
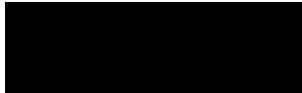


# Asbestos Policy



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<b>Owner</b>	Compliance Manager
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<b>Strategic Lead</b>	<b>Deputy Chief Executive Officer</b>
<b>Sign</b>	
<b>Date</b>	<b>August 6, 2024</b>
<b>Chair of Board</b>	<b>Paul Wightman</b>
<b>Sign</b>	
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### Document Version Control

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## **1.0 Introduction and Objectives**

- 1.1 As a landlord, Warwick District Council is responsible for maintenance and repairs to our homes, communal blocks and other properties we own and manage, many of which will have been constructed using asbestos containing materials. As such, we have a legal duty to manage asbestos in these buildings.
- 1.2 Homes or buildings built or refurbished before the year 2000 may contain asbestos. If an asbestos containing material is disturbed or damaged it can release asbestos fibres into the air which are a danger to health if inhaled. Workers who carry out repairs and maintenance work are at particular risk, however, building occupants could also be put at risk.
- 1.3 The key objective of this policy is to ensure our Cabinet, Management, employees, partners and residents are clear on our legal and regulatory asbestos safety obligations. This policy provides the framework our staff and partners will operate within to meet these obligations.
- 1.4 This policy forms part of our wider organisational commitment to driving a health and safety culture amongst staff and contractors (as detailed within our Health and Safety Policy). It will be saved on our Document Management System (DMS) and distributed to all relevant members of staff.

## **2.0 Scope**

- 2.1 This policy applies to the following property types:
  - Domestic properties (houses, flats bungalows, and so on).
  - Communal blocks.
  - Sheltered / independent living schemes.
- 2.2 Some aspects of this policy also apply to individual domestic properties (houses, flats bungalows, and so on). Applicable items will be clearly referenced.
- 2.3 This policy is relevant to all our employees, residents, contractors, stakeholders and other persons who may work on, occupy, visit, or use our premises, or who may be affected by our activities or services. Adherence to this policy is mandatory.

## **3.0 Roles and Responsibilities**

- 3.1 The Board has overall governance responsibility for ensuring this policy is fully implemented to ensure full compliance with legislation and regulatory standards. As such, the Board will formally approve this policy and review it every two years (or sooner if there is a change in legislation or regulation).

- 3.2 The Management Team will receive fortnightly performance reports in respect of asbestos safety and ensure compliance is being achieved. They will also be notified of any non-compliance issue identified.
- 3.3 The Deputy Chief Executive Officer has strategic responsibility for the management of asbestos safety, and ensuring compliance is achieved and maintained. They will oversee the implementation of this policy.
- 3.4 Under the requirements of the Social Housing (Regulation) Act 2023 we have appointed the Deputy Chief Executive Officer as our Health and Safety Lead.
- 3.5 The Compliance Manager has overall operational responsibility for asbestos management. The Contract Administrator has day-to-day operational responsibility for managing asbestos safety and will be responsible for overseeing the delivery of these programmes. The Contract Administrator will fulfil the role of the Appointed Person on behalf of Warwick District Council.
- 3.6 The Compliance Team Leader is the Deputy Appointed Person who will provide cover to the Contract Administrator (Appointed Person) in their absence.
- 3.7 A No Access Policy will be developed so that Housing teams will be able to provide support where gaining access to properties is difficult and therefore will be able to assist and facilitate any legal processes as necessary.

#### **4.0 Legislation, Guidance and Regulatory Standards**

4.1 **Legislation** - The principal legislation applicable to this policy is:

- The Control of Asbestos Regulations 2012.
- This policy also operates within the context of additional legislation (see Appendix 1).

4.2 **Approved Code of Practice (ACoP)** - The principal ACoP applicable to this policy is:

- ACoP L143 - Managing and working with Asbestos (Second edition, 2013).

4.3 **Guidance** – The principal guidance documents applicable to this policy are:

- HSG227 - A comprehensive guide to managing asbestos in premises (First edition, 2002).
- HSG247 - Asbestos: The licensed contractors' guide (First edition, 2006).
- HSG264 - Asbestos: The survey guide (Second edition, 2012).
- INDG223 - Managing asbestos in buildings: a brief guide (Revision 5, April 2012).
- HSG210 - Asbestos Essentials: A task manual for building, maintenance and allied trades and non-licensed asbestos work (Fourth edition, 2018).

- HSG248 – Asbestos: The Analysts’ Guide (Second edition, 2021).

4.4 **Regulatory standards** – We must ensure we comply with the Regulator of Social Housing’s regulatory framework and consumer standards for social housing in England; the Safety and Quality Standard is the primary one applicable to this policy.

The Social Housing (Regulation) Act 2023 changes the way social housing is regulated and may result in future changes to this policy.

4.5 **Sanctions** – Failure to discharge our responsibilities and obligations properly could lead to sanctions, including prosecution by the Health and Safety Executive (the HSE) under the Health and Safety at Work Act 1974; prosecution under the Corporate Manslaughter and Corporate Homicide Act 2007; prosecution under the Control of Asbestos Regulations; and via a regulatory judgement from the Regulator of Social Housing.

## 5.0 Obligations

5.1 Under The Control of Asbestos Regulations 2012 (CAR 2012) Warwick District Council has a legal obligation under Part 2, Section 4 ‘Duty to manage asbestos in non-domestic properties’ and is the ‘Duty Holder’ for the purposes of the legislation. We are required to:

- Find out if asbestos containing materials (ACMs) are present, where we have an obligation to do so, presuming that materials contain asbestos unless we have strong evidence that they do not.
- Identify the location and condition of any ACMs.
- Assume asbestos is present if the property was built prior to the year 2000.
- Keep an up-to-date record (an asbestos register) of the location and condition of ACMs or presumed ACMs.
- Assess the risk from any ACMs found.
- Prepare an Asbestos Management Plan that sets out how we will manage the risk from ACMs, and review and monitor its implementation.
- Set up a system to provide information on the location and condition of ACMs to anyone who is liable to work on or disturb them.
- Assess the reliability of information we receive relating to asbestos within the properties we own and manage. Anyone who has information on the whereabouts of asbestos within these properties is required to make this available to us.

## 6.0 Statement of Intent

- 6.1 We acknowledge and accept our responsibilities under CAR 2012 as outlined in Section 5, and we recognise that the main hazard in relation to asbestos is the non-identification of ACMs. As such, we will protect those persons potentially exposed to asbestos as far as is reasonably practical, through the use of appropriate control measures and working methods.
- 6.2 We will have an Asbestos Management Plan and will maintain an asbestos register.
- 6.3 We will ensure that information about ACMs (known or presumed) is provided to every person liable to disturb it, accidentally or during the course of their work. This includes employees, contractors and residents. Following the approval of this policy we will consider developing and providing resident friendly information about ACMs to our residents.
- 6.4 We will generally not use asbestos labelling in domestic premises or non-domestic premises and common areas of domestic blocks. However, should we decide to use asbestos labelling within the lifecycle of this policy, we will update the policy accordingly.
- 6.5 We will provide appropriate personal protective equipment to our in-house delivery team where required.
- 6.6 We will ensure that there is a robust process in place to manage immediately dangerous situations identified during asbestos related works.
- 6.7 We will operate effective contract management arrangements with the contractors responsible for delivering the service, including ensuring contracts/service level agreements are in place, conducting client-led performance meetings, and ensuring that contractors' employee and public liability insurances are up to date on an annual basis.
- 6.8 A No Access Policy will be developed so that Housing teams will be able to provide support where gaining access to properties is difficult and therefore will be able to assist and facilitate any legal processes as necessary.
- 6.9 We will establish and maintain a risk assessment for asbestos management and operations, setting out our key risks from asbestos and appropriate mitigations.
- 6.10 To comply with the requirements of the Construction (Design and Management) Regulations 2015 (CDM) a Construction Phase Plan will be in place for all repairs to void and tenanted properties (at the start of the contract and reviewed annually thereafter), component replacement works and refurbishment projects.

## 7.0 Programmes

- 7.1 **Non-domestic properties** – All non-domestic properties (communal blocks/supported schemes) that we own or manage, built prior to the year 2000, will have an asbestos

management survey that is compliant with CAR 2012 (dated after 6 April 2012 when this legislation came into effect).

- 7.2 We are in the process of establishing a programme of asbestos re-inspections for all properties that contain ACMs (known or presumed). Currently re-inspections are carried out annually, however, we will work towards a more risk-based approach with items identified by the previous survey. We will not re-inspect any properties where the initial asbestos management survey confirms that there are no ACMs.
- 7.3 **Domestic properties** – Following approval of this policy we will endeavour to hold asbestos survey data on our domestic properties. Within the lifecycle of this policy, we will consider a risk-based approach to carrying out surveys within domestic properties.
- 7.4 **Garages** – We have conducted management surveys on approximately 70 garages, many of which may contain ACMs. We will continue to carry out a risk-based programme of sample inspections to assess the location and condition of ACMs within these garages and implement a programme of remedial works as necessary.
- 7.5 **Repairs / planned maintenance** - We will endeavour to review existing asbestos survey information prior to carrying out any intrusive void work, day-to-day repairs, planned maintenance or refurbishment work. Where there is no asbestos information, prior to the work taking place, we will commission a refurbishment/demolition survey to the areas of the property that are likely to be disturbed as part of the proposed works. We will also undertake a management survey to the remainder of the property as part of the same refurbishment/demolition survey. Once completed, survey details will be provided to the relevant operatives or contractors.

## 8.0 Follow-up Work

- 8.1 Where asbestos is positively identified and removal, sealing or encapsulation is recommended by the competent person, this will be carried out as follows:
- **Non-licensed works** (as defined in regulation 2 of CAR 2012) – will be undertaken by a Licensed Asbestos Removal Contractor (LARC) licensed by the Health and Safety Executive in compliance with CAR 2012.
  - **Notifiable non-licensed works** (as defined in regulation 2 of the CAR 2012) – will be undertaken by a LARC.
  - **Licensed works** (as defined in regulation 2 of CAR 2012) – will be undertaken by a LARC.



## **9.0 Data and Records**

- 9.1 We will maintain a core asset register of all properties we own or manage, setting out which properties are and are not required to be included on the asbestos re-inspection programme.
- 9.2 We will operate a robust process to manage all changes to stock, including property acquisitions and disposals, to ensure that properties are not omitted from asbestos programmes and the programme remains up to date.
- 9.3 We will keep an asbestos register in the nominated surveying contractors web portal, accessible by WDC staff and approved contractors, and duplicate records are held in the DMS which is interfaced with Active H. The asbestos register will include details of ACMs in the properties we own or manage, with information on the type, address, location and condition. We will hold inspection dates, asbestos surveys, details of remediation works and evidence of completion of these works in the Active H system.
- 9.4 We will keep all these records indefinitely unless specified otherwise in the Records Management Policy and have robust processes and controls in place to maintain appropriate levels of security for all asbestos related data.
- 9.5 We will keep air monitoring and health surveillance records for at least 40 years.

## **10.0 Resident Engagement**

- 10.1 We consider good communication essential in the effective delivery of asbestos safety, therefore we will establish a resident engagement strategy and communication programme. This will support residents in their understanding of asbestos, advise them of how they can manage any risk if there is asbestos within their property, and encourage them to report any asbestos safety concerns.
- 10.2 We also aim to successfully engage with vulnerable and hard to reach residents. We will share information clearly and transparently and will ensure that information is available to residents via regular publications and information on our website.

## **11.0 Competent Persons**

- 11.1 The operational lead will hold a P405, P402, P407 or W504 qualification (or equivalent). If they do not have one of these, they will obtain this within 12 months of the approval of this policy.
- 11.2 Only competent contractors (as per HSG264) will carry out asbestos management surveys.

- 11.3 Only competent Licensed Asbestos Removal Contractors will carry out all work on asbestos, including non-notifiable non-licensed work, notifiable non-licensed work or licensed works.
- 11.4 Suitably competent persons will undertake asbestos re-inspections and the removal of non-licensed asbestos, under the supervision of persons who are suitably trained and competent to manage this work.
- 11.5 Only suitably competent asbestos consultants and contractors will provide third party technical quality assurance checks.
- 11.6 We will check that our contractors hold the relevant qualifications and accreditations when we procure them, and thereafter on an annual basis; we will evidence these checks and each contractor’s certification appropriately.

**12.0 Training**

- 12.1 We will establish training on this policy and the procedures that support it, through appropriate methods including team briefings; basic asbestos awareness training; and on the job training for those delivering the asbestos programme, planned maintenance and repair works as part of their daily job. All training undertaken by staff will be formally recorded.

**13.0 Performance Reporting**

- 13.1 We will report key performance indicator (KPI) measures for asbestos safety that follow the requirements set out in the Tenant Satisfaction Measures (TSMs) which came in to force on 1 April 2023 and must be reported to the Regulator on an annual basis.
- 13.2 We will report the following asbestos safety performance:

Report recipient	Frequency
Regulator of Social Housing	Annual
Management Team	Fortnightly
Board	Monthly
Asset and Compliance Committee	Bi-monthly
Resident Involvement Group	Bi-annually

- 13.3 We will also report the following:

**Data – the total number of:**

- Properties split by category (communal blocks/schemes, commercial/other).
- Properties with a post 2012 management survey.

- Properties without a post 2012 management survey.
- Properties on the re-inspection programme.
- Properties not on the re-inspection programme.
- Properties with a valid and in date re-inspection.
- Properties without a valid and in date re-inspection.
- Properties due to be re-inspected within the next 30 days.
- Completed, in-time and overdue follow-up actions arising from the surveys.

**Narrative - an explanation of the:**

- Current position.
- Corrective action required.
- Progress with completion of follow-up works.

**In addition:**

- The percentage of domestic properties with full asbestos data.
- The number of RIDDOR notifications to the HSE with regards to asbestos safety.

## **14.0 Quality Assurance**

- 14.1 Following approval of this policy we will begin to require external contractors to provide the results of their own five per cent quality assurance audit checks, on a monthly basis as required by UKAS.
- 14.2 We will endeavour to undertake ten per cent third party audits of asbestos removals and air monitoring.
- 14.3 We undertake internal desktop audits to one hundred per cent of all records.
- 14.4 We will procure an independent audit of asbestos management within six months of the approval of this policy. We will endeavour to carry out audits at least once every two years, to specifically test for compliance with legal and regulatory obligations and to identify any non-compliance issues for correction.

## **15.0 Significant Non-Compliance and Escalation**

- 15.1 Our definition of significant non-compliance is any incident which has the potential to result in a potential breach of legislation or regulatory standard, or which causes a risk to health or safety, and which needs to be managed as an exception to routine processes and procedures.
- 15.2 All non-compliance issues will be reported and escalated as soon as possible, and no later than 24 hours after the incident occurred, or of a Warwick District Council employee becoming aware of it.

- 15.3 Any non-compliance issue identified at an operational level will be formally reported to the Compliance Manager in the first instance, who will agree an appropriate course of corrective action with the Deputy Chief Executive Officer and report details of the same to the Management.
- 15.4 In cases of serious non-compliance, Management Team and Board will consider whether it is necessary to disclose the issue to the Regulator of Social Housing as required by the regulatory framework, or any other relevant organisation such as the Health and Safety Executive.
- 15.5 We will ensure there is a robust process in place to investigate and manage all RIDDOR notifications made to the HSE in relation to asbestos safety and will take action to address any issues identified and lessons we have learned, to prevent a similar incident occurring again.

## 16.0 Glossary

16.1 This glossary defines key terms used throughout this policy:

- **Duty Holder:** The owner of the non-domestic premises or the person or organisation that has clear responsibility for the maintenance or repair of non-domestic premises, for example through an explicit agreement such as a tenancy agreement or contract.
- **Management survey:** A survey to enable the management of asbestos-containing materials during the normal occupation and use of premises.
- **Refurbishment/demolition survey:** A refurbishment/demolition survey is a survey which is necessary prior to any works which may affect the fabric of a building, and which is used to locate (as far as reasonably practicable) asbestos-containing materials. The survey may be within a localised area or cover the whole building.
- **UKAS:** The appointed national accreditation body for asbestos surveyors. Accreditation is a means of assessing, in the public interest, the technical competence and integrity of organisations offering evaluation services.

## Appendix 1 - Additional Legislation

This policy also operates within the context of the following legislation:

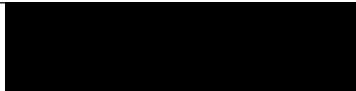
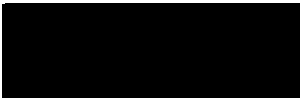
- Defective Premises Act 1972
- Health and Safety at Work Act 1974
- Landlord and Tenant Act 1985
- Homes (Fitness for Human Habitation) Act 2018
- The Occupiers' Liability Act 1984

- The Workplace (Health Safety and Welfare) Regulations 1992
- Personal Protective Equipment at Work Regulations 1992
- The Asbestos (Licensing) (Amendment) Regulations 1998
- The Management of Health and Safety at Work Regulations 1999
- Control of Substances Hazardous to Health Regulations (as amended) 2002 (COSHH)
- Hazardous Waste (England and Wales) Regulations 2005 (Amendment 2009)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Construction (Design and Management) Regulations 2015
- Data Protection Act 2018
- Social Housing (Regulation) Act 2023

# Building Safety Policy



<b>Owner</b>	Deputy Chief Executive Officer
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<b>Strategic Lead</b>	<b>Deputy Chief Executive Officer</b>
<b>Sign</b>	
<b>Date</b>	<b>August 6, 2024</b>
<b>Chair of Board</b>	<b>Paul Wightman</b>
<b>Sign</b>	
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**1.0 Introduction and objectives**

- 1.1 The Building Safety Act 2022 (the Act) received Royal Assent on 28 April 2022. The Act includes fundamental changes to improve building, fire and structural safety: its ultimate objective is that people will be, and will feel, safer in their homes.
- 1.2 As a landlord and building owner, Warwick District Council must take action to identify, manage and mitigate risks associated with structural and fire safety for buildings that we own and manage to protect our residents, buildings and anyone else affected by our business.
- 1.3 The objective of this policy is to ensure that our Board, Management Team, employees, partners and residents understand our legal building safety obligations, and the framework everyone should operate within to meet these obligations.
- 1.4 This policy forms part of our wider organisational commitment to a positive safety culture and should be read in conjunction with our overarching Compliance Strategy, Corporate Health and Safety Policy, and Fire Safety Policy. It will be saved on our Intranet and external website and distributed to all relevant members of staff.

**2.0 Scope**

- 2.1 This policy applies to higher-risk buildings as defined within Part 4 of the Act, which are buildings with at least seven storeys or at least 18 metres in height and have at least two residential units.
- 2.2 The scope of this policy focuses on the obligations set out for occupied, higher-risk buildings under Part 4 of the Act.
- 2.3 Warwick District Councils owns and manages six higher-risk buildings as detailed below:

Building
(1-89) Eden Court
(2-92) Southorn Court
(2-92) Ashton Court
(1-54) Radcliffe Gardens
(29-74) Stamford Gardens
(1-64) Westbrook House

- 2.4 This policy is relevant to all our employees, residents, contractors, stakeholders and other persons who may work on, occupy, visit, or use our premises, or who may be affected by our activities or services. Adherence to this policy is mandatory.

### 3.0 Roles and responsibilities

3.1 Under the Act, when the building is occupied Warwick District Council is the **Accountable Person**. An **Accountable Person** is an organisation or individual who owns or has a legal obligation to repair any common parts of the buildings.

We have confirmed that there are no other organisations or individuals who have Accountable Person responsibilities for any of the six higher-risk buildings.

3.2 To fulfil the duties under the Act, Warwick District Council will delegate responsibilities to the wider team, who will implement and oversee the arrangements and delivery of building safety in our occupied higher-risk buildings (see Sections 3.8 - 3.10 below).

3.3 The Board has overall governance responsibility for ensuring this policy is implemented to ensure compliance with legislation and regulatory standards. The Board will approve this policy and review it every two years (or sooner if there is a change in legislation or regulation).

3.4 The Management Team will receive fortnightly performance reports in respect of building safety and ensure compliance is being achieved. They will also be notified of any non-compliance issue.

3.5 The Deputy Chief Executive Officer has strategic responsibility for the management of building safety, and ensuring compliance is achieved and maintained. They will oversee the implementation of this policy and will be the named person required for registering the buildings and submitting mandatory occurrences to the building safety.

3.6 Under the requirements of the Social Housing (Regulation) Act 2023 we have appointed the Deputy Chief Executive Officer as our Health and Safety Lead.

3.7 The Building Safety Lead and Fire Safety Lead have overall operational responsibility for the management of building safety and the six higher-risk buildings.

3.8 The Building Safety Lead and Fire Safety Lead will be supported by the Housing Health and Communities Team, Compliance Team and Media Team to deliver day-to-day management of our higher-risk buildings and maintain communication with residents to ensure safety standards are adhered to.

### 4.0 Legislation, guidance and regulatory standards

4.1 **Legislation** - The principal legislation applicable to this policy is:

- The Building Safety Act 2022 – the main provisions of the Act came into force from April 2023. Full implementation of the Act was in October 2023.
- This policy also operates within the context of secondary and additional legislation (see Appendix 1).

4.2 **Regulatory** standards – We must ensure we comply with the Regulator of Social Housing’s regulatory framework and consumer standards for social housing in England; the Safety and Quality Standard is the primary one applicable to this policy.

The Social Housing (Regulation) Act 2023 changes the way social housing is regulated and may result in future changes to this policy.

4.3 **Sanctions** – Failure to discharge our responsibilities and obligations properly could lead to sanctions, including:

- Compliance notices, urgent action notices, fines or imprisonment from the Building Safety Regulator.
- Prosecution or fines by the Health and Safety Executive (HSE) or Fire and Rescue Service.
- Prosecution under the Corporate Manslaughter and Corporate Homicide Act 2007, which could result in unlimited fines, remedial orders and publicity orders.
- Compensation claims under the Defective Premises Act 1972 or Section 38 of the Building Act 1984.
- A regulatory judgement or other sanction from the Regulator of Social Housing.

## 5.0 Obligations

5.1 Under the Act, as an **Accountable Person** for occupied higher-risk buildings we must take reasonable steps to:

1. Assess and manage building safety risks.
2. Prevent the spread of fire and structural failure.
3. Reduce the seriousness of an incident if one happens

5.2 As we are also the **Principal Accountable Person**, we have the following additional duties to:

- Register occupied higher-risk buildings with the Building Safety Regulator (BSR).
- Prepare safety cases and safety case reports for higher-risk buildings.
- Apply for a building assessment certificate when directed to do so by the BSR.
- Undertake building safety risk assessments.
- Implement processes to ensure the golden thread of information.
- Introduce a building safety management system.
- Implement a mandatory occurrence reporting system.
- Produce residents’ engagement strategies.
- Establish a complaints procedure for residents.

## 6.0 Statement of intent

- 6.1 We acknowledge and accept our responsibilities under the Building Safety Act 2022 as outlined in Section 5 and set out what we will do to meet these duties in Section 7.
- 6.2 We will comply with the Regulatory Reform (Fire Safety Order) 2005, Fire Safety Act 2021 and Fire Safety (England) Regulations, to ensure our higher-risk meet all legal requirements (refer to our Fire Safety Policy for details).
- 6.3 We will ensure all higher-risk buildings receive all applicable property compliance inspections, surveys and checks that impact building safety, including periodic electrical inspections, gas safety checks, fire door checks, emergency lighting tests, and so on.
- 6.4 When letting properties within higher-risk buildings, we will consider the suitability of the accommodation for the prospective resident in respect of building and fire safety.
- 6.5 We will work with Warwickshire Fire and Rescue Service to receive advice and training and share relevant information about our higher-risk buildings.
- 6.6 A No Access Policy will be developed so that Housing teams will be able to provide support where gaining access to properties is difficult and therefore will be able to assist and facilitate any legal processes as necessary, if access has been attempted at least twice, the appropriate procedures have been followed and approval has been given by the appropriate Manager. Where resident vulnerability issues are known or identified, we will ensure we safeguard the wellbeing of the resident.
- 6.7 We will operate a robust process to manage resident vulnerability and tenancy management issues (including hoarding) whilst ensuring we safeguard the wellbeing of the resident.
- 6.8 We will operate effective contract management arrangements with the contractors responsible for delivering building and fire safety related works, including ensuring contract agreements are in place, conducting client-led performance meetings, and annually checking that contractors' employee and public liability insurance is in date.
- 6.9 We will comply with the requirements of the Construction, Design and Management Regulations 2015 (CDM), including where the roles of Client, Principal Designer, Designer, Principal Contractor and Contractor have additional duties under the Building Safety Act. A construction phase plan will be in place for all repairs, component replacements and refurbishment work.
- 6.10 We will operate effective arrangements to ensure that routine and planned repairs, maintenance and improvement works to our higher-risk buildings are carried out safely and do not create any risks.
- 6.11 We will require our tenants and leaseholders to request and receive approval for carrying out building work within their properties, including DIY and work which will be

undertaken by a contractor or other third party on their behalf. We will consider all such requests and will only grant approval where we are satisfied that the work will be carried out safely; we will then post inspect the work to ensure it complies with the approval we have given.

- 6.12 We will develop and implement documented emergency procedures within the organisation, setting out the actions we will take in the event of a major incident or emergency to keep the buildings and residents safe, and minimise the risk and impact from the event. This will be documented within our safety case reports.

## **7.0 Principal Accountable Person duties**

We will ensure we meet the below duties which are requirements under Part 4 of the Building Safety Act and apply to all our six higher-risk buildings.

### **7.1 Building registration**

All our existing occupied higher-risk buildings were registered with the BSR before October 2023. We will register any newly developed or acquired higher-risk buildings with the BSR before they become occupied.

### **7.2 Building assessment certificates**

We will apply for a building assessment certificate for each building when instructed to do so by the BSR, within 28 days of the instruction. The application will include uploading the safety case report, mandatory occurrence reporting system and residents' engagement strategy.

Once we receive a building assessment certificate from the BSR, we will display this in each higher-risk building where it can be seen by residents to demonstrate to residents that the BSR has confirmed we are managing the building safely.

### **7.3 Safety cases**

A safety case is all the information, and basket of evidence, we use to manage the risk of fire spread and the structural safety of our buildings. We will establish safety cases for all higher-risk buildings which will be recorded digitally in the Document Management System and Active H to support the golden thread of information.

### **7.4 Safety case reports**

Safety case reports summarise our safety cases and will show the steps we have taken to identify, assess, remove, reduce, and manage any major fire and structural risks in each of our higher-risk buildings. We will develop a safety case report for each higher risk building and will establish a suitable frequency to reviewing the reports. The policy will be updated accordingly once established.

### **7.5 Building safety risk assessment**

We will undertake a building safety risk assessment for each building, which will be included within our safety case report. The risk assessment will identify how safety incidents can happen and the measures in place to prevent them or reduce their severity.

#### 7.6 **Safety Management System (SMS)**

An SMS is a formal framework that can help us to manage building safety risks. We will develop and implement a building SMS in line with *BS 9997 Fire risk management systems* that will provide assurance that all the measures we have implemented for managing fire and building safety are working together effectively. Our SMS includes organisational structure, responsibilities, procedures and performance management.

#### 7.7 **Golden thread of information**

We will ensure we meet the golden thread of information requirements for each building by adhering to the ten golden thread principles as set out in the Building Regulations Advisory Committee report<sup>1</sup>. The golden thread is:

- Digital information about a building that allows someone to understand the building and the steps needed to keep both the building and people safe, now and in the future.
- Information management that ensures this information is accurate, easily understandable, can be accessed by those who need it and is up to date.

We will formally consider our approach to meeting the golden thread requirements.

We will officially document our approach to meeting golden thread requirements within the lifecycle of this policy.

#### 7.8 **Mandatory occurrence reporting system**

A mandatory occurrence reporting system is required to ensure we capture and report certain fire and structural safety issues, called safety occurrences, to the BSR with ten calendar days of the event.

We will formally consider and develop a documented mandatory occurrence reporting system that enables contractors, residents, employees, or any other person in the building to report safety occurrences to the Deputy Chief Executive Officer. The Deputy Chief Executive Officer will then report these to the BSR within ten calendar days. We will also ensure an internal investigation is conducted.

#### 7.9 **Residents' engagement strategy**

We will produce residents' engagement strategies for each higher-risk building by the end of May 2024, all six strategies will explain how residents will be involved in making

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<sup>1</sup> <https://www.gov.uk/government/publications/building-regulations-advisory-committee-golden-thread-report/building-regulations-advisory-committee-golden-thread-report>

decisions about the management of their building in relation to the risks of fire and structural failure.

The strategies will have regard to the requirements of vulnerable and hard to reach residents and how we will share information clearly and transparently and ensure that information is available to residents through various channels.

#### 7.10 **Complaints procedure**

Our Information and Governance Team will develop and establish a complaints system that ensures residents' safety concerns are heard and dealt with. We will implement a procedure to investigate complaints relating to building safety risks and ensure root cause analysis is undertaken to learn any lessons and reduce the risk of a repeat occurrence.

### 8.0 **Data and records**

8.1 We will maintain a core asset register of all properties we own or manage held within Active H. Our higher-risk buildings will be clearly identified and categorised within this system.

8.2 We will ensure all applicable property compliance inspection and check dates are recorded and saved on our Document Management System.

8.3 We will robustly manage all changes to stock, including property acquisitions and disposals, to ensure that our asset register remains up to date and higher-risk buildings are not omitted from compliance programmes.

8.4 We will keep all records and data for higher-risk buildings for the duration that we own and manage the property/in line with our document retention policy and will have robust processes and controls in place to maintain appropriate levels of security for all building and fire safety related data.

8.5 The above measures will help us to meet the golden thread of information requirements and the related procedural elements will be documented in our Document Management System.

### 9.0 **Competent persons**

9.1 We will review and adopt the PAS 8673:2022 competence requirements specification to set our standards for employing suitably competent internal staff. We will establish a building safety training matrix to capture this information.

9.2 The Building Safety Lead and Fire Safety Lead will obtain the CIOB Level 6 Diploma in Building Safety Management (or equivalent) within the lifecycle of this policy.

9.3 We will endeavour to undertake a documented check of contractors and consultants involved in fire and building safety delivery to ensure they hold the relevant qualifications and accreditations upon procurement.

**10.0 Training**

10.1 We will establish training on this policy and the procedures that support it, including team briefings, building safety awareness training and on the job training for those delivering building safety work, planned maintenance and repair work as part of their daily job. All training undertaken will be formally recorded within the building safety training matrix.

**11.0 Performance reporting**

11.1 We will report the following building safety key performance indicators:

- ✓ The number of higher-risk buildings being developed as part of new build schemes.
- ✓ The number of occupied higher-risk buildings we own and manage.
- ✓ Safety occurrences, including actual fires and near misses (as part of our mandatory occurrence reporting system).
- ✓ Compliance with each of our Principal Accountable Person duties.
- ✓ Compliance with the ‘big six’ safety areas (gas, electric, fire, asbestos, water and lifts).
- ✓ Details of any compliance or enforcement notices from the Building Safety Regulator, Fire and Rescue Service or other enforcement body; this will include any formal requests for information made as part of any investigation to ascertain whether there has been a potential breach of our obligations.
- ✓ RIDDOR notifications to the Health and Safety Executive with regards to fire and building safety, where these do not fall within scope of mandatory occurrence reporting requirements.

11.2 These will be provided to the below groups at frequencies set out in the table below:

<b>Report recipient</b>	<b>Frequency</b>
Management Team	Quarterly
Board	Quarterly
Resident Involvement Group	Quarterly

11.3 We will also develop a series of building safety management indicators which will be monitored and reported. Indicators will include measuring that key documents remain



in date (such as safety case reports and residents' engagement strategies) and that checks and inspections are delivered on time.

- 11.4 Management indicators will also monitor the outcomes of the daily block inspections the Estates Team undertake.

## **12.0 Quality assurance**

- 12.1 We will ensure there is a programme of internal quality assurance audits of building safety activity including fieldwork inspections and desktop exercises. This will be done using sample percentages or based on the type of work or activity undertaken and associated risk.
- 12.2 We will procure independent internal audit of building safety at least once every two years, to specifically test for compliance with legal and regulatory obligations and to identify any non-compliance issues for correction.

## **13.0 Material non-compliance and escalation**

- 13.1 Our definition of material non-compliance is any incident which has the potential to result in a potential breach of legislation or regulatory standard, or which causes a risk to health or safety, and which needs to be managed as an exception to routine processes and procedures.
- 13.2 All material non-compliance issues will be reported and escalated as soon as possible and no later than 24 hours after the incident occurred or becoming aware of it.
- 13.3 Any building safety non-compliance issue identified at an operational level will be formally reported to the Building Safety Lead and Fire Safety Lead in the first instance, who will agree an appropriate course of corrective action with the Deputy Chief Executive Officer and report details of the same to Management Team.
- 13.4 In cases of serious non-compliance, Management Team and Board will consider whether it is necessary to disclose the issue to the Building Safety Regulator under the mandatory occurrence reporting framework, Regulator of Social Housing as required by the regulatory framework, or any other relevant organisation such as the Health and Safety Executive.

## **14.0 Related policies and procedures**

- Corporate health and safety policy
- Compliance strategy
- Fire safety policy
- Residents' engagement strategies
- Building safety management system
- Mandatory occurrence reporting system
- Golden thread management plan

- New development procedures
- Building safety training matrix
- Residents' complaints procedure
- Property compliance policies
- Safety case reports

## Appendix 1 - Glossary

This glossary defines key terms used throughout this policy:

- **BS 9997:2019: Fire risk management systems. Requirements with guidance for use:** BS 9997 is a fire risk management system published on 31 August 2019 by the British Standards Institution. The management of fire risk is a key responsibility for anyone in charge of buildings. A fire risk management system should be considered to protect the lives of people within the buildings as well as to ensure legal compliance.
- **Building Safety Regulator (BSR):** Under the Building Safety Act 2022, the BSR has been created to regulate higher-risk buildings and to oversee the regulatory framework for all residential buildings during the planning, design, construction and occupancy phases and provide a stronger and clearer framework for national oversight of construction products.
- **CIOB Level 6 Diploma in Building Safety Management:** This qualification aims to develop the learner's knowledge and skills to manage the safety of an occupied higher-risk building.
- **CDM:** The Construction (Design and Management) Regulations 2015 (CDM) applies to the whole construction process on all construction projects, from concept to completion, and aims to ensure that no-one is harmed during the work. Under the Building Safety Act 2022 existing dutyholders (Client, Principal Designer, Designers, Principal Contractor and Contractors) under CDM will have additional duties.
- **PAS 8673:2022 Built environment – Competence requirements for the management of safety in residential buildings:** PAS 8673 specifies competence requirements for managing safety in residential buildings and other developments incorporating residential accommodation. It also gives guidance on detailed competencies and the assessment of competence.

## Appendix 2 – Additional legislation and policy direction

### Secondary legislation

- Higher-Risk Buildings (Keeping and Provision of Information etc.) (England) Regulations 2024.
- Building Safety Act 2022 (Commencement No. 6) Regulations 2024.
- Higher-Risk Buildings (Descriptions and Supplementary Provisions) Regulations 2023.
- Higher-Risk Buildings (Key Building Information etc.) (England) Regulations 2023.
- The Building (Higher-Risk Buildings Procedures) (England) Regulations 2023
- The Higher-Risk Buildings (Management of Safety Risks etc) (England) Regulations 2023

**Additional legislation** - This policy also operates within the context of the following legislation:

- Building Act 1984
- Building Regulations 2010
- Building Safety (Leaseholder Protections) (England) Regulations 2022
- Building Safety (Leaseholder Protections) (Information etc.) (England) Regulations 2022
- Construction (Design and Management) Regulations 2015
- Construction Products (Amendment) Regulations 2022
- Defective Premises Act 1972
- Fire Safety Act 2021
- Fire Safety (England) Regulations 2022
- Health and Safety at Work Act 1974
- Health and Safety (Safety Signs and Signals) Regulations 1996
- Housing Act 2004
- Homes (Fitness for Human Habitation) Act 2018
- Landlord and Tenant Act 1985
- Management of Health and Safety at Work Regulations 1999
- Regulatory Reform (Fire Safety) Order 2005
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

**Policy direction** – The following documents set out direction for landlords, and whilst not statutory guidance or approved legislation, contain recommendations or proposals applicable to this policy:

- *Building a Safer Future - Independent Review of Building Regulations and Fire Safety: Final Report* (May 2018).
- *Building a Safer Future - Proposals for reform of the building safety regulatory system: A consultation* (June 2019).
- *Grenfell Tower Inquiry: phase 1 report. Volume 1 – 4* (October 2019).

# Electrical Safety Policy



<b>Name</b>	Electrical Safety Policy
<b>Owner</b>	Compliance Manger
<b>Version</b>	Final V1.0
<b>Last Review</b>	June 2024
<b>Next Review</b>	June 2026
<b>Resident Influencing Group</b>	Consulted June 2024
<b>Board Approval</b>	July 2024

**Strategic Lead** Deputy Chief Executive Officer

**Sign**

**Date**

August 6, 2026

**Chair of Board**

Paul Wightman

**Sign**

**Date**

06-Aug-2024

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## 1.0 Introduction and Objectives

- 1.1 As a landlord, Warwick District Council is responsible for repairs and maintenance to our homes, communal blocks and other properties we own and manage, all of which will contain electrical installations, equipment and portable appliances.
- 1.2 The key objective of this policy is to ensure our Cabinet, Senior Leadership Team (SLT), employees, partners and residents are clear on our legal and regulatory electrical safety obligations. This policy provides the framework our staff and partners will operate within to meet these obligations.
- 1.3 This policy forms part of our wider organisational commitment to driving a health and safety culture amongst staff and contractors (as detailed within our Health and Safety Policy). It will be saved on our Document Management System (DMS) and distributed to all relevant members of staff.

## 2.0 Scope

- 2.1 This policy applies to the following property types only:
  - Domestic properties (houses, flats bungalows, and so on).
  - Communal blocks.
  - Sheltered / independent living schemes.
- 2.2 This policy is relevant to all our employees, residents, contractors, stakeholders and other persons who may work on, occupy, visit, or use our premises, or who may be affected by our activities or services. Adherence to this policy is mandatory.

## 3.0 Roles and Responsibilities

- 3.1 The Board has overall governance responsibility for ensuring this policy is fully implemented to ensure full compliance with legislation and regulatory standards. As such, the Board will formally approve this policy and review it every two years (or sooner if there is a change in legislation or regulation).
- 3.2 The Management Team will receive fortnightly performance reports in respect of electrical safety and ensure compliance is being achieved. They will also be notified of any non-compliance issue identified.
- 3.3 The Deputy Chief Executive Officer has strategic responsibility for the management of electrical safety, and ensuring compliance is achieved and maintained. They will oversee the implementation of this policy.
- 3.4 Under the requirements of the Social Housing (Regulation) Act 2023 we have appointed the Deputy Chief Executive Officer as our Health and Safety Lead.



3.5 The Compliance Manager has operational responsibility for the management of electrical safety and will be responsible for overseeing the delivery of these programmes.

3.6 A No Access Policy will be developed so that Housing teams will be able to provide support where gaining access to properties is difficult and therefore will be able to assist and facilitate any legal processes as necessary.

## 4.0 Legislation, Guidance and Regulatory Standards

4.1 **Legislation** – Principal legislation applicable to this policy is:

- Housing Act 2004.
- Landlord and Tenant Act 1985.
- Homes (Fitness for Human Habitation) Act 2018.
- Electricity at Work Regulations 1989.
- Electrical Equipment (Safety) Regulations 2016.

The government consultation into electrical safety within social housing closed on 31 August 2022 and we are awaiting the outcome to be published, which will likely result in future changes to this policy.

This policy also operates within the context of additional legislation (see Appendix 1).

4.2 **Guidance and codes of practice** – The principal guidance and codes of practice applicable to this policy are:

- INDG236 - Maintaining portable electrical equipment in low-risk environments (as amended 2013).
- IET Wiring Regulations British Standard 7671:2018 + A2:2022 (18th edition).
- Code of Practice for the Management of Electrotechnical Care in Social Housing (Electrical Safety Roundtable) January 2019.
- The Code of Practice for In-Service Inspection and Testing of Electrical Equipment (IET) 2020 (5th edition).

4.3 **Regulatory standards** – We must ensure we comply with the Regulator of Social Housing’s regulatory framework and consumer standards for social housing in England; the Safety and Quality Standard is the primary one applicable to this policy.

The Social Housing (Regulation) Act 2023 changes the way social housing is regulated and may result in future changes to this policy.

4.4 **Sanctions** – Failure to discharge our responsibilities and obligations properly could lead to sanctions, including prosecution by the Health and Safety Executive (the HSE) under the Health and Safety at Work Act 1974; prosecution under the Corporate Manslaughter

and Corporate Homicide Act 2007; prosecution under any of the principal legislation listed in Section 4.1; and via a regulatory judgement from the Regulator of Social Housing.

## **5.0 Obligations**

- 5.1 The Housing Act 2004 requires that properties are free from Category 1 housing health and safety rating system (HHSRS) hazards; this includes electrical hazards.
- 5.2 The Landlord and Tenant Act 1985 and the Homes (Fitness for Human Habitation) Act 2018 place duties on landlords to ensure that electrical installations in rented properties are:
  - Safe when a tenancy begins.
  - Maintained in a safe condition throughout the tenancy so the property is fit for habitation.
- 5.3 To comply with these duties, electrical installations should be periodically inspected and tested. Although there is no legal requirement setting out the frequency, best practice guidance from the Electrical Safety Council and from BS7671:2018 + A2:2022 recommends intervals of no longer than five years from the previous inspection.
- 5.4 All electrical installations should be inspected and tested prior to the commencement of any new tenancies. This means that tests should be carried out whilst properties are void and when mutual exchanges and transfers take place, and a satisfactory Electrical Installation Condition Report (EICR) must be issued to the resident upon moving in.
- 5.5 The Electricity at Work Regulations 1989 places duties on employers that all electrical installations and appliances within the workplace are safe and that only competent persons work on the electrical installations, systems and equipment.
- 5.6 The Electrical Equipment (Safety) Regulations 2016 requires landlords to ensure that any electrical appliances provided as part of a tenancy are safe when first supplied.

## **6.0 Statement of Intent**

- 6.1 We acknowledge and accept our responsibilities with regards to electrical safety under the legislation and regulations, as outlined in Sections 4 and 5.
- 6.2 Following our catch-up programme, we will deliver an electrical inspection and testing programme as set out in Section 7 within six months of the approval of this policy.
- 6.3 We will ensure all electrical installations are in a satisfactory condition following the completion of an electrical installation inspection and test and will require the production of a condition report or other certificate which confirms that the installation is safe.
- 6.4 Following approval of this policy we will endeavour to ensure that a full electrical installation inspection and test is undertaken at change of occupancy (void properties,

- mutual exchanges and transfers), new build properties, and when completing planned works within domestic properties; this will be evidenced through a satisfactory EICR or other report.
- 6.5 We will check, install, test or replace (as required) battery smoke and carbon monoxide alarms as part of the annual gas safety check visit, (or at void stage) or as referral to install or replace with our electrical contractor for hard wired detection.
- 6.6 A No Access Policy will be developed so that Housing teams will be able to provide support where gaining access to properties is difficult and therefore will be able to assist and facilitate any legal processes as necessary.
- 6.7 We will ensure that there is a robust process in place for the management of immediately dangerous situations identified from the electrical safety check.
- 6.8 We will operate effective contract management arrangements with the contractors responsible for delivering the service, including ensuring contracts/service level agreements are in place, conducting client-led performance meetings and ensuring that contractors' employee and public liability insurances are up to date on an annual basis.
- 6.9 We will implement and operate measures to identify, manage and/or mitigate risks related to portable electrical appliances in the properties we are responsible for.
- 6.10 We will establish and maintain a risk assessment for electrical safety management and operations, setting out our key electrical safety risks and appropriate mitigations.
- 6.11 To comply with the requirements of the Construction (Design and Management) Regulations 2015 (CDM) a Construction Phase Plan will be in place for all repairs work to void and tenanted properties (at the start of the contract and reviewed annually thereafter), component replacement and refurbishment works.

## 7.0 Programmes

- 7.1 Electrical installation condition testing and inspections will be programmed on a five-year cycle for domestic properties and three-year cycle for communal blocks and schemes (unless the competent person recommends an earlier next test date). The inspections will include the issuing of a new satisfactory EICR. The date of the inspection and test is driven from the anniversary date of the most recent EICR.
- 7.2 **New builds and rewires** – All new builds, and all properties which have had a rewire, will receive their first electrical installation inspection and test five years after the date of installation.
- 7.3 **Domestic leaseholders** - We will establish an official, best endeavours process to request EICRs from leaseholders for our records.

## 8.0 Follow-up Work

- 8.1 We will endeavour to repair all Code 1 (C1) and Code 2 (C2) defects identified by an electrical installation inspection and test at the time of the check, to produce a satisfactory EICR. Where this is not possible, we will make the installation safe and return to complete the required remediation works within 30 days to ensure a satisfactory EICR is produced.
- 8.2 Where any C1 and C2 defects have been repaired, they will be recorded on the satisfactory EICR to provide an audit of the work completed.
- 8.3 We will review all Code 3 (C3) and Further Investigation observations in Active H and our contractors will determine and take the most appropriate course of action.

## 9.0 Data and Records

- 9.1 We will maintain a core asset register of all properties we own or manage, with component/attribute data against each property to show electrical safety testing and inspection requirements.
- 9.2 We will operate a robust process to manage all changes to stock, including property acquisitions and disposals, to ensure that properties are not omitted from the electrical safety programme and the programme remains up to date.
- 9.3 We will maintain accurate records, against each property we own and/or manage, of the following:
- Inspection dates.
  - EICRs.
  - Minor Electrical Works Certificates and Building Regulation Part P notifications associated with remedial works.
  - Electrical Installation Certificates.
- 9.4 We will hold these in the DMS which is interfaced with Active H.
- 9.5 We will keep all records and data indefinitely unless specified otherwise in our Records Management Policy. We will keep at least the two most recent EICR records or certificates outlined within section 9.3. We will have robust processes and controls in place to maintain appropriate levels of security for all electrical safety related data.

## 10.0 Resident Engagement

- 10.1 We consider good communication essential in the effective delivery of electrical safety programmes, therefore we will establish a resident engagement strategy and communication programme to support residents in their understanding of electrical safety.

10.2 This will assist us in maximising access to carry out electrical inspections, encourage and support residents to report any concerns about electrical safety, and help us to engage with vulnerable and hard to reach residents.

10.3 We will share information clearly and transparently and will ensure that information is available to residents via regular publications and information on our website.

**11.0 Competent Persons**

11.1 The Compliance Manger will hold the Level 4 VRQ Diploma in Asset and Building Management (or equivalent). If they do not have this already, they will obtain it within an appropriate timeframe following the approval of this policy.

11.2 Only suitably competent NICEIC (or equivalent) electrical contractors and operatives will undertake electrical works on our behalf.

11.3 Only suitably competent NICEIC (or equivalent) third party technical auditors will undertake quality assurance checks.

11.4 We will check that our contractors hold the relevant qualifications and accreditations when we procure them, and thereafter on an annual basis; we will evidence these checks and each contractor’s certification appropriately.

**12.0 Training**

12.1 We will establish training on this policy and the procedures that support it, through appropriate methods including team briefings; basic electrical safety awareness training; and on the job training for those delivering the electrical safety programme, planned maintenance and repair works as part of their daily job. All training undertaken by staff will be formally recorded.

**13.0 Performance Reporting**

13.1 We will report key performance indicator (KPI) measures for electrical safety that follow the principles set out in the Tenant Satisfaction Measures (TSMs) which came in to force on 1 April 2023. Although electrical safety is not specifically covered by these measures, we will adopt the same approach to ensure consistency with other compliance areas and ensure all dwellings at risk are accounted for.

13.2 We will report the following electrical safety performance:

Report recipient	Frequency
Regulator of Social Housing	Annual
Management team	Fortnightly

Board	Monthly
Asset and Compliance Committee	Bi-monthly
Resident Involvement Group	Bi-annually

13.3 We will also report the following:

**Data – the total number of:**

- Properties split by category (domestic, communal, commercial/others).
- Properties on programme split by category.
- Properties not on programme.
- Properties with a satisfactory and in date EICR.
- Properties without a satisfactory and in date EICR.
- Properties due to be inspected and tested within the next 30 days.
- Follow-up actions arising from the programme (in time and overdue).

**Narrative - an explanation of the:**

- Current position.
- Corrective action required.
- Progress with completion of follow-up works.

**In addition:**

- The number of RIDDOR notifications to the HSE with regards to electrical safety.

**14.0 Quality Assurance**

14.1 We will ensure there is programme of third-party quality assurance audits of electrical safety checks. This will be:

- 100 per cent of all new installations.
- 100 per cent of all certificates
- Fieldworks percentage to be agreed following approval of this policy.

14.2 We will procure an independent audit of electrical safety within 6 months of the approval of this policy. We will endeavour to carry out audits at least once every two years, to specifically test for compliance with legal and regulatory obligations and to identify non-compliance issues for correction.

**15.0 Significant Non-Compliance and Escalation**

15.1 Our definition of significant non-compliance is any incident which has the potential to result in a potential breach of legislation or regulatory standard, or which causes a risk to health or safety, and which needs to be managed as an exception to routine processes and procedures.

- 15.2 All non-compliance issues will be reported and escalated as soon as possible, and no later than 24 hours after the incident occurred, or of a Warwick District council employee becoming aware of it.
- 15.3 Any non-compliance issue identified at an operational level will be formally reported to the Compliance Manager in the first instance, who will agree an appropriate course of corrective action with the Deputy Chief Executive Officer and report details of the same to the SLT.
- 15.4 In cases of serious non-compliance, Management Team and Board will consider whether it is necessary to disclose the issue to the Regulator of Social Housing as required by the regulatory framework, or any other relevant organisation such as the Health and Safety Executive.
- 15.5 We will ensure there is a robust process in place to investigate and manage all RIDDOR notifications made to the HSE in relation to electrical safety and will take action to address any issues identified and lessons we have learned, to prevent a similar incident occurring again.

## 16.0 Glossary

16.1 This glossary defines key terms used throughout this policy:

- **EICR:** Electrical Installation Condition Report - a formal document that is produced following an assessment of the electrical installation within a property (domestic or communal). It must be carried out by an experienced qualified electrician or approved contractor.
- **NICEIC:** National Inspection Council for Electrical Installation Contracting – an organisation which regulates the training and work of electrical contractors in the UK. The NICEIC is one of several providers given Government approval to offer Competent Person Schemes to oversee electrical work within the electrical industry.

## Appendix 1 - Additional Legislation

This policy also operates within the context of the following legislation:

- The Defective Premises Act 1972
- Health and Safety at Work Act 1974
- The Occupiers' Liability Act 1984
- Workplace (Health Safety and Welfare) Regulations 1992
- Health and Safety (Safety Signs and Signals) Regulations 1996
- Provision and Use of Work Equipment Regulations 1998
- Management of Health and Safety at Work Regulations 1999
- Regulatory Reform (Fire Safety) Order 2005
- Corporate Manslaughter and Homicide Act 2007
- Building Regulations 2010 (England and Wales) - Part P
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Construction, Design and Management Regulations 2015
- Data Protection Act 2018
- Smoke and Carbon Monoxide Alarm (Amendment) Regulations 2022



# Gas and Heating Policy



<b>Name</b>	Gas and Heating Policy
<b>Owner</b>	Compliance Manager
<b>Version</b>	Final V1.0
<b>Last Review</b>	June 2024
<b>Next Review</b>	June 2026
<b>Resident Influencing Group</b>	Consulted June 2024
<b>Board Approval</b>	July 2024

**Strategic Lead** Deputy Chief Executive Officer

**Sign**

**Date** August 6, 2024

**Chair of Board** Paul Wightman

**Sign**

**Date** 06-Aug-2024

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## 1.0 Introduction and Objectives

- 1.1 As a landlord, Warwick District Council is responsible for the maintenance and repairs to our homes, communal blocks, and other properties we own and manage, many of which will contain gas installations and appliances.
- 1.2 We are also responsible for maintaining other types of heating systems to ensure that all heating appliances provided for residents are safe. These include air source heat pumps/ oil/ solid fuel/ electrical heating systems.
- 1.3 The key objective of this policy is to ensure our Cabinet, Management Team, employees, partners, and residents are clear on our legal and regulatory gas/heating safety obligations. This policy provides the framework our staff and partners will operate within to meet these obligations.
- 1.4 This policy forms part of our wider organisational commitment to driving a health and safety culture amongst staff and contractors (as detailed within our Health and Safety Policy). It will be saved on our Document Management System (DMS) and distributed to all relevant members of staff.

## 2.0 Scope

- 2.1 This policy applies to the following property types:
  - Domestic properties (houses, flats bungalows, and so on).
  - Communal blocks.
  - Sheltered / independent living schemes.
- 2.2 This policy is relevant to all our employees, residents, contractors, stakeholders, and other persons who may work on, occupy, visit, or use our premises, or who may be affected by our activities or services. Adherence to this policy is mandatory.

## 3.0 Roles and Responsibilities

- 3.1 The Board has overall governance responsibility for ensuring this policy is fully implemented to ensure full compliance with legislation and regulatory standards. As such, the Board will formally approve this policy and review it every two years (or sooner if there is a change in legislation or regulation).
- 3.2 The Management Team will receive fortnightly performance reports in respect of gas and heating safety and ensure compliance is being achieved. They will also be notified of any non-compliance issue identified.
- 3.3 The Deputy Chief Executive Officer has strategic responsibility for the management of gas and heating safety, and ensuring compliance is achieved and maintained. They will oversee the implementation of this policy.

- 3.4 Under the requirements of the Social Housing (Regulation) Act 2023 we have appointed the Deputy Chief Executive Officer as our Health and Safety Lead.
- 3.5 The Compliance Manager has operational responsibility for the management of gas and heating safety and will be responsible for overseeing the delivery of these programmes.
- 3.6 A No Access Policy will be developed so that Housing teams will be able to provide support where gaining access to properties is difficult and therefore will be able to assist and facilitate any legal processes as necessary.

#### 4.0 Legislation, Guidance and Regulatory Standards

4.1 **Legislation** - The principal legislation applicable to this policy is:

- The Gas Safety (Installation and Use) Regulations 1998 as amended (hereafter referred to as the Gas Safety Regulations). We have a legal obligation under Part F, Regulation 36 of the legislation (Duties of Landlords) and we are the 'Landlord' for the purposes of the legislation.
- Smoke and Carbon Monoxide Alarm (Amendment) Regulations 2022.
- Environmental Protection Act 1990. Schedule 3 of the Act enables WDC to apply for a warrant to enter a property in no access cases
- This policy also operates within the context of additional legislation (see Appendix 1).

4.2 **Approved Code of Practice (ACoP)** - The ACoP applicable to this policy is:

- ACoP L56 - 'Safety in the installation and use of gas systems and appliances' (5th edition 2018).

4.3 **Guidance** – The principal guidance applicable to this policy is:

- INDG285 - 'A guide to landlords' duties: Gas Safety (Installation and Use) Regulations 1998 as amended Approved Code of Practice and guidance (3<sup>rd</sup> Edition 2018).

4.4 **Regulatory standards** – We must ensure we comply with the Regulator of Social Housing's regulatory framework and consumer standards for social housing in England; the Safety and Quality Standard is the primary one applicable to this policy.

The Social Housing (Regulation) Act 2023 changes the way social housing is regulated and may result in future changes to this policy.

4.5 **Sanctions** – Failure to discharge our responsibilities and obligations properly could lead to sanctions, including prosecution by the Health and Safety Executive (the HSE) under the Health and Safety at Work Act 1974; prosecution under the Corporate Manslaughter and Corporate Homicide Act 2007; prosecution under the Gas Safety Regulations; and via a regulatory judgement from the Regulator of Social Housing.

## 5.0 Obligations

5.1 The **Gas Safety (Installation and Use) Regulations 1998** impose duties on landlords to protect residents in their homes. These obligations apply to both gas heating and liquid petroleum gas heating systems. The main landlord duties are set out in Regulation 36 and require landlords to:

- Ensure gas fittings and flues are maintained in a safe condition. Gas appliances should be serviced in accordance with the manufacturer's instructions. If these are not available it is recommended that they are serviced annually, unless advised otherwise by a Gas Safe registered engineer.
- Ensure the annual safety check is carried out on each gas appliance and flue within 12 months of the previous safety check.
- Have all installation, maintenance and safety checks carried out by a Gas Safe registered engineer.
- Keep a record of each safety check for at least two years (until at least two further gas safety checks have been carried out).
- Issue a copy of the latest safety check record to existing residents within 28 days of the check being completed, or prior to any new resident moving in.
- Display a copy of the latest safety check record in a common area of a building where the gas appliance serves a communal heating system to multiple homes.
- We ensure that no gas fitting of a type that would contravene Regulation 30 (for example, certain gas fires and instantaneous water heaters) is fitted in any room occupied, or to be occupied, as sleeping accommodation after the Regulations came into force. This includes any room converted into such accommodation after that time.

5.2 The **Smoke and Carbon Monoxide Alarm (Amendment) Regulations 2022**, came into effect on 1 October 2022, require landlords to:

- Install smoke alarm on every storey with living accommodation.
- Install carbon monoxide alarms in any rooms used as living accommodation with a fixed combustion appliance (excluding gas cookers).
- Repair or replace faulty alarms as soon as reasonably practicable.

5.3 For **other heating types** (as set out in Section 1.2), although there is no legal requirement to do so, we will carry out periodic safety checks to these properties as detailed in Section 7.

## 6.0 Statement of Intent

- 6.1 We acknowledge and accept our responsibilities under the Gas Safety Regulations, Smoke and Carbon Monoxide Alarm (Amendment) Regulations, and other duties outlined in Section 4 and Section 5.
- 6.2 We will carry out an annual gas safety check to all properties with a gas supply, irrespective of whether the gas is connected or not.
- 6.3 We will ensure that copies of all landlord's gas safety records (LGSRs)/certificates are provided to residents or displayed in a common area within 28 days of completion.
- 6.4 Any open flue gas appliances found in any rooms that are being used as bedrooms or for sleeping will be removed.
- 6.5 We will cap off gas supplies to all properties when the property becomes void, and a new resident is not moving in immediately after. This will be completed by the end of the next working day.
- 6.6 We will cap off gas supplies to all new build properties at handover from the contractor/developer to us if the new tenancy is not commencing immediately at the point of handover. In the case of a WDC tenancy, we will uncap gas supply once the tenant moves in. Uncapping does not apply to shared ownership
- 6.7 We will ensure that gas safety checks are carried out within 24 hours of the commencement of a new tenancy (void or new build properties), and that the resident receives a copy of the LGSR before they move in.
- 6.8 We will ensure a gas safety check is carried out following our installation of any new gas appliance and obtain a gas safety certificate to confirm the necessary checks have been completed.
- 6.9 We will carry out a five-point visual check of resident owned appliances, provided that the resident is able to provide evidence that the appliance has been installed by a Gas Safe engineer. If the resident is unable to provide this evidence, then the appliance will be capped off and we will provide a warning notice until such time it can be evidenced as being safe.
- 6.10 We will endeavour to carry out a safety check on completion of any repair and/or refurbishment works to occupied or void properties where works may have affected any gas fittings, appliances or flues.
- 6.11 We will install, test and replace (as required) battery operated and/or hard-wired smoke alarms and carbon monoxide detectors as part of the annual gas safety check (or at void stage).
- 6.12 We will carry out annual gas safety checks to all properties where the gas supply has been capped at the request of the resident, to ensure the supply has not been reconnected by

the resident. At the same time, we will implement a process to check on the resident's wellbeing and assess whether the lack of gas heating is adversely affecting the condition of the property. In addition, we will endeavour to communicate regularly with these residents to ensure the property remains capped and inform the resident of what is required to reinstate gas at the property.

- 6.13 We will endeavour to check properties that are not currently connected to the gas mains network to ensure a gas supply has not been installed without our knowledge.
- 6.14 We will ensure that there is a robust process in place for the management of immediately dangerous situations identified from the gas/heating safety check.
- 6.15 A No Access Policy will be developed so that Housing teams will be able to provide support where gaining access to properties is difficult and therefore will be able to assist and facilitate any legal processes as necessary, if access has been attempted at least twice, the appropriate procedures have been followed and approval has been given by the appropriate Manager. Where resident vulnerability issues are known or identified, we will ensure we safeguard the wellbeing of the resident.
- 6.16 We will operate effective contract management arrangements with the contractors responsible for delivering the service, including ensuring contracts/service level agreements are in place, conducting performance meetings, and ensuring that contractors' employee and public liability insurances are up to date on an annual basis.
- 6.17 We will endeavour to ensure that all replacements, modifications and installations of gas appliances and heating systems within our properties will comply with all elements of Building Regulations, Part J Combustion Appliances and Fuel Storage Systems.
- 6.18 We will establish and maintain a risk assessment for gas safety management and operations, setting out our key gas safety risks and appropriate mitigations.
- 6.19 To comply with the requirements of the Construction (Design and Management) Regulations 2015 (CDM) we will develop a Construction Phase Plan for all repairs work to void and tenanted properties (at the start of the contract and reviewed annually thereafter), component replacement and refurbishment works.
- 6.20 To comply with the requirements of the Dangerous Substances and Explosive Atmospheres Regulations (DSEAR) 2002, we will consider the safety of our workspaces and plant/boiler rooms of our residential blocks that fall within scope of the legislation.

## **7.0 Programmes**

- 7.1 **Domestic properties** – We will carry out a programme of annual gas safety checks to all domestic properties we own and manage; the check will be completed within 12 months from the date of the previous LGSR/certificate.



- 7.2 We will carry out a safety check of electrical heating systems every five years during the periodic electrical inspection and testing programme.
- 7.3 We will carry out an annual safety check to all solid fuel appliances and introduce chimney sweeps at least twice a year when burning wood or house coal, and at least once a year when burning smokeless fuels.
- 7.4 We will carry out an annual safety check to properties with, air source heat pumps/ oil/ solid fuel/ electrical heating systems.
- 7.5 **Domestic leaseholders** - We will establish an official, best endeavours process to request LGSRs from leaseholders for our records.
- 7.6 **Communal blocks and schemes** – We will carry out a programme of annual gas safety checks and services to all communal blocks and other properties (sheltered and supported living), where we have the legal obligation to do so; these will be completed within 12 months from the date of the previous LGSR/certificate.
- 7.7 We will ensure there is a robust process in place for the management of any follow-up works required following the completion of a gas/heating safety check (where the work cannot be completed at the time of the check).

## 8.0 Data and Records

- 8.1 We will maintain a core asset register of all properties we own and/or manage, with component/attribute data against each property to show gas/heating safety check requirements.
- 8.2 We will operate a robust process to manage all changes to stock, including property acquisitions and disposals, to ensure that properties are not omitted from gas/heating safety programmes and the programme remains up to date.
- 8.3 We will hold gas/heating safety check dates and safety check records against each property we own or manage. We will hold the dates of the safety checks in Active H and safety check records in DMS which is interfaced with Active H.
- 8.4 We will ensure the Gas Safe registered engineer records the details of all appliances and other equipment which is served by the gas/heating supply in every domestic property, communal block, or other property.
- 8.5 We will keep all completed safety check records, warning notices and remedial work records indefinitely, unless specified otherwise in our Records Management Policy and will have robust processes and controls in place to maintain appropriate levels of security for all gas/heating safety related data and records.

## **9.0 Resident Engagement**

- 9.1 We consider good communication essential in the effective delivery of gas and heating safety programmes, therefore we will establish a resident engagement strategy and communication programme to support residents in their understanding of gas and heating safety.
- 9.2 This will assist us in maximising access to carry out gas safety checks, encourage and support residents to report any concerns about gas and heating safety, and help us engage with vulnerable and hard to reach residents.
- 9.3 We will share information clearly and transparently and will ensure that information is available to residents via regular publications and information on our website.

## **10.0 Competent Persons**

- 10.1 The Compliance Manager will hold a Level 4 VRQ Diploma in Asset and Building Management. If they do not have this already, they will obtain it within an appropriate time frame following the approval of this policy.
- 10.2 All operatives/engineers (internal or external) will maintain Gas Safe accreditation for all areas of gas works that they undertake, and we will check that they are on the Nationally Accredited Certification Scheme for Individual Gas Fitting Operatives (ACS).
- 10.3 Only suitably competent Gas Safe accredited contractors will undertake works to gas fittings, appliances, and flues.
- 10.4 We will check that contractors are on the Oil Firing Technical Association (OFTEC) and/or HETAS accredited contractors to undertake works to oil fired and solid fuel fittings, appliances, and flues.
- 10.5 We endeavour to use individuals/organisations with a Microgeneration Certification Scheme accreditation (MCS) to undertake works on air source heat pumps and biomass heating systems.
- 10.6 Only suitably competent NICEIC (or equivalent) electrical contractors and operatives will undertake servicing and repairs to electrical heating systems.
- 10.7 Only suitably competent Gas Safe registered and NICEIC (or equivalent) third party technical auditors will undertake quality assurance checks.
- 10.8 We will check our contractors hold the relevant qualifications and accreditations when we procure them, and thereafter on an annual basis; we will evidence these checks and each contractor's certification appropriately.

## **11.0 Training**

- 11.1 We will establish training on this policy and the procedures that support it, through appropriate methods including team briefings; basic gas and heating safety awareness

training; and on the job training for those delivering the programme of gas and heating safety checks, planned maintenance and repair works as part of their daily job. All training undertaken by staff will be formally recorded.

**12.0 Performance Reporting**

12.1 We will report key performance indicator (KPI) measures for gas/heating safety that follow the requirements set out in the Tenant Satisfaction Measures (TSMs) which came into force on 1 April 2023 and must be reported to the RSH on an annual basis.

12.2 We will report the following gas safety performance:

Report recipient	Frequency
Regulator of Social Housing	Annual
Management Team	Fortnightly
Board	Monthly
Asset and Compliance Committee	Bi-monthly
Resident Involvement Group	Bi-annually

12.3 We will also report the following:

**Data – the total number of:**

- Properties split by category (domestic, communal, commercial/others).
- Properties on programme split by category.
- Properties not on programme.
- Properties with a valid and in date LGSR/certificate.
- Properties without a valid and in date record LGSR/certificate.
- Properties due to be serviced within the next 30 days.
- Follow-up actions arising from the programme (in time and overdue, by priority).

**Narrative - an explanation of the:**

- Current position.
- Corrective action required.
- Progress with completion of follow-up works.

**In addition:**

- The number of RIDDOR notifications to the HSE about gas/heating safety.

### 13.0 Quality Assurance

13.1 We will ensure there is an annual programme of third-party quality assurance audits of gas/heating safety checks, gas appliance services and gas appliance repair works. This will be:

- 100 per cent of all new installations.
- 100 per cent of all certificates.
- Fieldworks percentage to be agreed following approval of this policy.

13.2 We will procure an independent audit of gas/heating safety within six months of the approval of this policy. We will endeavour to carry out audits at least once every two years, to specifically test for compliance with legal and regulatory obligations and to identify non-compliance issues for correction.

### 14.0 Significant Non-Compliance and Escalation

14.1 Our definition of significant non-compliance is any incident which has the potential to result in a potential breach of legislation or regulatory standard, or which causes a risk to health or safety, and which needs to be managed as an exception to routine processes and procedures.

14.2 All non-compliance issues will be reported and escalated as soon as possible, and no later than 24 hours after the incident occurred, or of a Warwick District Council employee becoming aware of it.

14.3 Any non-compliance issue identified at an operational level will be formally reported to the Compliance Manager in the first instance, who will agree an appropriate course of corrective action with the Deputy Chief Executive Officer and report details of the same to the SLT.

14.4 In cases of serious non-compliance, SLT and Board will consider whether it is necessary to disclose the issue to the Regulator of Social Housing as required by the regulatory framework, or any other relevant organisation such as the Health and Safety Executive.

14.5 Following the approval of this policy we will ensure there is a robust process in place to investigate and manage all RIDDOR notifications submitted to the HSE in relation to gas and heating safety and will take action to address any issues identified and lessons we have learned, to prevent a similar incident occurring again.

### 15.0 Glossary

15.1 This glossary defines key terms used throughout this policy:

- **Gas Safe Register:** the official list of gas engineers who are qualified to work legally on gas appliances.
- **LGSR:** Landlord's Gas Safety Record – a certificate containing the results of the annual safety check carried out on gas appliances and flues.

## Appendix 1 - Additional Legislation


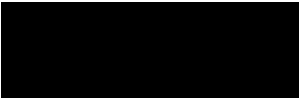
This policy also operates within the context of the following legislation:

- Defective Premises Act 1972
- Health and Safety at Work Act 1974
- Landlord and Tenant Act 1985
- Homes (Fitness for Human Habitation) Act 2018
- The Occupiers' Liability Act 1984
- Workplace (Health, Safety and Welfare) Regulations 1992
- Pipelines Safety Regulations 1996
- Health and Safety (Safety Signs and Signals) Regulations 1996
- Gas Safety (Management) Regulations 1996 (as amended)
- Provision and Use of Work Equipment Regulations 1998
- Management of Health and Safety at Work Regulations 1999
- Management of Houses in Multiple Occupation (England) Regulations 2006
- Pressure Equipment (Safety) Regulations 2016
- Pressure Systems Safety Regulations 2000
- Dangerous Substances and Explosive Atmospheres Regulations (DSEAR) 2002
- Housing Act 2004
- Building Regulations 2010 (England and Wales)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Construction (Design and Management) Regulations 2015
- Data Protection Act 2018
- Social Housing (Regulation) Act 2023

# Lift Safety Policy



<b>Name</b>	Lift Safety Policy
<b>Owner</b>	Compliance Manager
<b>Version</b>	Final V1.0
<b>Last Review</b>	June 2024
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<b>Strategic Lead</b>	<b>Deputy Chief Executive Officer</b>
<b>Sign</b>	
<b>Date</b>	<b>August 6, 2024</b>
<b>Chair of Board</b>	<b>Paul Wightman</b>
<b>Sign</b>	
<b>Date</b>	<b>06-Aug-2024</b>

### Document Version Control

Version	Date	Author	Changes	Approved by

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## 1.0 Introduction and Objectives

- 1.1 As a landlord, Warwick District Council is responsible for maintenance and repairs to our homes, communal blocks, and other properties we own and manage, some of which will contain domestic lifts, passenger lifts and other lifting equipment. We are responsible for maintaining these lifts and carrying out thorough examinations to ensure they continue to operate safely.
- 1.2 The key objective of this policy is to ensure our Cabinet, Management Team, employees, partners and residents are clear on our legal and regulatory lift safety obligations. This policy provides the framework our staff and partners will operate within to meet these obligations.
- 1.3 This policy forms part of our wider organisational commitment to driving a health and safety culture amongst staff and contractors (as detailed within our Health and Safety Policy). It will be saved on our Document Management System (DMS) and distributed to all relevant members of staff.

## 2.0 Scope

- 2.1 This policy applies to the following property types:
- Domestic properties (houses, flats bungalows, and so on).
  - Communal blocks.
  - Sheltered / independent living schemes.
- 2.2 This policy is relevant to all our employees, residents, contractors, stakeholders and other persons who may work on, occupy, visit, or use our premises, or who may be affected by our activities or services. Adherence to this policy is mandatory.
- 2.3 We own and manage domestic properties which have been adapted with living aids such as stair lifts, through floor lifts and hoists to enable residents to continue to live independently. We take responsibility for the lifts which have been installed within our domestic properties which we have been made aware of.

## 3.0 Roles and Responsibilities

- 3.1 The Board has overall governance responsibility for ensuring this policy is fully implemented to ensure full compliance with legislation and regulatory standards. As such, the Board will formally approve this policy and review it every two years (or sooner if there is a change in legislation or regulation).

- 3.2 The Management Team will receive fortnightly performance reports in respect of lift safety and ensure compliance is being achieved. They will also be notified of any non-compliance issue identified.
- 3.3 The Deputy Chief Executive Officer has strategic responsibility for the management of lift safety, and ensuring compliance is achieved and maintained. They will oversee the implementation of this policy.
- 3.4 Under the requirements of the Social Housing (Regulation) Act 2023 we have appointed the Deputy Chief Executive Officer as our Health and Safety Lead.
- 3.5 The Compliance Manager has operational responsibility for the management of lift safety and will be responsible for overseeing the delivery of these programmes.
- 3.6 A No Access Policy will be developed so that Housing teams will be able to provide support where gaining access to properties is difficult and therefore will be able to assist and facilitate any legal processes as necessary.

#### 4.0 Legislation, Guidance and Regulatory Standards

- 4.1 **Legislation** - The principal legislation applicable to this policy is as follows:
- The Health and Safety at Work Act 1974.
  - The Lifting Operation and Lifting Equipment Regulations 1998 (LOLER).
- 4.2 **Approved Code of Practice (ACoP)**—The principal ACoP applicable to this policy is:
- ACoP L113 - Safe use of lifting equipment: Lifting Operations and Lifting Equipment Regulations 1998 (2<sup>nd</sup> edition 2014).
- 4.3 **Guidance** – The principal guidance applicable to this policy is as follows:
- INDG422 - Thorough examination of lifting equipment: A simple guide for employers (2008).
  - INDG339 - Thorough examination and testing of lifts: Simple guidance for lift owners (2008).
- 4.4 **Regulatory standards** – We must ensure we comply with the Regulator of Social Housing’s regulatory framework and consumer standards for social housing in England; the Safety and Quality Standard is the primary one applicable to this policy.
- The Social Housing (Regulation) Act 2023 changes the way social housing is regulated and may result in future changes to this policy.

4.5 **Sanctions** – Failure to discharge our responsibilities and obligations properly could lead to sanctions, including prosecution by the Health and Safety Executive (the HSE) under the Health and Safety at Work Act 1974; prosecution under the Corporate Manslaughter and Corporate Homicide Act 2007; prosecution under LOLER or PUWER; and via a regulatory judgement from the Regulator of Social Housing.

## 5.0 **Obligations**

### 5.1 **LOLER**

Passenger lifts in workplaces (for example, offices) which are used by people during their course of work, fall within the scope of LOLER.

LOLER requires landlords to maintain lifts and ensure that they have thorough examinations:

- Before use for the first time.
- After substantial and significant changes have been made.
- At least every six months if the lift is used at any time to carry people or every 12 months if the lift is only carrying loads (or in accordance with an examination scheme).
- Following exceptional circumstances such as damage to, or failure of, the lift, long periods out of use, or a major change in operating conditions which is likely to affect the integrity of the equipment.
- Thorough examination reports must be kept for at least two years.

### 5.2 **Health and Safety at Work Act 1974**

Section 3 of the Health and Safety at Work Act makes employers, such as landlords, responsible for the health and safety of employees and people using or visiting their premises, so far as reasonably practicable (including residents).

For passenger lifts in communal blocks and for tenanted properties with domestic lifts, duties may be adequately discharged by adopting the same provisions as applies to all other lifting equipment covered by LOLER (carrying out regular maintenance and a six-monthly thorough examination).

### 5.3 **Provision and Use of Work Equipment Regulations 1998 (PUWER)**

There is some overlap between LOLER and PUWER, which applies to all work equipment, including lifting equipment (such as hoists, lift trucks, elevating work platforms and lifting slings). The scope of this policy includes for lifts which are fixed

within properties owned and managed by Warwick District Council (i.e., passenger/stairlifts/through floor lifts) and not mobile lifting equipment.

#### 5.4 Insurance

The Risk and Insurance Officer will monitor insurance contracts as insurers may impose demands for similar stringent levels of risk management to cover public liability.

### 6.0 Statement of Intent

6.1 We acknowledge and accept our responsibilities under the legislation outlined in Sections 4 and 5.

6.2 We will adopt the same principles to the management of lifts within communal blocks and domestic properties as for passenger lifts and any other lifts provided as work equipment. We will therefore carry out a programme of periodic servicing and maintenance and thorough examinations to lifts within domestic properties where these have been installed by us, or where our tenant has installed one and made us aware of it.

6.3 All lifts that we install in properties we own or manage will be fully accessible for disabled users, as per the requirements of the Equality Act 2010, and to the specifications outlined in Part M of the Building Regulations 2004.

6.4 We will endeavour to ensure that all lifting equipment will always be in full working order. Where we become aware of a breakdown, we will ensure our lift contractor attends within four hours.

6.5 We will operate robust processes to deal with entrapment situations. In the event of any persons becoming trapped in a lift we are responsible for we will ensure our lift contractor attends within two hours.

6.6 We will operate a robust process to manage and rectify immediately dangerous situations identified during a lift safety check or any other maintenance work.

6.7 All passenger lifts will have an intercom that dials directly to a dedicated call centre. Call handlers will contact emergency services if there is an urgent concern for a person's welfare.

6.8 We will operate a robust process to gain access to properties to undertake thorough examinations, lift safety/servicing visits and follow-on works. Where resident vulnerability issues are known or identified we will ensure we safeguard the

wellbeing of the resident, whilst ensuring the organisation can gain timely access to any property to be compliant with this policy.

- 6.9 We will operate effective contract management arrangements with the contractors responsible for delivering the service, including ensuring contracts/service level agreements are in place, conducting client-led performance meetings, and ensuring that contractors' employee and public liability insurances are up to date on an annual basis.
- 6.10 We will establish and maintain a risk assessment for lift safety management and operations, setting out our key lift safety risks and appropriate mitigations.
- 6.11 To comply with the requirements of the Construction (Design and Management) Regulations 2015 (CDM), a Construction Phase Plan will be in place for all repairs work to void and tenanted properties (at the start of the contract and reviewed annually thereafter), component replacement works and refurbishment projects. This plan will detail what is required to reinstate lifts affected by the works, to ensure they are safe to use and continue to comply with relevant legislation.

## 7.0 Programmes

- 7.1 **Thorough examinations** – all lifts, including domestic lifts, will be subject to a thorough examination:
- Before being commissioned into use for the first time.
  - Every six months if the lift is being used to carry people.
  - Every 12 months if the lift only carries loads.
  - In accordance with an examination scheme (as prepared by a competent person) where there is one in place.
  - In accordance with our insurer's specification.
- 7.2 We will establish a process to ensure all domestic lifts are subject to a thorough examination before a void property is re-let in to ensure it is safe for the next resident. The new tenant will also be shown how to operate the lift safely. We will also consider the suitability of prospective residents to ensure the property is appropriate if lifting equipment has been installed.
- 7.3 **Maintenance** - All lifting equipment will be subject to routine servicing and maintenance in line with manufacturers' recommendations.
- 7.4 We will ensure there is a robust process in place for the management of any follow-up works required following the completion of a thorough examination or servicing

and maintenance inspection (where the work cannot be completed at the time of the examination or servicing/inspection).

## **8.0 Data and Records**

- 8.1 We will maintain a core asset register of all properties we own or manage, setting out which properties have lifts which require a thorough examination. We will also set out which properties have lifts which require ongoing servicing and maintenance. This register will also hold data against each property asset of the type, age and condition of lifting equipment in place.
- 8.2 We will operate a robust process to manage all changes to stock, including property acquisitions and disposals, to ensure that properties are not omitted from lift safety programmes and the programme remains up to date.
- 8.3 We will hold records of the following against all properties on each programme:
- Thorough examination dates and reports.
  - Servicing and maintenance dates and reports.
  - Any examination schemes in place.
  - Evidence of completed remedial works.
  - Entrapment incidents.
- 8.4 All records and data as outlined above will be stored in DMS which is interfaced with Active H.
- 8.5 Where we install any stairlifts or other lifts to domestic properties or give approval for or become aware of any installation of such lifts, we will add them to the thorough examination and servicing programmes.
- 8.6 We will keep all records indefinitely unless specified otherwise in our Records Management Policy and have robust processes and controls in place to maintain appropriate levels of security for all lift safety related data and records.

## **9.0 Resident Engagement**

- 9.1 We consider good communication essential in the effective delivery of lift safety programmes, therefore we will establish a resident engagement strategy and communication programme to support residents in their understanding of lift safety.

9.2 This will assist us in maximising access to carry out periodic servicing and thorough examinations, encourage residents to report any lift safety concerns, and help us to engage with vulnerable and hard to reach residents.

9.3 We will share information clearly and transparently and will ensure that information is available to residents via regular publications and information on our website.

**10.0 Competent Persons**

10.1 The Compliance Manager will undertake appropriate training, such as the Level 4 VRQ Diploma in Asset and Building Management or equivalent, to ensure lift safety programmes are managed effectively.

10.2 Only suitably competent lift consultants and contractors, registered with the Lift and Escalator Industry Association (or equivalent), will be appointed to undertake thorough examinations, risk assessments, prepare examination schemes and undertake lifting equipment works. Lift engineers will have a minimum qualification of EAL QCF NVQ Level 3 Diploma or its equivalent in an appropriate discipline.

10.3 We will check that our contractors hold the relevant qualifications and accreditations when we procure them, and thereafter on an annual basis; we will evidence these checks and each contractor’s certification appropriately.

**11.0 Training**

11.1 We will establish training on this policy and the procedures that support it, through appropriate methods including team briefings; basic lift safety awareness training; and on the job training for those delivering the programme of lift inspections, planned maintenance and repair works as part of their daily job. All training undertaken by staff will be formally recorded.

**12.0 Performance Reporting**

12.1 We will report key performance indicator (KPI) measures for lift safety that follow the requirements set out in the Tenant Satisfaction Measures (TSMs) which came in to force on 1 April 2023 and must be reported to the Regulator on an annual basis.

12.2 We will report the following lift safety performance:

Report recipient	Frequency
Regulator of Social Housing	Annual

Senior Leadership Team	Fortnightly
Board	Monthly
Asset and Compliance Committee	Bi-monthly
Resident Involvement Group	Bi-annually

12.3 We will also report the following:

**Data – the total number of:**

- Properties split by category (domestic, communal blocks/schemes, commercial/other).
- Properties on the thorough examination programme.
- Properties not on the thorough examination.
- Properties with a valid and in date thorough examination.
- Properties without a valid and in date thorough examination.
- Properties due to be examined within the next 30 days.
- Follow-up actions arising from the programme (in time and overdue, by priority).

**Narrative - an explanation of the:**

- Current position.
- Corrective action required.
- Progress with completion of follow-up works.

**In addition:**

- The number of entrapments within lifts (in month and year to date).
- The number of RIDDOR notifications to the HSE with regards to lift safety.
- Lift servicing programme.

**13.0 Quality Assurance**

13.1 We will ensure there is programme of annual third-party quality assurance audits of lifts that are not included on the thorough examination programme.

13.2 We will procure an independent audit of lift safety within six months of the approval of this policy. We will endeavour to carry out audits at least once every two years, to specifically test for compliance with legal and regulatory obligations and to identify non-compliance issues for correction.



## 14.0 Significant Non-Compliance and Escalation

- 14.1 Our definition of significant non-compliance is any incident which has the potential to result in a potential breach of legislation or regulatory standard, or which causes a risk to health or safety, and which needs to be managed as an exception to routine processes and procedures.
- 14.2 All non-compliance issues will be reported and escalated as soon as possible, and no later than 24 hours after the incident occurred, or of a Warwick District Council employee becoming aware of it.
- 14.3 Any non-compliance issue identified at an operational level will be formally reported to the Compliance Manager in the first instance, who will agree an appropriate course of corrective action with the Deputy Chief Executive Officer and report details of the same to the SLT.
- 14.4 In cases of serious non-compliance, Management Team and Board will consider whether it is necessary to disclose the issue to the Regulator of Social Housing as required by their regulatory framework, or any other relevant organisation such as the Health and Safety Executive.
- 14.5 Following the approval of this policy we will establish a robust process in place to investigate and manage all RIDDOR notifications made to the HSE in relation to lift safety, and we will take action to ensure any issues identified and lessons we have learned to prevent a similar incident occurring again.

## 15.0 Glossary

- 15.1 This glossary defines key terms used throughout this policy:
- **IOSH Managing Safely course** - The Institution of Occupational Safety and Health (IOSH) have designed the IOSH Managing Safely course for managers and supervisors of organisations in virtually all industry sectors, in order to give them all they need to know to effectively manage health and safety in the workplace.
  - **LEIA** – The Lift and Escalator Industry Association is the trade association and advisory body for the lift and escalator industry.
  - **Thorough examination** - A systematic and detailed examination of the equipment and safety-critical parts, carried out at specified intervals by a competent person who must then complete a written report.

## Appendix 1- Additional Legislation

This policy also operates within the context of the following legislation:

- The Defective Premises Act 1972
- Landlord and Tenant Act 1985
- Homes (Fitness for Human Habitation) Act 2018
- Workplace (Health Safety and Welfare) Regulations 1992
- Provision and Use of Work Equipment Regulations 1998 (PUWER)
- Management of Health and Safety at Work Regulations 1999
- Housing Act 2004
- The Occupiers' Liability Act 1984
- Equality Act 2010
- Building Regulations 2010 – Part M
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Construction (Design and Management) Regulations 2015
- Data Protection Act 2018
- Social Housing (Regulation) Act 2023

# Water Hygiene Policy



<b>Name</b>	Water Hygiene Policy
<b>Owner</b>	Compliance Manager
<b>Version</b>	Final V1.0
<b>Last Review</b>	June 2024
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**Strategic Lead** Deputy Chief Executive Officer

**Sign**

**Date** August 6, 2024

**Chair of Board** Paul Wightman

**Sign**

**Date** 06-Aug-2024

### Document Version Control

Version	Date	Author	Changes	Approved by

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## 1.0 Introduction and Objectives

- 1.1 As a landlord, Warwick District Council must meet the legal obligations which require us to deal with the risks associated with legionella bacteria within the properties we own or manage. Legionella bacteria can cause a potentially fatal form of pneumonia called Legionnaires' disease. People contract Legionnaires' disease by inhaling small droplets of water containing the bacteria.
- 1.2 As far as is reasonably practicable, we must introduce measures to reduce and/or control exposure to legionella bacteria, including managing the conditions that support the growth of the bacteria in water systems.
- 1.3 The key objective of this policy is to ensure that our Cabinet, Senior Leadership Team, employees, partners, and residents are clear on our legal and regulatory water hygiene obligations. This policy provides the framework our staff and partners will operate within to meet these obligations.
- 1.4 This policy forms part of our wider organisational commitment to driving a health and safety culture amongst staff and contractors (as detailed within our Health and Safety Policy). It will be saved on our Document Management System (DMS) and distributed to all relevant members of staff.

## 2.0 Scope

- 2.1 This policy applies to the following property types:
  - Domestic properties (houses, flats bungalows, and so on).
  - Communal blocks.
  - Sheltered / Supported living schemes.
- 2.2 Some aspects of this policy also apply to individual domestic properties (houses, flats bungalows, and so on). Applicable items will be clearly referenced.
- 2.3 This policy is relevant to all our employees, residents, contractors, stakeholders and other persons who may work on, occupy, visit, or use our premises, or who may be affected by our activities or services. Adherence to this policy is mandatory.

## 3.0 Roles and Responsibilities

- 3.1 The Board has overall governance responsibility for ensuring this policy is fully implemented to ensure full compliance with legislation and regulatory standards. As such, the Board will formally approve this policy and review it every two years (or sooner if there is a change in legislation or regulation).

- 3.2 The Management Team will receive fortnightly performance reports in respect of water hygiene safety and ensure compliance is being achieved. They will also be notified of any non-compliance issue identified.
- 3.3 The Deputy Chief Executive Officer has strategic responsibility for the management of water hygiene safety, and ensuring compliance is achieved and maintained. They will oversee the implementation of this policy.
- 3.4 Under the requirements of the Social Housing (Regulation) Act 2023 we have appointed the Deputy Chief Executive Officer as our Health and Safety Lead.
- 3.5 The Compliance Manager has overall operational responsibility for water hygiene. The M&E Energy Officer has day-to-day responsibility for managing water hygiene safety and will be responsible for overseeing the delivery of these programmes. The M&E Energy Officer is the Responsible Person.
- 3.6 The Compliance Team Leader is the Deputy Responsible Person who will provide cover to the M&E Energy officer (Responsible Person) in their absence.
- 3.7 A No Access Policy will be developed so that Housing teams will be able to provide support where gaining access to properties is difficult and therefore will be able to assist and facilitate any legal processes as necessary.

#### **4.0 Legislation, Guidance and Regulatory Standards**

4.1 **Legislation** - The principal legislation applicable to this policy is as follows:

- The Health and Safety at Work Act 1974.
- The Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH).
- This policy also operates within the context of additional legislation (see Appendix 1).

4.2 **Approved Code of Practice (ACoP)** – The principal ACoP applicable to this policy is:

- ACoP L8 - Legionnaires' disease: The control of legionella bacteria in water systems (4th edition 2013).

4.3 **Guidance** – The principal guidance applicable to this policy is as follows:

- HSG274 - Legionnaires' disease: Technical guidance Part 2: The control of legionella bacteria in hot and cold water systems (2014).
- HSG274 - Legionnaires' disease: Technical guidance Part 3: The control of legionella bacteria in other risk systems (2013).
- INDG458 - Legionnaires' disease: A brief guide for dutyholders (2012).

- BS 8580-1:2019 Water quality, risk assessments for Legionella control – Code of practice.

4.4 **Regulatory standards** – We must ensure we comply with the Regulator of Social Housing’s regulatory framework and consumer standards for social housing in England; the Safety and Quality Standard is the primary one applicable to this policy.

The Social Housing (Regulation) Act 2023 changes the way social housing is regulated and may result in future changes to this policy.

4.5 **Sanctions** – Failure to discharge our responsibilities and obligations properly could lead to sanctions, including prosecution by the Health and Safety Executive (the HSE) under the Health and Safety at Work Act 1974; prosecution under the COSHH Regulations; prosecution under the Corporate Manslaughter and Corporate Homicide Act 2007; and via a regulatory judgement from the Regulator of Social Housing.

## 5.0 Obligations

5.1 The Health and Safety at Work Act 1974 places a duty on us, as an employer and landlord, to ensure our employees and others affected by our undertakings (for example, residents), are not exposed to health and safety risks, including the risk from legionella.

5.2 We have a legal obligation under COSHH to prevent or control exposure to biological agents, including legionella.

5.3 Warwick District Council is the ‘Duty Holder’ as defined by ACoP L8 and we must take necessary precautions to prevent, reduce or control the risks of exposure to legionella.

5.4 As the Duty Holder, we must:

- Carry out a risk assessment for all hot and cold-water systems, cooling plant and any other systems that can produce water droplets to identify and assess potential risks.
- Implement measures to either eliminate, reduce or control identified risks.
- Appoint a Responsible Person to take managerial responsibility for:
  - Carrying out risk assessments.
  - Producing written schemes of control (a practical, risk management document used to control the risk from exposure to legionella).
  - Implementing the written scheme of control.
- Appoint a Deputy Responsible Person who will provide cover to the responsible person in their absence.
- Keep associated records for five years.



## 6.0 Statement of Intent

- 6.1 We acknowledge and accept our responsibilities and obligations under the legislation outlined in Sections 4 and 5.
- 6.2 We are in the process of moving towards a risk-based approach to undertaking legionella risk assessments, where a practical and proportionate approach will be adopted for domestic properties and communal blocks and schemes will be assessed as high, medium or low risk, with supporting risk assessment frequencies.
- 6.3 We will develop written schemes of control for all properties risk assessed as requiring controls to manage the risk of legionella exposure.
- 6.4 When properties become void, we will endeavour to drain and flush the water system, including any shower loop, before undertaking any work. The water system will then be flushed and recommissioned before the property is let, and the shower head replaced or sterilised.
- 6.5 We will carry out checks to identify pipework 'dead legs' and remove them within void properties and any properties where we are carrying out adaptations or planned investment work.
- 6.6 When we acquire properties (existing or new build) we will follow the same process as for void properties, and we will ensure that there are no pipework 'dead legs' present when we take possession of the property.
- 6.7 We will operate a robust process to manage immediately dangerous situations identified from the legionella risk assessment, water testing/monitoring regime or suspected legionella outbreak.
- 6.8 A No Access Policy will be developed so that Housing teams will be able to provide support where gaining access to properties is difficult and therefore will be able to assist and facilitate any legal processes as necessary, if access has been attempted at least twice, the appropriate procedures have been followed and approval has been given by the appropriate Manager. Where resident vulnerability issues are known or identified, we will ensure we safeguard the wellbeing of the resident.
- 6.9 We will operate effective contract management arrangements with the contractors responsible for delivering the service, including ensuring contracts/service level agreements are in place, conducting client-led performance meetings, and ensuring that contractors' employee and public liability insurances are up to date on an annual basis.
- 6.10 We will establish and maintain a risk assessment for water hygiene management and operations, setting out our key water hygiene risks and appropriate mitigations.
- 6.11 To comply with the requirements of the Construction, Design and Management Regulations 2015 (CDM) a Construction Phase Plan will be in place for all repair work to

void and tenanted properties (at the start of the contract and reviewed annually thereafter), component replacement works and refurbishment projects.

## 7.0 Programmes

7.1 **Communal blocks and other properties** – We will ensure all communal blocks and schemes are subject to an initial visit to establish whether a legionella risk assessment (LRA) is required. Thereafter, if an LRA is required, the property will be included on the LRA programme. If an LRA is not required, we will record this on our core asset register.

7.2 For all properties on the LRA programme, we will undertake a risk-based approach to renewing the LRAs. This will be supplemented by an annual internal desktop review.

7.3 LRAs will also be reviewed in the following circumstances:

- Change in building use.
- Change in internal layout of water system.
- Change in building occupation that increases the risk due to health.
- After a confirmed or suspected outbreak of Legionella.
- Following a water hygiene audit (if required).

7.4 **Domestic properties** – We will develop an annual programme of five per cent sample legionella risk assessments in domestic properties. These will be prioritised according to the perceived level of risk (based on design, size, age and type of water supply).

7.5 **Testing and monitoring** - We will endeavour to undertake testing and monitoring (for example, monthly temperature checks) as set out within any written schemes of control.

7.6 Following the approval of this policy we will establish a robust process in place for the management of any follow-up works required following the completion of an LRA or ongoing monitoring (where the work cannot be completed at the time of the assessment or check).

## 8.0 Data and Records

8.1 We will maintain a core asset register of all properties we own or manage, setting out which properties require an LRA. We will also set out which properties require ongoing testing and monitoring as prescribed by the written control scheme (for example, monthly temperature checks).

8.2 We will operate a robust process to manage all changes to stock, including property acquisitions and disposals, to ensure that properties are not omitted from water hygiene programmes and the programmes remain up to date.

- 8.3 We will hold LRA inspection dates, LRAs, and testing and monitoring records against all properties on each programme. These will be held in the DMS which is interfaced with Active H.
- 8.4 We will keep water hygiene logbooks electronically (or securely on site where practical), for all properties on the LRA programme.
- 8.5 We will keep all records indefinitely unless specified otherwise in our Records Management Policy and have robust processes and controls in place to maintain appropriate levels of security for all water hygiene related data.

## **9.0 Resident Engagement**

- 9.1 We consider good communication essential in the effective delivery of water hygiene programmes, therefore we will establish a resident engagement strategy and communication programme. This will support residents in their understanding of water hygiene and legionella risk, advised them of how they can manage the risks within their properties, and to encourage them to report any concerns about water safety.
- 9.2 We also aim to successfully engage with vulnerable and hard to reach residents. We will share information clearly and transparently and will ensure that information is available to residents via regular publications and information on our website.
- 9.1 Once written schemes of control are developed, we ensure they are displayed in communal areas of buildings to inform occupants how the risk of exposure to legionella bacteria is being managed and controlled.

## **10.0 Competent Persons**

- 10.1 The Responsible Person (M&E Energy Officer) and a Deputy Responsible Person (Compliance Team Leader) should be trained, instructed, and informed to the same level and should assist in the frequent monitoring of written control schemes. Therefore, they should hold a relevant qualification such as the Level 2 Award in Legionella Awareness (or equivalent), or Level 4 VRQ Diploma in Asset and Building Management. If they do not have these already, they will obtain them within an appropriate time frame following the approval of this policy.
- 10.2 Only suitably competent consultants and contractors, registered with the Legionella Control Association (or equivalent), will undertake LRAs, prepare written schemes of control and undertake works in respect of water hygiene and legionella control.
- 10.3 Only suitably competent consultants and contractors, registered with the Legionella Control Association (or equivalent), will undertake third party technical quality assurance checks.

10.4 We will check that our contractors hold the relevant qualifications and accreditations when we procure them, and thereafter on an annual basis; we will evidence these checks and each contractor’s certification appropriately.

**11.0 Training**

11.1 We will establish training on this policy and the procedures that support it, through appropriate methods including team briefings; basic water hygiene awareness training; and on the job training for those delivering the programme of LRAs and water hygiene testing and monitoring, as part of their daily job. All training undertaken by staff will be formally recorded.

**12.0 Performance Reporting**

12.1 We will report key performance indicator (KPI) measures for water hygiene safety that follow the requirements set out in the Tenant Satisfaction Measures (TSMs) which came into force on 1 April 2023 and must be reported to the RSH on an annual basis.

12.2 We will report the following water hygiene performance:

<b>Report recipient</b>	<b>Frequency</b>
Regulator of Social Housing	Annual
Management Team	Fortnightly
Board	Monthly
Asset and compliance Committee	Bi-monthly
Resident Involvement Group	Bi-annually

12.3 We will also report the following:

**Data – the total number of:**

- Properties split by category (domestic, communal blocks/schemes, commercial/other).
- Properties on the LRA programme.
- Properties not on the LRA programme.
- Properties with a valid and in date LRA.
- Properties without a valid and in date LRA.
- Properties due an LRA within the next 30 days.
- Overdue follow-up works/actions (split by priority).

**Narrative - an explanation of the:**

- Current position.
- Corrective action required.
- Progress with completion of follow-up works.

**In addition:**

- The number of RIDDOR notifications to the HSE with regards to water safety.

### **13.0 Quality Assurance**

- 13.1 We will ensure there is a programme of third-party quality assurance audits to one hundred per cent of LRAs. Annual audits will be undertaken to all systems identified as a high risk.
- 13.2 We will procure an independent audit of water hygiene safety at least once every two years, to specifically test for compliance with legal and regulatory obligations and to identify any non-compliance issues for correction.

### **14.0 Significant Non-Compliance and Escalation**

- 14.1 Our definition of significant non-compliance is any incident which has the potential to result in a potential breach of legislation or regulatory standard, or which causes a risk to health or safety, and which needs to be managed as an exception to routine processes and procedures.
- 14.2 All non-compliance issues will be reported and escalated as soon as possible, and no later than 24 hours after the incident occurred, or of a Warwick District Council employee becoming aware of it.
- 14.3 Any non-compliance issue identified at an operational level will be formally reported to the Compliance Manger in the first instance, who will agree an appropriate course of corrective action with the Deputy Chief Executive Officer and report details of the same to the Management Team.
- 14.4 In cases of serious non-compliance, Management Team and Board will consider whether it is necessary to disclose the issue to the Regulator of Social Housing as required by their regulatory framework, or any other relevant organisation such as the Health and Safety Executive.
- 14.5 We will ensure there is a robust process in place to investigate and manage all RIDDOR notifications made to the HSE in relation to water hygiene safety and will take action to address any issues identified and lessons we have learned, to prevent a similar incident occurring again.

## 15.0 Glossary

15.1 This glossary defines key terms used throughout this policy:

- **BOHS:** British Occupational Hygiene Society.
- **Duty Holder:** the owner of the non-domestic premises or the person or organisation that has clear responsibility for the maintenance or repair of non-domestic premises, for example through an explicit agreement such as a tenancy agreement or contract.
- **Legionellosis:** a collective term for diseases caused by legionella bacteria including the most serious Legionnaires' disease, as well as the similar but less serious conditions of Pontiac fever and Lochgoilhead fever.
- **LRA:** Legionella Risk Assessment – an assessment which identifies the risks of exposure to legionella in the water systems present in a premises and the necessary control measures required.

## Appendix 1 - Additional Legislation

This policy also operates within the context of the following legislation:

- The Defective Premises Act 1972
- Landlord and Tenant Act 1985
- Homes (Fitness for Human Habitation) Act 2018
- The Occupiers' Liability Act 1984
- Public Health (Infectious Diseases) Regulations 1988
- The Workplace (Health Safety and Welfare) Regulations 1992
- The Management of Health and Safety at Work Regulations 1999 (the Management Regulations).
- Water Supply (Water Fittings) Regulations 1999
- Housing Act 2004
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Construction (Design and Management) Regulations 2015
- Water Supply (Water Quality) Regulations 2018
- Data Protection Act 2018
- Social Housing (Regulation) Act 2023