



**DEFINITION OF TERMS AS USED IN THE SAFETY POLICY AND
PROCEDURE DOCUMENTS OF THE NATURAL ENVIRONMENT
RESEARCH COUNCIL**

VERSION NUMBER: 1.0

DATE OF ISSUE: 14 June, 2001

Audit – mechanism to confirm that specific systems of safety management within NERC are operating as intended. Note that audit is not equivalent to **inspection**.

Approved Codes of Practice and Guidance – official documents issued by the Health and Safety Executive (HSE) covering specific areas of regulation. These documents have the same relationship with the health and safety legislation as the Highway Code has to the Road Traffic Act – they are not totally prescriptive but, if you do not follow their guidance, you have to justify the deviation from normal practice in court. The requirements of Approved Codes of Practice have been incorporated into NERC safety policies, procedures and information. If staff wish to see the original documents, consult safety advisers.

Chronically sick – the term indicates long-lasting and does not imply severity. Any deep seated illness is “chronic” from eczema, through hay fever, asthma, epilepsy to major heart complaints. Judgement is required in assessing whether chronic illness has implications for the health & safety of the sufferer or other staff. If in doubt consult local management/local safety adviser(s)/welfare officers/occupational health providers.

Competent – the legislation and subsequent regulations on health and safety use the term “competent” in terms of a “nominated competent person”. Throughout the NERC safety documentation, the term competent has been taken to mean “appropriately trained” and the training required for each appointment has been defined; appointees **must be trained at least to the defined level**.

Hazard – a component of a task, piece of physical equipment, chemical substance etc. which has the **potential** to be harmful. Hazards are very varied, for example: use of a circular saw, sunstroke or insect bites on fieldwork, falls from a ladder or roof, exposure to Weil’s disease and shelved books falling on to a library user are all hazards, though they have very different possible consequences. The **severity** of the hazard is determined by these possible consequences; for **risk assessment**, the severity of hazards is scored on a simple three point scale: minor injury or effect (score 1), major injury or effect (score 2) or death (score 3).

Inspection – external (by HSE) or internal check that safety systems meet legislative requirements, policies and procedures have been defined, documentation is complete and available, information to staff has been provided and that staff are aware of requirements and instructions. There is an expectation under the **Management of**

Health & Safety at Work Regulations (1999) that line managers will conduct regular inspections of their areas of responsibility and document results.

Instruction – any verbal or written policy, procedure, safe system of work, code of practice or guidance relating to health and safety. Verbal instruction should normally be followed-up in writing. It is a disciplinary offence in NERC if staff fail to follow health and safety instructions.

Line management – for the purposes of the NERC safety documentation, any staff member having a supervisory position for at least one other member of staff, student, volunteer or casual worker is regarded as a line manager. Where, as is usually the case, a chain of line management is involved, it is for senior managers in this chain to define clearly where specific health and safety responsibilities lie. Normally, approval for **safe systems of work** must be given (and recorded) at least one step higher in the chain than the leadership of the tasks being considered.

Occupational Health – local arrangements are in place at all NERC sites to cover medical advice on work-related (or possible work-related) health problems. Consult local management on referral to medical staff.

Project – a piece of work with defined resources of staff and equipment to achieve stated aims and objectives. For management purposes, the term is used differently in different Centres and Surveys within NERC and a project may be very small or very large, relatively simple in scope or highly complex. **All** project management must include health and safety risk assessment. For more complex projects, health and safety planning, management and implementation for the project components should be brought together in comprehensive documentation (see the [NERC “Project Health and Safety Management” Procedure](#) for guidance on when this is necessary and how it should be done).

Risk assessment – the semi-quantitative (or, in exceptional circumstances, quantitative) estimation of whether a **hazard** is likely to occur in practice; normally expressed as a risk factor or score by multiplying the **hazard** severity score by a likelihood score (unlikely [score 1], likely [score 2] or very likely [score 3]). All risk scores indicating other than low risk must be investigated and **risk control/management** procedures followed.

Risk control / Risk management – the means by which moderate or high risks identified through **risk assessment** are eliminated or reduced to acceptable levels.

Safe System of Work – a formal, written agreement between **line management** and staff defining how to perform a task safely. The Safe System of Work states identified risks (from the **risk assessment** step), lists **risk control/management** necessary and provides **instruction** to staff working on the task. A Safe System of Work may relate to one very specific task (for example, use of a chain saw) or to a wide area of work where hazards and risks are common to many tasks. The Safe System of Work relates to **specific** staff working on **specific** tasks and is in operation for an agreed **length of time**; staff, tasks and time period until revision, must be recorded.

Signs – objective changes in a person measurable by an external observer or diagnostician, which might reflect adverse effects on health. Can also be expressed as “clinical signs”. **c.f. symptoms**

Symptoms – changes or effects as described by the person affected; subjective personal indications of adverse effects on health used by a diagnostician to aid diagnosis. **c.f. signs**