

National Manual of Assets and Facilities Management

Volume 5 Chapter 2

Facility Safety Procedure

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Facility Safety Procedure

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Facility Safety Procedure

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1.0 PURPOSE

The purpose of this document is to provide guidance to the Entity which enables it to inculcate a Health and Safety (H&S) culture that is dedicated to eliminating:

- Incidents, accidents, and near misses in the workplace
- Absenteeism, due to work-related ill health

Such a culture shall not only contribute to the physical and mental wellbeing of Entity staff, it should also benefit their families, and the Entity's operational performance.

This document shall be read in conjunction with NMA&FM Volume 10 – Health, Safety, and Environment of the National Manual of Assets and Facilities Management (NMA&FM), Chapter 3 – Safety Requirements.

2.0 SCOPE

A positive H&S culture is supported by high quality, easy to navigate H&S documentation. This document offers entities guidance regarding Facility Safety. It highlights the importance of H&S Policy and Plans, which are key components to an H&S Management System.

Safety is everyone's concern and this document is aimed at staff and service providers at all levels of the Entity's organizational structure. Responsibilities of each stakeholder relative to H&S are clearly defined herein.

Matters specifically related to quality and security are outside the scope of this document. For matters related to security, the Entity shall refer to:

- NMA&FM Volume 5, Chapter 9 – Security Systems Operations
- NMA&FM Volume 6, Chapter 9 – Security Systems Maintenance Plans

For guidance related to quality the Entity shall refer to:

- NMA&FM Volume 11 – Quality

3.0 DEFINITIONS

| Term | Definition |
|------------------------|---|
| Confined Space | A space with limited entry and exit, and not suitable for human occupancy (e.g. a storage tank) |
| Duty of Care | The legal obligation of a person or organization to avoid acts or omissions (which can reasonably be foreseen), that are likely to cause harm to other. |
| Employee | <ul style="list-style-type: none">• Permanent Staff - Anybody who is working under the Facility's employment• Agency (labor hire) - Regular staff provided by an external company, who work under the Facility's direct management control• Contractor - Independent contractor under a fixed-term contract or specific term, which terminates upon completion of a task or the occurrence/nonoccurrence of a specified event• Manpower/Sub-provision - Staff working under the Facility's employment contract. but under third-party management control <p>These individuals are grouped for the purpose of Health, Safety, and Environment (HSE) reporting, as the facility has a Duty of Care to ensure both a safe working environment, as well as safe processes and procedures to follow. Control measures associated with both, are intended to minimize risks for those 'at work'.</p> |
| Environmental Incident | Incidents that result in damage to the environment such as a fuel spill, airborne release, contamination of ground water, and/or land contamination. |



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| Fall Protection | The use of controls, designed to protect the workforce from falling or in the event they do fall, to stop them, without causing injury. |
| Fire Warden | Designated Person within a department who has been allocated the responsibilities to support the ongoing management with fire safety. They are also responsible for contributing to the safety of the building occupants, in the event of a fire evacuation. |
| First Aid Incident Frequency Rate (FAIFR) | <p>The Incident Rate (IR) is calculated using the total number of first aid incidents over the period and normalized using the total number of hours worked over the same period.</p> <p>Normalized rate using working hours to calculate a number of incidents per 1,000,000 hours worked. This provides a view on the frequency of first aid incidents, regardless of movements in staff numbers, which is comparable across all areas where medical treatment and injuries/incidents are incurred.</p> <p>FAIFR = (No. of 'First Aid Treatment Incidents' in period/hours worked in period) * 1,000,000.</p> |
| First Aid Treatment Incident | <p>Any personal injury or accident, where first aid was administered to an employee (direct employees and labor hire/manpower provision under the Facility's direct management control), and caused by a workplace safety incident, or when travelling on company business resulting from/in:</p> <ul style="list-style-type: none"> • Application of antiseptics during the first visit to medical personnel • Treatment of superficial burns • Application of bandages during any visit to medical personnel • Removal of foreign bodies not embedded in the eye • Removal of foreign bodies from a wound, if the procedure is uncomplicated and achieved through the use of simple techniques • Use of non-prescription medications, and administration of a single dose of prescription medication on the first visit for a minor injury or discomfort, such as a Tetanus injection • Drilling of a finger or toenail to relieve pressure or draining fluid from a blister • Negative X-ray diagnosis • Observation of injury during a visit to medical personnel (less than 12-hour duration) • Doctor's treatment, 'first aid category', is a single visit for injury or condition where the doctor performs first aid, confirms that first aid treatment is adequate and/or provides advice on recovery |
| Health Incident (HI) | Health Incident – Used in Incident Reporting. |
| Hot Works | The cutting and welding operations that involve the use of portable gases and arc welding equipment, including soldering, grinding, or any other activities that involve sparks, flames, and/or heat. These types of activities generally require a Permit To Work (PTW). |
| Incidence Rate (IR) | <p>The IR is the number of occurrences of injury/disease for every 1,000,000 Full-Time Employees (FTEs).</p> <p>Lost Time IR = (No. of incidents in a period/Average number of FTE in a period) * 1,000,000.</p> |
| Incident | An instance of something happening an event or occurrence that could lead to the loss of, or disruption to, the Facility's operations, resources, services, or functions. The Event is usually deemed to be an Incident after basic categorization has been applied i.e. an unplanned event categorized as a 'Personal Injury Accident' is considered a Safety Incident. |



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| Lost Time Incident Frequency Rate (LTIFR) | <p>The IR is calculated using the total number of Lost Time Incidents (LTIs) over a period and normalized using the total number of hours worked over the same period.</p> <p>Normalized rate use working hours to calculate a number of incidents per 1,000,000 hours worked. This provides a view of the frequency of LTIs, regardless of movements in staff numbers, which is comparable across all areas where LTIs are incurred.</p> <p>$LTIFR = (\text{No. of LTIs in period} / \text{hours worked in period}) * 1,000,000.$</p> |
| Lost Time Incident Severity Rate (LTISR) | <p>The total number of days/shifts lost in a period, from the total number of incidents incurring lost time of one or more days/shifts in the period. This is intended to demonstrate the level of absence incurred from accidents and incidents and provide an average number of days lost per incident it can be compared with published benchmarks.</p> <p>Standard metrics are used to identify the severity of LTIs, by producing an average number of days lost per incident. The higher the number, the more severe the events.</p> <p>$LTISR = (\text{No. of days lost in period} / \text{No. of LTIs in period}).$</p> |
| Lost Time Incidents (LTIs) | <p>Total number of 'Personal Injury Accidents' incurred at work, or when traveling on company business, where the employee (direct employees and labor hire/manpower provision under Facility's direct management control) was absent during working days/shifts, as a result. The LTI is recorded from the date the incident occurred, and not when time was actually lost.</p> <p>LTIs are monitored as incidents involving 'lost time'. They impact the employee, and pose a cost/impact to the business. The trend in LTIs is indicative of an increase in incidents and may also lead to an increase in the number of working days lost.</p> |
| Lock Out Tag Out (LOTO) | <p>This refers to specific practices and procedures to safeguard the workforce from unexpected energization or startup of machinery and equipment, or release of hazardous energy during the service and maintenance activities.</p> |
| Major Incident Frequency Rate (MIFR) | <p>The IR is calculated using the total number of Major Reportable Incidents over the period, normalized using the total number of hours worked over the same period.</p> <p>Normalized rate using working hours to calculate a number of incidents per 1,000,000 hours worked. This provides a view of the frequency of major reportable incidents, regardless of movements in staff numbers, which is comparable across all areas where major/serious injuries incidents are incurred.</p> <p>$MIFR = (\text{No. of Major Incidents in period} / \text{hours worked in period}) * 1,000,000.$</p> |
| Major Incidents | <p>Any 'Major Incident' injury to an employee (direct employees and labor hire/manpower provision under the Facility's direct management control), caused by a workplace safety incident resulting from/in:</p> <ul style="list-style-type: none"> Any injury requiring resuscitation or admittance to hospital for more than 24 hours Fractures (other than to fingers, thumbs, or toes). Injury resulting from an electric shock or electrical burn, leading to unconsciousness Dislocation of the shoulder, hip, knee, or spine |



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| | <ul style="list-style-type: none"> • Amputation • Loss of sight (temporary or permanent) • Chemical or hot metal burn to the eye, or any penetrating injury to the eye • Any other injury leading to hypothermia, heat-induced illness, or unconsciousness, requiring resuscitation or requiring admittance to hospital for more than 24 hours • Unconsciousness caused by asphyxia or exposure to a harmful substances or biological agents • Acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion, or through the skin • Acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent, toxins or infected materials <p>Specific term used to reflect the seriousness of the impact of the incident. These are typically reported to national regulators and may incur extensive lost time.</p> |
| Measure | A value that is quantified against a standard definition, at a point in time. A single measure usually has little value without some context, but is often the component parts of metrics and performance indicators. Number of Incidents, Headcount, and Revenue. |
| Medical Treatment Incident Frequency Rate (MTIFR) | The IR is calculated using the total number of Medical Treatment Incidents over a period, and normalized using the total number of hours worked over the same period. |
| Medical Treatment Injury (MTI) | <p>Any MTI to an employee (direct employees and labor hire/manpower provision under the Facility's direct management control), attended to by a medical professional (Doctor, or Nurse), and caused by a workplace safety incident, or when travelling on company business resulting from/in:</p> <ul style="list-style-type: none"> • Application of antiseptics during second or subsequent visits to medical personnel • Treatment of partial or full thickness burns • Insertion of sutures • Removal of foreign bodies embedded in the eye (unless it has penetrated the eye, and thus be classed as a major incident) • Removal of foreign bodies from a wound where the depth of the embedment, size and/or location, complicate the procedure • Use of prescription medication (except a single dose administered on the first visit for minor injury or discomfort) • Surgical debridement (Surgical removal of foreign objects or suspect tissue from a wound) • Fracture to fingers, thumbs, or toes • Admission to a hospital or equivalent, for treatment or observation for more than 12 hours and less than 24 hours (after which it should be classed as a Major Incident) • A loss of consciousness, unless caused by asphyxia, or exposure to a harmful substance or biological agent (when it should be classified as a Major Incident). • Any injury requiring two doctor visits to both a doctor and an associated health professional such as a Physiotherapist <p>It is a term used as indication of incidents of a certain severity (i.e. greater severity than FAI, but less severe than Major Injury).</p> |
| Metric | A metric is a calculated value based on two or more different measures. A metric is often the rate at which something happens, such as an Incident Frequency rate (incidents/Hours worked) * 1,000,000. |



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| Near Miss | Incident or hazard that could result in harm to an individual, damage to property, or the environment. This should include fire alarm activations. These exclude Operational Safety near miss type incidents, which are recorded as Safety Critical events. |
| Occupational Health | These are the incidents that are work related (the effect of work on an individual's health), such as restricted work duties due to chronic injury, and regulatory defined occupational disease. |
| Permit to Work (PTW) | Is a formal written system needed to control certain types of potentially hazardous work. PTW is a document that specifies the work to be undertaken and the precautionary measures to be taken in carrying out that work. PTW forms an integral part of the safe systems of work for many maintenance activities. |
| Personal Injury/Accident | Incidents that result in harm to an individual, either accidentally or intentionally, such as physical assault which may cause physical or psychological harm. |
| Physical Assaults | <p>Total number of Physical Assaults on Employees – physical assaults are defined as “A physical attack on an employee”.</p> <p>Physical Assaults can be a significant cause of lost time and reportable incidents either due to direct or psychological harm to staff. Sustained Physical Assaults can also lead to Occupational Health cases.</p> |
| Physical Assaults Frequency Rate (PAFR) | <p>The IR is calculated using the total number of Physical Assault Incidents over the period and normalized using the total number of hours worked over the same period.</p> <p>Normalized rate using working hours to calculate a number of incidents per 1,000,000 hours worked. This provides a view of the frequency of Physical Assault incidents, regardless of movements in staff numbers, which is comparable across all areas where incidents are incurred.</p> <p>$PAFR = (\text{No. of Physical Assaults in period} / \text{hours worked in period}) * 1,000,000.$</p> |
| Property/Plant/Equipment/Vehicle Damage | These are incidents that result in financial expenditure to repair, replace, or substitute. This includes fire damage. |
| Serious Physical Assault Frequency Rate (SPAIFR) | <p>The IR is calculated using the total number of Serious Physical Assault Incidents over the period, normalized using the total number of hours worked over the same period.</p> <p>Normalized rate using working hours to calculate a number of incidents per 1,000,000 hours worked. This provides a view of the frequency of Serious Physical Assault incidents, regardless of movements in staff numbers, which is comparable across all areas where incidents are incurred.</p> <p>$SPAIFR = (\text{No. of Serious Physical Assaults in period} / \text{hours worked in period}) * 1,000,000.$</p> |
| Serious Physical Assault Incident | <p>Defined as an assault incident to an employee in the workplace (direct employees and labor hire/manpower provision under the Facility's direct management control) involving one or more of the following:</p> <ul style="list-style-type: none"> • Sexual assault • Assaults occasioning transfer of bodily fluids, including biting (where the skin is damaged, and saliva may have been transferred into the wound), spitting (where the assailant is known to have an infectious disease), and the throwing of bodily fluids and excreta ('potting') • Results in detention in an outside hospital as an in-patient |



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| | <ul style="list-style-type: none"> Requires medical treatment for concussion or internal injuries Results in one or more of the following injuries a fracture, scald or burn, stabbing, crushing, extensive or multiple bruising, black eye, broken nose, lost or broken tooth, cuts requiring suturing, bites, and/or temporary or permanent blindness |
| Stakeholders | Person with an interest or concern in something, specifically Business. |
| Subcontractor Incidents | <p>Personal injury accidents caused, or thought likely to have been caused, by a workplace incident to a third-party contractor undertaking a specified piece of work for the Facility. In assessing the severity, consideration should be given to the definitions relating to major incidents, lost time incidents, medical treatment injury, and first aid injury.</p> <p>Indication of the number of incidents involving third-party contractors. Whilst the Facility may not be directly responsible for the third-party staff, it does have a Duty of Care, in regard to them.</p> |
| Toolbox Talk | An informal safety presentation, or meeting that focuses on a specific safety topic related to a specific job such as workplace hazards and safe working practices. |
| Working at Height | Working in a place where a person is at risk of being injured by falling from it this includes below ground level. |
| Working days lost | <p>Total working days or shifts lost from LTIs incurred in the period does not include the day/shift of the event. Working days shall be accrued until the individual is able to return to their normal place of work, and carry out meaningful tasks relevant to their job, though this may include the exclusion of some tasks whilst on 'lighter duties.'</p> <p>Term used to calculate Average Lost time per incident and Lost Time Incident Severity Rate (LTISR).</p> |
| Acronyms | |
| BS | British Standard |
| FAI | First Aid Injury |
| FAIFR | First Aid Incident Frequency Rate |
| FM | Facilities Management |
| FTE | Full-Time Employee |
| H&S | Health and Safety |
| HI | Health Incident |
| HSE | Health, Safety, and Environment |
| ID | Identity |
| IH | Industrial Hygienist |
| IR | Incidence Rate |
| IRS | Incident Reporting Scale |
| KPI | Key Performance Indicator |
| LO | Low – Used in Incident Reporting |
| LOTO | Lock Out Tag Out |
| LTI | Lost Time Incident |
| LTIFR | Lost Time Incident Frequency Rate |
| LTISR | Lost Time Incident Severity Rate |
| MED | Medium – Used in Incident Reporting |
| MIFR | Major Incident Frequency Rate |
| MOL | Ministry of Labor |
| MTI | Medical Treatment Injury |
| MTIFR | Medical Treatment Incident Frequency Rate |
| NFPA | National Fire Protection Association |



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| NRR | Noise Reduction Rating |
| OHRMS | Online Human Resource Management System |
| OSHA | Occupational Health and Safety Administration |
| PAFR | Physical Assaults Frequency Rate |
| PPE | Personal Protective Equipment |
| RIDDOR | Reporting of Injuries, Diseases and Dangerous Occurrences Regulations |
| SDS | Safety Data Sheet |
| SPAFR | Serious Physical Assault Frequency Rate |
| STARRT | Safety Task Analysis Risk Reduction Talk |
| VHI | Violent Health Incident – Used in Incident Reporting |

Table 1: Responsibilities

4.0 REFERENCES

- British Standard (BS) 5266: Emergency Lighting Code of Practice.
- National Fire Protection Association (NFPA) 110: Standard for Emergency and Standby Power Systems.
- Occupational Safety and Health Administration (OSHA) – Working at Height: 29 CFR 1926.500-503.
- OSHA – Personal Protective Equipment (PPE) 3151-12R (2004).
- ISO 45001:2018 Occupational Health and Safety.
- Health and Safety Executive (U.K.) – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), 2013.
- NMA&FM Volume 10 – Health, Safety, and Environment (HSE)



5.0 RESPONSIBILITIES

It is the responsibility of the Entity to protect the Health and Safety of its staff whilst at work, and on the journey between home, and the workplace. The Entity is also responsible for all building occupants, visitors and contractors using its facility.

Each stakeholder within the facility shall have its responsibilities clearly defined by the Entity. Key stakeholders such as Facility Director, Facility Manager, and Health Safety and Environment (HSE) Manager hold accountability for everyone's safety. However, it is everyone's responsibility, at all levels of the organization, to maintain the highest standards of Facility Safety such that zero harm comes to people, or assets.

Figure 1 (below) describes stakeholders typically found within each Entity, and who have responsibility for Facility Safety.



Figure 1: Safety Responsibility

5.1 Senior Management – Facility Director

Responsibility and ultimate accountability for ensuring that H&S systems are in place within each facility, lies with members of the Senior Management Team, such as the Facility Director.

Specifically, the Facility Director shall:

- Be responsible for establishing an effective Health and Safety Management System for the Facility, and setting and reviewing related Health and Safety targets and objectives
- Appoint staff, and secure necessary resources to support staff in fulfilling duties under Saudi Ministry of Labor and Social Development (MOL), Health and Safety Regulations
- Implement within each facility (as far as is reasonably practicable), incident reporting best-practice, as outlined under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) requirements
- Measure, appraise, and act to correct Facility safety performance
- Ensure that effective communication regarding Health and Safety is implemented throughout the Entity
- Ensure that all stakeholders are aware of their obligations to Health and Safety
- Promote a positive H&S culture



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- Ensure compliance with H&S systems and standards
- Ensure that Risk Assessments are carried out as required
- Ensure that suitable Site Welfare Facilities and First Aid Facilities are available at all times

5.2 Middle Management – Facility Managers

The responsibility for ensuring that H&S processes and procedures are actioned, lies with the Facility Managers who shall:

- Be responsible for establishing an effective H&S Management System, which shall include setting and reviewing all targets and objectives associated with FM Services
- Lead or support in the development of training plans tailored to Facility stakeholders
- Lead in the establishment of Work Instructions
- Interface and monitor the safety performance of Supervisors
- Retain the latest copies of training records at all times
- Report all lost-time incidents and dangerous occurrences, to Senior Management
- Be responsible for all matters consistent with their normal duties and tasks and within their respective departments, relating to Health, Safety, and Welfare of employees, and others under their control
- Ensure Risk Assessments and Method Statements (RAMS) are undertaken, and that Point of Work Risk Assessments (POWRA) are undertaken as applicable
- Act to mitigate risks identified within Risk Assessments
- Ensure that equipment used in the operation and maintenance (O&M) of the Facility (by the contractors and the Entity's own FM staff), are subject to regular safety inspections
- Ensure the delivery of site inductions and issuance of Identification (ID)
- Establish and maintain an Approved Contractor register
- Monitor contractor performance against Key Performance Indicators (KPIs)
- Review and approve RAMS regularly and whenever there is a change in the environment, determined by the introduction of e.g., new processes, procedures, staff, or technology
- Review and approve POWRAs
- Verifying contractor skills, training, and qualifications to execute specific tasks, and maintain up-to-date records for each member of staff
- Issue Permit to Work (PTW) for high risk activities where PTW is required
- Conduct regular workplace inspections, and ensure continued compliance with Facility Safety standards
- Ensure the establishment of a Fire Evacuation Schedule
- Ensure the execution of emergency exercises and drills
- Ensure compliance with the latest Fire and Life Safety Codes
- Conduct regular safety tours of the Facilities and its premises
- Investigate and report any incidents, accidents, and near misses

5.3 Operational Managers and Supervisors

Operational Managers and Supervisors shall:

- Monitor and target the H&S performance of direct reports
- Implement safe systems of work
- Brief direct reports, visitors, and contractors regarding relevant H&S rules, regulations, and procedures
- Establish and maintain training records, certifications, and a skills matrix for direct reports
- Ensure adornment of Personal Protective Equipment (PPE) is only done as a result of Risk Assessment (i.e. under no circumstances shall PPE be worn without Risk Assessment having been carried out)
- Carry out regular safety checks of equipment identifying and reporting defects
- Monitor and report breaches of H&S Policy

5.4 Health, Safety, and Environmental (HSE) Manager

The HSE Manager shall:

- Undertake regular safety audits



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- Manage the development and delivery of safety training programs and inductions
- Lead in the establishment and review of RAMS
- Undertake regular reviews of H&S Management Systems to ensure compliance with the latest standards and best-practices
- Develop safety systems and processes to eliminate or mitigate the risks
- Lead Risk Workshops
- Implement a Continuous Improvement Model, and apply it to H&S activities
- Lead incident, accident and near miss investigations
- Develop processes to eliminate the root cause of Health and Safety deviations
- Establish safety reporting mechanisms
- Monitor and target safety performance, and establish corrective actions
- Act as a Fire Safety Manager if a dedicated resource is not appointed
- Produce effective communication regarding H&S, and ensure its dissemination to stakeholders
- Promote a positive HSE culture and ensure compliance with Health and Safety systems and standards
- Ensure that Risk Assessments are carried out as required
- Ensure that suitable Site Welfare Facilities and First Aid Facilities are available at all times
- Possess the necessary academic qualifications, supported by substantial practical experience of implementing safe systems of work, and safety-related training

5.5 Employees, Contractors, Occupants, and Visitors

Employees shall:

- Ensure compliance with the Entity's policies, and safe systems of work
- Ensuring the safety of themselves, and others
- Work safely at all times, and not engage in any activity that may endanger people or assets
- Recognize the limits of individual competence, and never accept instruction which exceeds competence levels
- Report incidents, accidents, and near misses to Line Management
- Identify hazards, and report them to Line Management
- Comply with applicable legal, regulatory, and contractual requirements

6.0 PROCESS

To establish documentation associated with safe systems of work, the Entity shall refer to the Process associated with NMA&FM Volume 5, Chapter 3 – Procedure Development (EOM-ZO0-PR-000008) and Procedure Writers' Guide (EOM-ZO0-PR-000009).

6.1 Establishing a Health & Safety Policy

Each Entity shall establish and refine its H&S Policy, which should outline the responsibilities and objectives associated with H&S, for the entire organization.

Examples of objectives which the Entity should use as a foundation upon which to formulate facility-specific objectives are as follows:

Achieve Zero Harm:

- Zero incidents of non-compliance with KSA Law
- Lead by example
- Ensure staff and service providers are aware of their legal responsibilities
- Provide adequate supervision, instruction, and guidance
- Ensure individuals are held accountable for their Health & Safety responsibilities
- Act to ensure that staff and service providers return home after work, in the same condition as when they arrived

Encourage Co-operation:

- Establish an H&S Management System, which enables monitoring and targeting of improved safety performance year-on-year



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- Involve staff members in planning, implementing, measuring, auditing, and reviewing activities
- Receive a Safety Pledge from each staff member and service provider, outlining their individual commitment to safety
- Engage with other Entities to share best-practices

Encourage Communication:

- Improve written and spoken communication for staff and service providers, by establishing common terminology that is applicable throughout each Facility
- Launch Toolbox Talks on H&S topics
- Ensuring competencies of staff and service providers through recruitment, training, and procurement as applicable
- Implement reporting systems which provide staff and service providers with incentives to report unsafe behavior, and identify hazards

Compliance with the H&S Policy shall be achieved through establishment and continuous improvement of the H&S Management System.

6.2 Health and Safety Plan

A key component of the H&S Management System is the H&S Safety Plan. Each Entity shall establish a facility-specific H&S Plan, based on the objectives of its H&S Policy.

The H&S Plan shall suitably outline facility-specific hazards and corresponding control measures (mitigations), quantified through Risk Assessment.

6.3 Measuring Compliance

Senior Management and the Facility Manager shall maintain adequate internal controls to manage risk, and ensure compliance with parameters such as:

- Local laws and regulations
- H&S Policy
- Standards
- Contractual obligations

Compliance Reviews enable confirmation of compliance. A Compliance Review Program shall be developed through collaboration between stakeholders (i.e. Senior Management, Facility Manager, and Service Providers), and should consider inputs from sources such as:

- KSA Law
- Service Level Agreements
- Risk Assessment
- Safety Performance

Ways in which to test compliance shall include, but shall not be limited to:

- **Control walkthroughs** – walkthrough a process to determine the design effectiveness of a control and process flow (i.e. existence of bottlenecks, unnecessary activities, and conflicting controls)
- **Control review adequacy** – assessment of business processes and controls that ensure the business processes are being complied with
- **Control review effectiveness (sample testing)** – testing a sample of transactions to conclude on the operating effectiveness of the control

The Entity shall determine Control Frequency and Sample Size, in proportion to risk thresholds. Testing sample size guidance outlined in Table 2 (below) should be used by the Entity, to determine the extent to which control measures should be tested.

| Control Frequency | Sample Size |
|----------------------|----------------------------------|
| Multiple times a day | 25 – 40 or 10% of the population |
| Daily | 25 or 10% of the population |
| Weekly | 10 |
| Monthly | 4 |



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| Quarterly | 2 |
| Annually | 1 |

Table 2: Testing Compliance

6.4 Establishing a Health and Safety Committee

The Entity shall establish an in-house H&S Committee; whose primary remit is two-fold:

- Support Senior Management in fulfilling its H&S-related responsibilities.
- Assist in accurate H&S-related recording, reporting, measurement, and targeting.

The H&S Committee shall fulfil its remit through performance of activities such as the following:

- Identify situations which may be unhealthy or unsafe
- Review and refine an effective H&S Management System, along with all its component parts
- Address incidents relating to the occupational health and safety of workers
- Consult with employees on issues related to occupational H&S, and use feedback to drive initiatives
- Make recommendations to Senior Management for the improvement of H&S performance, and monitor effectiveness of control measurements and initiatives
- Review H&S reports and verify recommendations contained therein
- Monitor performance, having regard to underlying trends, and review progress on improving safety performance and safety culture

The H&S Committee shall meet on a quarterly basis wherein Meeting Minutes shall be recorded and disseminated in a transparent manner. Actions shall be assigned therein and shall be followed-up by the appointed H&S Committee Chairperson.

The H&S Committee Chairperson shall rotate annually between members of the Committee. Members should include the following representation:

- HSE Manager
- Facility Director
- Facility Manager
- Operations Representative
- Maintenance Representative

As it undertakes guidance contained within the NMA&FM, the Entity should begin to see synergies within the committees, working groups, and workshops outlined throughout each volume. The Entity shall identify synergies and consolidate such mechanisms to establish an optimum, Entity-specific solution.

6.5 Safety Induction, Training, and Awareness Initiatives

A mandatory Induction and Training Program shall be established by the Entity, and shall be attended by all staff, and service providers. Through the Program candidates shall, at a minimum, understand the following regarding H&S:

- The content of the H&S Policy and its accessibility
- The H&S Plan how it impacts individuals and the organization as a whole
- The inherent nature of risk, and the need for control measures within all operational procedures

Candidates shall be tested on the content of all training courses and inductions, with a minimum pass-mark identified by the Entity.

6.5.1 Safety Induction

The facility-specific Safety Induction should include the following:

- Evacuation Procedure (with location maps)
 - Raising the alarm
 - Fire Fighting equipment
 - Escape routes



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- Assembly points
- Risk Management
- Safety Rules
- Facility Walkthrough Tour

6.5.2 Safety Training

All staff shall receive compulsory Safety Training which should include, for example:

- Code of Conduct
- Fire Training and Drills
- Manual Handling
- Accident Reporting
- Basic First Aid

Additional safety training shall be mandated based on job requirements, and may include for example:

- Handling Hazardous Materials
- Advanced First Aid
- Fire Warden
- Working at Height
- Confined Space
- Hot Works
- Lock Out, Tag Out (LOTO)
- PTW
- Use of Ladders
- Scaffolding
- Fall Protection
- Electrical Safety

Training should be delivered and revised in the following exemplar scenarios:

- New Recruits
- Transfers and Promotions
- Following Introduction of New Work Equipment
- Following Introduction of New Technology
- Changes to a System of Work

6.5.3 Safety Awareness Initiatives

To inculcate a safety culture throughout the Entity, safety inductions and trainings shall be bolstered with safety awareness initiatives. Such initiatives shall be led by the Communications Director within the organization (i.e. shall be driven by Head Office), and messaging shall be targeted such that its impact is maximized. Safety awareness initiatives should be launched and delivered using the following means:

- Safety Moments
- Safety One-to-Ones
- Toolbox Talks
- E-mail Notifications
- Entity Intranet Portal Headlines
- Posters positioned strategically throughout the workplace
- Health and Safety Roadshows
- On-the-spot Inspections
- Director Walkthroughs
- Health and Safety Briefings

6.6 Employee Refusal to Undertake Unsafe Work

Employees have the right to refuse performance of unsafe work. Employees are also empowered to speak up regarding unsafe practices which are witnessed around the facility, by informing the HSE Manager directly and using the Entity's Incident Reporting and Response Procedure. If there is reasonable cause



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that undertaking a specific job or task puts the employee or others at risk, the employee has the right to refuse the instruction.

6.7 Workplace Inspections

Workplace Inspections are carried out to ensure all work areas are kept free from hazards that may lead to injury, illness, near miss, property damage, and/or adverse environmental impact. Facility Managers are required to conduct Workplace Inspections throughout all Facilities, in collaboration with the HSE Manager.

The purpose of the Workplace Inspection is to:

- Assess safety of current activities or equipment
- Looks for H&S improvement opportunities
- Identify Hazards
- Provide an opportunity by which to provide positive feedback on good safety practices
- Provide an opportunity to receive feedback from employees
- Provide an effective way to follow-up on improvements or hazard control measures
- Allow the closure of outstanding corrective actions
- Demonstrate that management is serious about improving safety for all workers
- Provide an opportunity by which to gather evidence of compliance with H&S legislation

Attachment 1 – Workplace Inspection Occupational Health Survey Template should be used by the Entity to inform Entity-specific Workplace Inspections.

The Workplace Inspection should include the following:

- **Safety and Wellbeing Information:** Consider whether appropriate information exists in the form of posters, signs, manuals
- **Plant and Equipment:** Examine all plant and equipment operating at the site
- **Machine Guarding:** Check to ensure that guards and barriers are in place at risk points on machinery, to prevent injury from blades on saws, nip points in machinery, or other crush or entanglement risks
- **Materials:** Check whether materials, including chemicals, used or stored in the workplace could pose a health and safety risk
- **Work Practices:** Observe employee behavior, including manual handling and lifting
- **Housekeeping:** Examine how the work site is maintained. Check for waste stored in front of exit doors, extension cords that present trip or electrocution risks, slip hazards caused by waste or substances on walks areas
- **Correct Use of PPE:** Ensure PPE is justified through Risk Assessment
- **Mobile Plant and Pedestrian Interfaces:** Assess the safety of areas which are shared by people and vehicles
- **Emergency Arrangements:** Examine processes and procedures in place to protect the safety of workers in the event of an emergency such as fire, chemical spills, or other unexpected events that may place workers at risk
- **Building:** Examine the building and the land it sits on, for hazards such as protruding structures, position of loading ramps, doors opening onto traffic, areas that require ventilation, or air monitoring
- **Structures:** Assess the condition of internal and external structures on-site, such as fences, rails, walkways, walls, and hoardings. In particular look for signs of damage or deterioration that could lead to accidents or even collapse

A record shall be kept of the following:

- Inspector name
- Date of Inspection
- Location(s) Inspected
- Observational Commentary
- Follow-up Actions

6.7.1 Inspection Schedule



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Table 3 (below), outlines the regularity by which Entities may consider carrying out Workplace Inspections. However, the Entity shall be responsible for defining a facility-specific frequency, as a result of inputs such as: employee feedback, H&S performance trends, and historical incident reports.

| Workplace | Regularity of Workplace Inspection |
|-----------------------------------|------------------------------------|
| Offices | 2 times per year |
| Workshops | 6 times per year |
| Laboratories | 3 times per year |
| Plant Rooms | 2 times per year |
| Chemical Storage Rooms | 3 times per year |
| Stock Rooms/Warehouses/Storerooms | 4 times per year |
| Meeting rooms | 3 times per year |
| Other Common Rooms | 3 times per year |

Table 3: Workplace Inspection

6.7.2 Corrective Action Inspection Schedule

Executing actions arising from Workplace Inspections to address observations or implement control measures, may apply to personnel at all levels of the organization or personnel outside of the Entity, for example: operational staff, service providers, supervisor, senior management

The Entity's H&S Committee shall define the timeframe by which corrective actions shall be taken, and which stakeholders shall be involved in the corrective actions.

6.8 Incident Reporting

Incident reporting is critical to achieving the Entity's safety-related objectives, monitoring performance, and setting targets. An incident is an event that has resulted, or could lead to, harm. It is therefore essential to effectively manage and prevent incidents from occurring.

The Entity's Incident Reporting and Response Procedure shall be established in accordance with guidance provided within NMA&FM Volume 10 – Health, Safety and Environment and shall be refined through continuous improvement. Once established, the Incident Reporting and Response Procedure shall enable the Entity to:

- Minimize negative impacts on staff, visitors, and service providers
- Protect the Entity's reputation
- Mitigate further losses
- Gain a full understanding of extent of unsafe practices and behaviors
- Conserve evidence
- Monitor and track incident reporting data to aid informed, evidence-based decision-making
- Capture lessons learned

Incident reporting shall no longer be a manual process driven by paper-based reports or spreadsheets. Entities which currently employ a manual reporting process should target migration onto internet-based reporting platforms. Such platforms shall be accessible through mobile applications.

6.8.1 Types of Incidents

Types of incidents which are advisable to be included within the Entity's Incident Reporting and Response Procedure are as follows:

- Personal Injury/Accident/Illness
- Property/Plant/Equipment/Vehicle Damage
- Physical and Serious Physical Assault
- Third-party Incident
- Road Traffic Accident (RTA)



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- Occupational Safety
- Environmental Incident
- Radiological incident
- Business Integrity (corruption, fraud, and ethics)
- Security (physical, information, and people)
- Regulatory Warning
- Reputational Risk
- Near Miss
- Medical Treatment Injury (MTI)
- First Aid Injury (FAI)

Entities shall review the above list of suggested incident types against Entity-specific requirements, to reach a finalized list. Often, more than one categorization applies to an incident. The Entity shall establish a common methodology to incident categorization and train all staff on how to correctly apply the methodology.

6.8.2 Incident Classification and Escalation

Incidents shall be assigned a classification and reported using an Incident Reporting Scale (IRS). An example of an IRS is provided within Attachment 2.

Further guidance is offered within NMA&FM Volume 10, Chapter 2, Section 2 – Incident Notification, Investigation, and Reporting Procedure.

The Entity's internal reporting requirements do not negate the Entity's public and regulatory reporting obligations.

6.8.3 Incident Detection and Recording

On occurrence of an incident, whoever has witnessed the incident shall generate an Incident Summary Report. If the incident was witnessed by more than one person, then the most senior among the witnesses shall be responsible for generating the Incident Summary Report, which shall include the following details:

- Date and time of the incident
- Brief description of the incident
- Details of people, assets, and supplementary information directly involved in the incident
- Details of the location where the incident occurred
- Incident type and classification

6.8.1 Safety Performance Measurement

Typical metrics which should be employed by the Entity to measure performance are as follows:

- Physical Assaults Frequency Rate (PAFR)
- Serious Physical Assault Frequency Rate (SPAFR)
- Incidence Rate (IR)
- Lost Time Incidents (LTIs)
- Major Incident Frequency Rate (MIFR)
- Lost Time Incident Frequency Rate (LTIFR)
- Medical Treatment Incident Frequency Rate (MTIFR)
- First Aid Incident Frequency Rate (FAIFR)
- Lost Time Incident Severity Rate (LTISR)

7.0 ATTACHMENTS

1. Attachment 1 – EOM-ZO0-TP-000106 – Workplace Inspection Occupational Health Survey Template
2. Attachment 2 – Incident Reporting Scale (IRS)



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Attachment 1 – EOM-ZO0-TP-000106 – Workplace Occupational Health Survey Template

| ATTENTION: Check either "YES," "NO," or "N/A." If corrective action is required, answer "NO." For every "NO" answer, provide a brief description of the issue in the "COMMENTS" column. Add the finding/issue to Assure. | | | | | |
|--|---|--------|----|-----|----------|
| No. | Workplace Inspection Checklist | ANSWER | | | Comments |
| | | YES | NO | N/A | |
| OCCUPATIONAL HEALTH AND HYGIENE | | | | | |
| Subcategory 1: General | | | | | |
| 1 | Has the Entity conducted the required review of risk assessments? | | | | |
| 2 | Is a complete set of Safety Data Sheets held and maintained by the Facility? | | | | |
| 3 | Does the HSSE Department retain copies of Safety Data Sheets? | | | | |
| 4 | Where applicable, have arrangements been made with an accredited laboratory for the analysis of potable water for inorganic and organic substances and pathogens? | | | | |
| 5 | As necessary, have arrangements been made for chlorine dosing of piped and stored water for human consumption and washing facilities? | | | | |
| 6 | Are suitable and sufficient sanitary facilities provided at readily accessible places to maintain the hygiene standards required within the Facility? | | | | |
| 7 | Has a risk assessment been conducted identifying indigenous pest and vermin species in the area? | | | | |
| 8 | Where applicable, have appropriate measures been implemented to control the pests and vermin, and to mitigate the effects on personnel? | | | | |
| 9 | Has the Entity implemented a Health Education Program? | | | | |



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| ATTENTION: Check either "YES," "NO," or "N/A." If corrective action is required, answer "NO." For every "NO" answer, provide a brief description of the issue in the "COMMENTS" column. Add the finding/issue to Assure. | | | | | |
|---|---|--------|----|-----|----------|
| No. | Workplace Inspection Checklist | ANSWER | | | Comments |
| | | YES | NO | N/A | |
| OCCUPATIONAL EXPOSURE TO CARCINOGENS AND TERATOGENS | | | | | |
| Subcategory 1: Responsibilities | | | | | |
| 1 | Where applicable, has the Industrial Hygienist (IH) reviewed the qualifications and approved the HSE Manager (or designee), to perform carcinogen/teratogen exposure assessments, and develop the required compliance plan? | | | | |
| 2 | Where applicable, has the Contractor Corporate IH provided support to the project as needed, such as in the identification and assessment of exposure to carcinogens? | | | | |
| 3 | Where applicable, has the Contractor Corporate IH reviewed Contractor packages and associated assessments and plans (related to carcinogens and teratogens), as required by a project? | | | | |
| 4 | Does the project procurement manager maintain a list of all chemicals present at the project site? | | | | |
| 5 | Does the project procurement manager maintain Safety Data Sheets (SDSs) for all chemicals present at the site? | | | | |
| 6 | Do project contractors comply with the applicable requirements for the management of occupational exposure to carcinogens and teratogens? | | | | |
| 7 | Do project contractors comply with the applicable local, state, national, international laws and/or regulations? | | | | |
| Subcategory 2: Requirements | | | | | |
| 1 | Do contractors assess the presence of potential carcinogens/teratogens, occupational exposure to these carcinogens/teratogens, and develop the required compliance plans? | | | | |
| 2 | Has the Corporate IH Manager (or designee), and the Site HSE Manager, (or designee) reviewed contractor compliance plans for consistency with regulatory and contractor requirement, prior to allowing contractors to begin work at the site? | | | | |
| 3 | Where applicable, prior to initializing an assessment to determine the potential for carcinogens/teratogens to be present, has a review to determine applicable local, state, national or international regulations, conventions, | | | | |



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Attachment 2 – Incident Reporting Scale (IRS)

| Area | IR1 – Severe Incident | IR2 – Major Incident | IR3 – Moderate Incident | IR4 – Minor Incident |
|---|---|---|---|---|
| Occupational Safety | | | | |
| Personal Injury/Accident/Illness to Employees | <ul style="list-style-type: none"> Any Death of an employee (direct employees and labor hire/manpower provision under the Facility's direct management control) caused, or likely to have been caused by a workplace safety incident, through natural causes whilst at work or travelling on company business. | <ul style="list-style-type: none"> Any Major Incident/Injury to an employee (direct employees and labor hire/manpower provision under the Facility's direct management control), caused by a workplace safety incident, or whilst travelling on company business resulting from/in: <ul style="list-style-type: none"> Any injury requiring resuscitation or admittance to hospital for more than 24 hours Fracture other than to fingers, thumbs or toes Injury resulting from an electric shock or electrical burn leading to unconsciousness Dislocation of the shoulder, hip, knee, or spine Amputation Loss of sight (temporary or permanent) Chemical or hot metal burn to the eye, or any penetrating injury to the eye Any other injury: leading to hypothermia, heat-induced illness, unconsciousness, requiring resuscitation, or requiring admittance to a hospital for more than 24 hours | <ul style="list-style-type: none"> Any Medical Treatment Injury to an employee (direct employees and labor hire/manpower provision under the Facility's direct management control), caused by a workplace safety incident, or whilst travelling on company business resulting from/in: <ul style="list-style-type: none"> Application of antiseptics during second or subsequent visits to medical personnel Treatment of partial or full thickness burns Insertion of sutures Removal of foreign bodies embedded in eye (unless, it has penetrated the eye when it would be classed as a major incident) Removal of foreign bodies from a wound if the depth of embedment, size or location complicates the procedure Use of prescription medications (except a single dose administered on the first visit, for minor injury or discomfort) Surgical debridement (Surgical removal of foreign object or suspect tissue from a wound) | <ul style="list-style-type: none"> Any First Aid incident to an employee (direct employees and labor hire/manpower provision under the Facility's direct management control), caused by a workplace safety incident, or whilst travelling on company business resulting from/in: <ul style="list-style-type: none"> Application of antiseptics during the first visit to medical personnel Treatment of superficial burns Application of bandages during any visit to medical personnel Removal of foreign bodies not embedded in the eye Removal of foreign bodies from a wound, if the procedure is uncomplicated and is affected using some simple technique Use of non-prescription medications and administration of a single dose of prescription medication on the first visit for a minor injury or discomfort such as a Tetanus injection Drilling of a finger or toenail to relieve pressure, or draining fluid from a blister |



Facility Safety Procedure

| Area | IR1 – Severe Incident | IR2 – Major Incident | IR3 – Moderate Incident | IR4 – Minor Incident |
|---|---|--|--|--|
| | | <ul style="list-style-type: none"> ○ Unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent ○ Acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin ○ Acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent, its toxins or infected material | <ul style="list-style-type: none"> ○ Fracture to fingers, thumbs, or toes ○ Admission to a hospital or equivalent for treatment or observation for more than 12 hours (but less than 24 hours when it should be classed as a major incident) ○ Any work injury that results in a loss of consciousness unless caused by asphyxia or exposure to a harmful substance or biological agent, when it should be classified as a Major Incident ○ Any injury requiring two visits to a Doctor (or 2nd Doctor prescribed visits to an associated health professional such as a Physiotherapist). • Any LTI that incurs one or more day/shifts absence, caused, or thought likely to have been caused by a workplace safety incident. | <ul style="list-style-type: none"> ○ Negative x-ray diagnosis ○ Observation of injury during a visit to medical personnel (less than 12 hours duration) ○ Doctor treatment first aid category is a single visit for injury or condition where the Doctor performs first aid, confirms that first aid treatment is adequate, and/or provides advice on recovery • Anomaly/near miss beyond the authorized safety/control regime. This may be due to equipment failure, human error, or procedural inadequacies. |
| Physical Assaults to Employees (excluding Threatening Communication) | <ul style="list-style-type: none"> • Any incident resulting in multiple employee (direct employees and labor hire/manpower provision under the Facility's direct management control) being subject to a serious assault in the workplace where the assaults involves one or more of the following: | <ul style="list-style-type: none"> • Any incident resulting in a serious physical assault in the workplace of an individual employee (direct employees and labor hire/manpower provision under the Facility's direct management control) involving one or more of the following: <ul style="list-style-type: none"> ○ A sexual assault | <ul style="list-style-type: none"> • Any incident resulting in a physical assault in the workplace of an employee (direct employees and labor hire/manpower provision under the Facility's direct management control), which causes an injury that is not classified as serious (IRS 1 and 2). | <ul style="list-style-type: none"> • Any non-serious physical assault involving an employee (direct employees and labor hire/manpower provision under the Facility's direct management control) in the workplace where no injury is incurred, but there is potential for psychological harm. |



Facility Safety Procedure

| Area | IR1 – Severe Incident | IR2 – Major Incident | IR3 – Moderate Incident | IR4 – Minor Incident |
|---|--|---|---|---|
| | <ul style="list-style-type: none"> ○ A sexual assault | <ul style="list-style-type: none"> ○ Results in detention in outside hospital as an in-patient | | |
| | <ul style="list-style-type: none"> ○ Requires medical treatment for concussion or internal injuries ○ Results in one or more of the following injuries a fracture, scald or burn, stabbing, crushing, extensive or multiple bruising, black eye, broken nose, lost or broken tooth, cuts requiring suturing, bites or temporary or permanent blindness | <ul style="list-style-type: none"> ○ Requires medical treatment for concussion or internal injuries ○ Results in one or more of the following injuries a fracture, scald or burn, stabbing, crushing, extensive or multiple bruising, black eye, broken nose, lost or broken tooth, cuts requiring suturing, bites or temporary or permanent blindness | | |
| Sub-Contractor Incident (A third party contracted to do a specified piece of work) | <ul style="list-style-type: none"> • Any Death of a contractor's employee, caused or likely to have been caused by a workplace safety incident, whilst undertaking work on behalf of the Facility. | <ul style="list-style-type: none"> • Any Major Incident Injury to a contractor's employee caused, or likely to have been caused by a workplace safety incident whilst undertaking work on behalf of the Facility resulting from/in: <ul style="list-style-type: none"> ○ Any injury requiring resuscitation or admittance to hospital for more than 24 hours ○ Fracture other than to fingers, thumbs, or toes ○ Injury resulting from an electric shock or electrical burn leading to unconsciousness ○ Dislocation of the shoulder, hip, knee, or spine ○ Amputation ○ Loss of sight (temporary or permanent) | <ul style="list-style-type: none"> • Any Medical Treatment Injury to a contractor's employee, caused or likely to have been caused by a workplace safety incident, whilst undertaking work on behalf of the Facility resulting from/in: <ul style="list-style-type: none"> ○ Application of antiseptics during second or subsequent visits to medical personnel ○ Treatment of partial or full thickness burns ○ Insertion of sutures ○ Removal of foreign bodies embedded in eye (unless it has penetrated the eye when it would be classed as a major incident) ○ Removal of foreign bodies from a wound if the depth of | <ul style="list-style-type: none"> • Any First Aid incident to a contractor's employee caused, or thought likely to have been caused by a workplace safety incident whilst undertaking work on behalf of the Facility resulting from/in: <ul style="list-style-type: none"> ○ Application of antiseptics during the first visit to medical personnel ○ Treatment of superficial burns ○ Application of bandages during any visit to medical personnel ○ Removal of foreign bodies not embedded in the eye ○ Removal of foreign bodies from a wound if the procedure is uncomplicated and is affected using some simple technique |



Facility Safety Procedure

| Area | IR1 – Severe Incident | IR2 – Major Incident | IR3 – Moderate Incident | IR4 – Minor Incident |
|------|-----------------------|---|---|---|
| | | <ul style="list-style-type: none"> Chemical or hot metal burn to the eye or any penetrating injury to the eye | <ul style="list-style-type: none"> embedment, size or location complicates the procedure Use of prescription medications (except a single dose administered on the first visit for minor injury or discomfort) | <ul style="list-style-type: none"> Use of non-prescription medications and administration of a single dose of prescription medication on the first visit for a minor injury or discomfort such as a Tetanus injection |
| | | <ul style="list-style-type: none"> Any other injury: leading to hypothermia, heat-induced illness or unconsciousness or requiring resuscitation or requiring admittance to hospital for more than 24 hours Unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent Acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion, or through the skin Acute illness requiring medical treatment, where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material | <ul style="list-style-type: none"> Surgical debridement (Surgical removal of foreign object or suspect tissue from a wound) Fracture to fingers, thumbs or toes Admission to a hospital or equivalent for treatment or observation for more than 12 hours (but less than 24 hours when it should be classed as a major incident) Any work injury that results in a loss of consciousness, unless caused by asphyxia or exposure to a harmful substance or biological agent when it should be classified as a Major Incident Any injury requiring two visits to a Doctor or 2nd Doctor prescribed visits to an associated health professional such as a Physiotherapist Any LTI that incurs one or more day/shifts absence caused or thought likely to have been | <ul style="list-style-type: none"> Drilling of a finger or toenail to relieve pressure, or draining fluid from a blister Negative x-ray diagnosis Needle stick injury Observation of injury during a visit to medical personnel (less than 12 hours duration) Doctor treatment first aid category is a single visit for injury or condition where the Doctor performs first aid, confirms that first aid treatment is adequate and/or provides advice on recovery Anomaly/near miss beyond the authorized safety/control regime. This may be due to equipment failure, human error, or procedural inadequacies. |



Facility Safety Procedure

| Area | IR1 – Severe Incident | IR2 – Major Incident | IR3 – Moderate Incident | IR4 – Minor Incident |
|--|--|---|--|---|
| | | | caused by a workplace safety incident whilst undertaking work on behalf of the Facility. The LTI is recorded from the date the incident occurred not when time was actually lost. | |
| Duty of Care | | | | |
| Third Party Incident To include customers, general public, patients, or other persons for whom the Facility has a Duty of Care, but excludes subcontractors | <ul style="list-style-type: none"> Any Death of a person caused or thought likely to have been caused, by a workplace safety incident or from self-harm. Any death that occurs to someone for whom we have a Duty of Care. | <ul style="list-style-type: none"> Any Major Incident Injury, as a direct result of the Facility's operations and/or failures under the Facility's control, to an individual resulting from/in:- <ul style="list-style-type: none"> Any injury requiring resuscitation or admittance to hospital for more than 24 hours Fracture other than to fingers, thumbs, or toes Injury resulting from an electric shock or electrical burn leading to unconsciousness Dislocation of the shoulder, hip, knee, or spine Amputation Loss of sight (temporary or permanent) Chemical or hot metal burn to the eye or any penetrating injury to the eye Any other injury: leading to hypothermia, heat-induced illness or unconsciousness or requiring resuscitation or requiring admittance to hospital for more than 24 hours | <ul style="list-style-type: none"> Any Medical Treatment Injury, as a direct result of the Facility's operations and/or failures under the Facility's control to an individual resulting from/in:- <ul style="list-style-type: none"> Treatment of partial or full thickness burns Insertion of sutures Removal of foreign bodies embedded in eye (unless it has penetrated the eye when it would be classed as a major incident) Removal of foreign bodies from a wound if the depth of embedment, size or location complicates the procedure Surgical debridement (Surgical removal of foreign object or suspect tissue from a wound) Fracture to fingers, thumbs or toes Admission to a hospital or equivalent, for treatment or observation for more than 12 hours (but less than 24 hours when it should be classed as a major incident) | <ul style="list-style-type: none"> Any First Aid incident, as a direct result of the Facility's operations and/or failures under the Facility's control to an individual resulting from/in:- <ul style="list-style-type: none"> Application of antiseptics or bandages by medical personnel Treatment of superficial burns- Removal of foreign bodies not embedded in the eye Removal of foreign bodies from a wound if the procedure is uncomplicated and is affected using some simple technique Drilling of a finger or toe, nail to relieve pressure, or draining fluid from a blister Negative x-ray diagnosis Observation of injury during a visit to medical personnel (less than 12 hours duration) Doctor treatment first aid category is a single visit for injury or condition where the Doctor performs first aid, confirms that first aid |



Facility Safety Procedure

| Area | IR1 – Severe Incident | IR2 – Major Incident | IR3 – Moderate Incident | IR4 – Minor Incident |
|--|---|--|--|---|
| | | <ul style="list-style-type: none"> o Unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent o Acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion, or through the skin | <ul style="list-style-type: none"> o Any injury that results in a loss of consciousness, unless caused by asphyxia or exposure to a harmful substance or biological agent when it should be classified as a Major Incident. | <p>treatment is adequate and/or provides advice on recovery</p> <ul style="list-style-type: none"> • Anomaly/near miss beyond the authorized safety/control regime. This may be due to equipment failure, human error, or procedural inadequacies. |
| | | <ul style="list-style-type: none"> o Acute illness requiring medical treatment where there is a reason to believe that this resulted from exposure to a biological agent or its toxins or infected material | | |
| Road Traffic Accident/Incident (injury or damage while using a company vehicle) | <ul style="list-style-type: none"> • Death of a person at work driving on company business. • Death of person not at work driving a company vehicle. • Death of any person caused (or likely to have been caused) by a person driving a company vehicle or driving on company business. • Road Traffic Accident resulting in severe or widespread damage to third party or public property and/or the environment affecting the general public. | <ul style="list-style-type: none"> • Road Traffic Accident or Incident resulting in major injury to staff or a third-party, requiring admittance to hospital for more than 24 hours. • Road Traffic Accident or Incident causing major damage to third-party or public property, and/or the environment limited to the site or Facility concerned, and not immediately affecting the general public. | <ul style="list-style-type: none"> • Road Traffic Accident or Incident resulting in moderate injury to staff or a third-party, requiring admission to a hospital or equivalent for medical treatment or observation for more than 12 hours. • Road Traffic Accident or Incident causing moderate damage to third-party or public property and/or the environment limited to the site concerned and not immediately affecting the general public. | <ul style="list-style-type: none"> • Road Traffic Accident or Incident resulting in minor injuries to staff, or a third-party requiring local first aid treatment. • Environmental incidents with minor, localized impact. • Road Traffic Accident or Incident resulting in damage to company or third-party vehicle only. |
| Other Incidents | <ul style="list-style-type: none"> • Severe or widespread damage to third-party or public property affecting the general public. | <ul style="list-style-type: none"> • Accident/hostile action/situation causing major damage to third-party or public property, and/or the | <ul style="list-style-type: none"> • Accident/hostile action/situation causing moderate damage to third-party or public property, and/or | <ul style="list-style-type: none"> • Accident/hostile action/situation causing minor damage to third party or public property and/or the |



Facility Safety Procedure

| Area | IR1 – Severe Incident | IR2 – Major Incident | IR3 – Moderate Incident | IR4 – Minor Incident |
|---------------------------|---|---|--|---|
| | | environment. Limited to the site or Facility concerned, and not immediately affecting the general public. | the environment. Limited to the site or the Facility concerned, and not immediately affecting the general public. | environment limited to the site or Facility concerned and not immediately affecting the general public. |
| Environment | <ul style="list-style-type: none"> Any Major environmental incident with potential to put public at risk, cause major environmental impact, significant breach of regulatory requirements, and/or likely to receive major media coverage. Causing Major damage to the environment and/or sites affecting the general public including: <ul style="list-style-type: none"> Toxic contaminant release Significant fire or explosion Impact extends beyond company property Extensive or long-term impairment of ecosystem function Impact to unique or protected species or habitats Release of material or energy which causes chronic illness, permanent disabling injury, fatality, or extensive property damage Irreparable damage to highly valued structures or sacred locations | <ul style="list-style-type: none"> Incident which does not fall under IRS 1, but needs to be reported to external regulators or substantial impact in terms of remediation: <ul style="list-style-type: none"> Toxic contaminant release that can be contained and not immediately affecting the general public No immediate danger outside Facility property, but potential exists for emergency to extend beyond Facility property Moderate impact on the physical or biological environment, with limited impairment of ecosystem function, or minor impact to fauna or flora in a statutory designated area Release of material or energy which causes severe but reversible illness, non-disabling injury, or moderate property damage | <ul style="list-style-type: none"> Environmental incidents with minor, localized minor impact, and minimal or no remediation works required. Minor impact on the physical or biological environment – no significant impairment of ecosystem function or release of material or energy with potential to cause minor illness, injury, or property damage. | <ul style="list-style-type: none"> Minor Environmental incident/near miss which has the potential to cause environmental impact. |
| Business Integrity | <ul style="list-style-type: none"> Any incident relating to: <ul style="list-style-type: none"> Competition law Trade sanctions Anti-bribery and corruption | <ul style="list-style-type: none"> Any Incident relating to: <ul style="list-style-type: none"> Theft or goods, services, time, or cash | <ul style="list-style-type: none"> Any individual conflicts of interest not reported to the line management, and unmitigated. | <ul style="list-style-type: none"> Any incident that had the potential to breach the Facility Code of Conduct in regard to |



Facility Safety Procedure

| Area | IR1 – Severe Incident | IR2 – Major Incident | IR3 – Moderate Incident | IR4 – Minor Incident |
|--|--|---|---|---|
| | <ul style="list-style-type: none"> o Fraud & money laundering o Facilitation payments • Any incident, perception of significant abuse, or harassment of those within our Duty of Care that would spark significant media interest. • Any law enforcement investigation into possible criminal activity by member(s) of staff. • Any supplier or partner used by the Facility, that is involved in some form of significant legal breach or malpractice. | <ul style="list-style-type: none"> o Accounting or audit irregularities o Unmitigated organizational conflicts of interest o Falsification of company records o Regulatory/Statutory breach (major) • Any supplier or partner used by the Facility, that is involved in some form of legal breach or malpractice (as described in IR1 above), with another client. • Any other incident that is notifiable to a Regulator but is not considered to be an IR1 incident. • Any incident that causes extreme customer dissatisfaction, or potential loss of revenue if not immediately rectified. | | those incidents detailed under IRs 1 or 2. |
| Security (Physical, Information, and People) Note: The Data Processing Context Ease of Identification and Circumstances of Breach should be considered when assessing the severity of the breach | <ul style="list-style-type: none"> • Physical, Information, or People Security incident with a risk impact of Violent Health Incident (VHI) (reputational, regulatory, operational, financial, and management effort) such as: <ul style="list-style-type: none"> o An information security breach (involving significant quantities of information) impacting the Facility information, where serious damage to the Facility's interests may result in legal | <ul style="list-style-type: none"> • Physical, Information, or People Security incident with a risk impact of HI (reputational, regulatory, operational, financial, and management effort), such as: <ul style="list-style-type: none"> o A security breach affecting the Facility's information/property which would adversely affect the Facility's ability to function, and would require large resources (time, money, or staff) to recover from an incident. This may include: | <ul style="list-style-type: none"> • Physical, Information or People Security incident with a risk impact of MED or LO (reputational, regulatory, operational, financial, and management effort) | <ul style="list-style-type: none"> • Physical, Information or People Security incident with a risk impact of Violence (reputational, regulatory, operational, financial, and management effort) <ul style="list-style-type: none"> o Any incident resulting in a Threatening Communication assault |



Facility Safety Procedure

| Area | IR1 – Severe Incident | IR2 – Major Incident | IR3 – Moderate Incident | IR4 – Minor Incident |
|--|--|--|--|---|
| | <ul style="list-style-type: none"> or regulatory penalties, or loss of control o Actual or potential security breach where serious damage to the national interest may result o Incident likely to attract significant media interest o Detention, kidnapping of an employee | <ul style="list-style-type: none"> o The arrest of an employee, | | |
| Data Protection Breach Note: The Data Processing Context Ease of Identification and Circumstances of Breach should be considered when assessing the severity of the breach | <ul style="list-style-type: none"> • Any Data Breach which may cause individuals, significant or in some cases, irreversible consequences which they may not be able to overcome. Such examples include, but are not limited to: <ul style="list-style-type: none"> o Financial stress such as substantial debt o Inability to work o Long term psychological or physical ailments o Death | <ul style="list-style-type: none"> • Any Data Breach which may cause individuals significant consequences, which they should be able to overcome, albeit with serious difficulties. Such examples include, but are not limited to: <ul style="list-style-type: none"> o Misappropriation of funds o Blacklisting by banks o Property damage o Loss of employment o Court Order o Worsening of Health | <ul style="list-style-type: none"> • Any Data Breach which may cause individuals significant inconveniences, which they will be able to overcome despite a few difficulties. Such examples include, but are not limited to: <ul style="list-style-type: none"> o Extra costs o Denial of access to business services o Lack of understanding o Fear o Stress o Minor physical ailments | <ul style="list-style-type: none"> • Any Data Breach which will not affect individuals or will cause a few inconveniences which they will overcome without any problem. Such examples include but are not limited to: <ul style="list-style-type: none"> o Time spent re-entering information o Annoyances o Irritations |