procedure.

3.11 ANONYMOUS ALLEGATIONS

The question of whether employers can use anonymous evidence in a disciplinary procedure is a topic which often raises concerns regarding transparency, conflicting rights and reliability. The use of anonymous evidence can significantly impact the outcome of a disciplinary procedure, potentially affecting the career and reputation of employees involved. Therefore, it is important that a balance is maintained between the rights of witnesses who wish to maintain anonymity and the employee in question.

Further details can be found in associated procedure.

This provision sits alongside the Whistleblowing (Confidential Reporting) Policy which is intended to encourage the raising of serious concerns.

3.12 ALLEGATIONS AGAINST TRADE UNION REPRESENTATIVES:

Where formal action is being considered with regard to an accredited representative of a recognised trade union or professional organisation, the manager will seek to discuss the details with an official of the organisation concerned in advance.

3.13 FRAUD/CORRUPTION

It is the aim of the Council to provide excellent public services and it needs to ensure propriety and accountability in all matters. The Council considers that it has a duty to protect itself and the public from fraud and corruption and is committed to the rigorous maintenance of a strategy for the prevention and detection of fraud and corruption. Details of the policy for this and how it connects with the Council's disciplinary processes can be found within the Council's Anti-Fraud and Corruption Policy.

3.14 CRIMINAL CHARGES/ VACANCY CAUSED BY DISCIPLINARY ACTION OR IMPRISONMENT

Where the disciplinary action taken is dismissal and the employee lodges an appeal, consideration should be given to not filling the post on a permanent basis until the appeals procedure is completed.

Where an employee is charged with or convicted of, a criminal offence, consideration must be given to the nature of the offence and the likely impact on the workplace should the employment relationship be continued.

If an employee is imprisoned, it will be necessary for the Director or Head of Service to consider the specific circumstances and the needs of the Service to have the employee's duties performed. The matter should then be discussed with the Head of Organisational Development, Policy & Communications.

Further details can be found in associated procedure.

3.15 INVESTIGATIONS INVOLVING RESIDENTIAL CLIENTS ALLEGATIONS

In all cases involving children in residential accommodation, advice should be sought from the Chief Social Work Officer prior to arranging any interview of the child. Full details are documented in the supporting Disciplinary Procedures

It is the Council's policy that clients in residential accommodation are not called to any disciplinary hearing as attendance at such hearings could be detrimental to their care.

3.16 DISCIPLINARY INCIDENTS RAISED AS A RESULT OF INFORMATION FROM NON-COUNCIL EMPLOYEES

It is possible that incidents will arise during the course of employment whereby an employee's conduct or capability is investigated as a result of information or complaints received from the Public, Service Users, Service Users Families, Pupils or their Parents/Carers/Guardians etc.

There is a Corporate Complaints Handling Procedure as well as a service specific complaint handling procedures which enable non-employees to raise concerns about services or employees delivering services. (HSCP and Education for example have different procedures depending on the client group and the nature of complaint etc). It is important that the Council considers these incidents fully; in many cases this is a legal requirement.

If any of these complaints received about employees are considered by management to merit further investigation under this policy & procedure, the complaint will be used as part of the investigatory/fact finding stage. Normally this information will be in the form of email or

letter and information will be anonymised as much as possible to ensure there are no data protection issues arising.

It may be necessary for Investigatory Officers to meet with non-employees to gather further information - this should only be done following agreement by the Head of Organisational Development, Policy & Communications and/or Head of Legal & Democratic Services.

3.17 ADDICTION

Where it is required to take account of an addiction problem at any stage throughout the formal disciplinary process, consideration should be taken of the Council's policies on Supporting Alcohol, Substance Use and Gambling Concerns in the Workplace prior to any decision making. The Council may also seek advice from Occupational Health Providers and/or support from specialist services for independent, specialist opinion.

3.18 CONFIDENTIALITY

All matters relating to discipline are confidential and no employee of the Council will disclose any information to anyone else within or outside the Council not involved in the case proceedings, including in circumstances where an employment reference has been requested, without the approval of the Head of Organisational Development, Policy & Communications, or in the case of Chief Officers, the Chief Executive (or any delegated officer whom they deem appropriate).

Notwithstanding the above, if through the course of disciplinary proceedings, information comes to light, which raises concerns about the welfare of a child or vulnerable adult, the Council has a statutory obligation to report these concerns to the appropriate authorities.

3.19 AUDIO/VIDEO RECORDINGS

The use of covert recordings by employees and/or their management will not be accepted as evidence in any investigations, disciplinary proceedings or appeal hearings.

CCTV/audio or video recordings may be used. Where this is via CCTV the employee should be aware that the area is covered by CCTV.

All parties will be given the opportunity to view/hear any CCTV recordings which are being used in disciplinary proceedings. Where necessary, this will be done separately from a disciplinary hearing.

Electronic, audio or video recording by any device of the hearing will not be permitted.

3.20 CONTRACT OF EMPLOYMENT

Reference to the Disciplinary and Supporting Performance Policy and Procedures are included in an employee's Contract of Employment and Conditions of Service.

3.21 REDUNDANCY MATRIX

When the Displacement Selection Criteria Matrix is being applied in relation to the Voluntary Severance Policy consideration to any live disciplinary records will be given.

3.22 APPEALS

In the case of appeals against written and final written warnings or punitive action these will normally be considered by the next level of management up from that which issued the warning.

In the case of appeals against dismissal on the grounds of all matters relating to attendance or non-attendance e.g. capability, these will be considered by the Council's Human Resources Appeals Panel (Officers).

In cases of appeal against dismissal on the ground of misconduct (i.e. accumulation of misconduct issues) or gross misconduct these will be considered by the Council's Human Resources Appeals Board (Elected Members).

All punitive sanctions may be held in abeyance depending on the circumstances until the appeals process has been exhausted. If the appeal is not- upheld, backdating of sanction will be to the original date of the outcome decision being issued.

Letters of Appeal (emails will also be accepted) must be submitted within 14 days of the outcome letter being received, those received outwith this time scale will be considered time barred and will not take place.

4 ROLES AND RESPONSIBILITIES

4.1 Chief Executive

The Chief Executive will ensure that the Council will adhere to all its statutory responsibilities in relation to the provisions of this policy.

4.2 Directors

Chief Officers are responsible for the application of this policy and accompanying procedure within their Directorates.

4.3 Heads of Service

Chief Officers are responsible for the application of this policy and accompanying procedure within their service delivery remit.

4.4 Service Managers/Line Managers

Service Managers/Line Managers have responsibility for applying this policy, its provisions and those of the accompanying procedure and managing their employees conduct.

Line Managers should:

- Ensure fairness and consistency in decision-making in relation to the application of the policy.
- Maintain confidentiality.
- Endeavour to try to resolve conduct issues informally in the first instance.

- Create an environment where employees are aware of this policy, its expectations, and the consequences of not meeting the required standards of conduct.
- Make sure that they and their team members are aware of the Council's required standards of conduct;
- Make sure that they and their team members are aware of any externally set occupational requirements and/or professional standards;
- Enforce these and take action to improve conduct where necessary; and
- Handle any disciplinary issue sensitively, fairly and within a reasonable timescale

4.5 Employees

Employees have a responsibility to:

- Familiarise themselves with the contents of this policy and accompanying procedure.
- Co-operate with the requirements of the policy.
- Act in a manner that is consistent with the Council's reputation and undertake work tasks and activities, as set out in job profiles.
- Maintain good working relationships with colleagues and managers.
- Comply with statutory requirements, for example, all health & safety regulations and observe all rules affecting their service area, regulations and operating policies and procedures.
- Meet and maintain the required standards of conduct; and
- Meet and maintain any externally set occupational registration requirements and/or professional standards of conduct.

4.6 Investigating Officer

The investigating Officer is responsible for conducting a thorough investigation and producing a comprehensive report with recommendations based on the evidence gathered in accordance with this policy and its accompanying procedure and guidance.

4.7 The Role of the Employee's Companion

The Employment Relations Act calls the person accompanying the employee "a companion". This policy allows a Trade Union Representative or Work colleague to be the companion. Under the Act, the companion can address the hearing to put the employee's case, sum up that case, and respond on the employee's behalf to any view expressed at the hearing. The companion may confer with the employee during the hearing. The companion may not answer questions on the employee's behalf. The companion should not be somebody who is directly involved in the incident leading to the hearing or be a relative.

4.8 The Role of Human Resources

The Head of Organisational Development, Policy & Communications is responsible for the formulation of disciplinary rules and procedures including the classification of misconduct.

HR are responsible for providing advice on the application of the policy and attending complex investigations/disciplines in accordance with categories details in associated procedure.

Where an HR advisor is present at either the Investigatory, Disciplinary or Appeal Hearings they will play an active role including questioning those present.

5 IMPLEMENTATION

5.1 Training

Training will be in accordance with the Council's Corporate Training Matrix

5.2 Communication of the Policy

A copy of the policy will be stored electronically in the Human Resources section of ICON the intranet site and on the Council's internet.

A copy of the policy will be circulated to members of the Trade Union Liaison Group and the Workforce Development Group.

A communication will be sent to staff by Corporate Communications to make them aware that the revised policy has been issued and that they are responsible for familiarising themselves with the updated version.

6 RISK

6.1 LEGISLATIVE RISK

Not having a fair disciplinary policy and procedure in place puts an organisation at risk of legal claims, reputational damage, and poor employee morale. Employers are expected to follow the ACAS Code of Practice on Disciplinary and Grievance Procedures. For example any unreasonable failure by either party to comply with the code may result in the tribunal increasing or decreasing compensation by up to 25%. This amount is in addition to the legal costs of preparing and attending the tribunal and, also, the lost time of key managers within the Council.

7 EQUALITIES

7.1 CONSULTATION AND ENGAGEMENT

This policy was updated in consultation with the Trade Union Liaison Group.

7.2 EQUALITY IMPACT ASSESSMENT

This policy was assessed in relation to the Council's equality duties. All employees are entitled to use, access and be subjected to the policy and there is no evidence to indicate that this policy could affect employees differently or less favourably, on the grounds of their Protected Characteristics.

