



## **Health and Safety Executive and the Health Protection Agency**

**Working together in partnership**

**Memorandum of Understanding**

**between**

**The Health and Safety Executive**

**and**

**The Health Protection Agency**

We the Chief Executives respectively of the Health and Safety Executive and the Health Protection Agency, strongly endorse the value of a strategic partnership approach to working together as supporting our mutual roles and interests in achieving a high level of protection of human health and safety.

We fully support this statement of our partnership arrangements which will help consolidate and further improvement the constructive and professional relationship between our two organisations at all levels.

The image shows two handwritten signatures in black ink. The first signature on the left is 'Geoffrey Podger' and the second signature on the right is 'Justin McCracken'. Both signatures are written in a cursive, flowing style.

GEOFFREY PODGER  
HEALTH AND SAFETY EXECUTIVE

JUSTIN McCRACKEN  
HEALTH PROTECTION AGENCY

February 2011

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## **Introduction**

1. This Memorandum of Understanding (MoU) describes the working arrangements agreed between the Health and Safety Executive (HSE) and the Health Protection Agency (HPA). It recognises the respective roles of each organisation and their shared goals of promoting and protecting high standards of human health and safety.
2. This MoU sets out the arrangements and principles under which the HSE and HPA will co-operate and work together in addressing these goals. Both organisations will gain value from open and well coordinated communications, and a proactive, no surprise culture. The issues we will commonly be considering together will be:
  - a) Strategic relationships to ensure coordinated consideration of human health protection issues.
  - b) Operational matters to promote common positions on health issues.
  - c) Day to day dealings between HSE and HPA over health issues; which will include responses to civil contingency emergencies or other major incidents.
3. This MoU does not relate to how HSE acts as a regulator of the Health and Safety at Work etc Act 1974 (and relevant statutory provisions) toward HPA as a duty holder under the Act. It does not override each organisation's obligations in respect of their duties and services.

## **The Role of the Health Protection Agency**

4. The Health Protection Agency (HPA) is an Executive non-departmental public body established under the Health Protection Agency Act 2004. The function of the HPA is to protect the community (or any part of the community) against infectious diseases and other dangers to health. The HPA provides a fully integrated approach to health protection and to reducing the impact of infectious agents, chemicals, poisons, and radiation hazards. It aims, working with NHS bodies, Local Authorities and other agencies to respond swiftly in a co-ordinated way to new and existing threats to public health in England and Wales.
5. This advisory role may include health effects on the public arising from an incident at a HSE-regulated activity, and may also extend to such incidents arising from any cause or health effects where a cause is initially not known.
6. The HPA provides expert advice to Primary Care Trusts, other NHS Trusts, local authorities and other bodies including proper officer remits from Public

7. The HPA also discharges other statutory duties such as leading local public health responses and provides expert advice on the health effects of chemicals in the environment to a range of government departments and agencies.
8. The HPA has expertise on public health investigation, control strategies, advice on relevant medical treatment and support, contact identification and tracing of people or groups exposed to infection, radiation, chemicals, poisons or environmental hazards and local and large-scale health surveillance and epidemiology.
9. The HPA operates a number of laboratories, associated facilities and commercial activities. It provides a range of radiation protection services to radiation users in industry, medicine, teaching and research. The HPA is formally recognised by HSE as a Radiation Protection Adviser (RPA) Body for the provision of advice under the Ionising Radiation Regulations 1999.
10. HPA staff are organised into four health protection divisions – microbiology services, health protection services, biological medicines and environmental hazards and are based at various locations including the Centre for Infections in London, the Centre for Emergency Preparedness and Response at Porton Down, Wiltshire, the National Institute for Biological Standards and Controls at South Mimms, the Centre for Radiation, Chemical and Environmental Hazards (CRCE) in Chilton, with main offices at Leeds, Glasgow, Nottingham, Birmingham, London and Cardiff, and in local and regional microbiology laboratories and Health Protection Units throughout England.
11. The HPA also provides support to, and works in partnership with others who also have health protection responsibilities and advises, through the Department of Health, all government departments and devolved administrations throughout the UK. In England, it provides the local health protection services which in the rest of the UK are delivered by: Public Health Wales; Health Protection Scotland; the Public Health Agency for Northern Ireland and the Department of Health, Social Services and Public Safety, Northern Ireland and other health protection bodies in the devolved administrations in accordance with the distinctive public health arrangements of each. The Agency works closely with all these organisations.

### **The Role of the Health and Safety Executive**

12. The HSE is an Executive non-departmental public body established under the Health and Safety at Work etc Act 1974 (HSW Act) and its powers, statutory duties and functions are provided for by that Act and statutory instruments made under it. The HSE's primary function is to secure the health, safety and welfare of people at work and protect others from risks to health and safety

13. The HSE covers all of GB and works in close partnership with the HSE Northern Ireland and with health and safety regulators in local authorities who are responsible for enforcement of the HSW Act in shops, warehouses, offices and some other premises. HSE is a category 2 responder under the Civil Contingencies Act 2004.
14. The HSE provides advice on compliance with the HSW Act and health and safety related issues to businesses and other organisations with duties under the Act. It is accountable to government Ministers and will provide advice on health and safety issues to government and other public bodies, as appropriate.
15. HSE has expertise on risk control systems, toxicology, work place exposure data and epidemiology and the prevention of ill health arising from work activities. The HSE has a partnership arrangement with the Health and Safety Laboratory (HSL) at Buxton, which is its preferred provider for scientific and technical support.
16. The HSE has offices across GB, with its Headquarters in Redgrave Court, Bootle.
17. HSE will undertake appropriate regulatory action under the Health and Safety at Work Act etc Act 1974 (HSW Act) and associated legislation, in line with the HSE's Enforcement Policy Statement and the HSE policy on section 3 HSW Act enforcement. Section 3 HSW Act relates to the protection of people, other than those employed by the undertaking concerned, from risks to their health and safety arising out of or in connection with the activities of persons at work.

### **Arrangements for working together**

18. The HPA and HSE recognise the mutual benefits from working together acknowledging respective strengths and duties and will:
  - a. Consider sharing information and expert advice to support their respective roles; subject to commercial confidentiality considerations (for example the arrangements will not apply to those activities carried out under a commercial contract between HPA and a customer);
  - b. Recognise the potential for overlap in their respective duties;

- c. Liaise on the commissioning and publication of research which is of mutual interest;
- d. For health risks directly related to work activities regulated by the HSE. HPA will liaise with HSE before undertaking monitoring/survey/ investigation work, or as soon as it becomes apparent that the health risk may relate to a work activity directly regulated by the HSE. Equally HSE will liaise with the HPA before undertaking surveillance studies of the wider population. In such cases, HSE and HPA will endeavour to support the proposed activities of the other, whilst not compromising their respective primary purposes;
- e. Establish effective lines of communication at national, regional and local levels;
- f. Will consult each other at an early stage on their strategic priorities, health issues and research programmes and evidence, which may affect each other's roles and responsibilities in respect of advice to the public/Government;
- g. Wherever possible they will work towards reaching common or complementary positions on health protection issues and jointly seek to communicate such common messages. This will be particularly important on issues where it may not be immediately obvious which organisation should take the lead (for example mobile phone base stations);
- h. For the purposes of national and local emergency preparedness:
  - Provide input to regional and national risk assessments prepared by HSE. If any such input is required from the HPA it will be requested centrally by the HSE Civil Contingencies Section in the Deputy Chief Executive's Office, from the HPA Board Secretary;
  - As appropriate, arrange liaison at Local Resilience Fora through the local HSE office and the local Health Protection Unit for the HPA;
- i. Provide a nominated single point of contact in both the HSE (HPA Account Manager) and HPA (Head of Health and Safety) to oversee operation of this MoU and the arrangements for its successful implementation. These and the regional contact points are given in Annexes 1 and 2 respectively;

- j. In the event of a Civil Contingency emergency or other Major Incident, staff from both organisations will co-operate in line with the agreed Operational Protocol on Incident Response (Annex 3); and
- k. Work together to develop and implement more detailed plans to protect the health of the public in specific scenarios or in respect of particular hazards (such as a Joint Plan for the investigation and control of Legionella infection).

## **Financial Arrangements**

- 19. The HSE and the HPA recognise the financial commitment to undertake the working arrangements agreed in this Memorandum of Understanding. Each organisation will absorb their own costs in respect of the general collaborative relationship detailed in this MOU.
- 20. Each of the parties does, however, reserve the right to charge the other party for the provision of specific services. Such charges may include, but not be limited to, charges by the HSE for its regulatory work in respect of biological agents, and for the HPA any charges based on Section 4(4) of the Health Protection Agency Act 2004 ('The Agency may make charges in respect of anything done in pursuance of its functions').

## **Monitoring of the Memorandum of Understanding**

- 21. The following arrangements will be made in order to develop and improve the working relationships covered by the memorandum of Understanding (MoU).
  - a. Periodic senior liaison meetings will take place as required at joint Chief Executive Officer level (or their nominated deputies) to reinforce the commitment between the organisations and to discuss relevant matters of interest.
  - b. National liaison meetings, attended by senior management representatives of the HSE and the HPA will be convened as necessary (but at least twice per annum) to review the working of the MoU and resolve any issues.
  - c. The chairmanship and responsibility for developing the agenda for the national liaison meetings will be taken alternatively by the HSE and the HPA at each meeting, supported by a joint secretariat.
  - d. If areas of disagreement arise in relation to this MoU, the HSE and the HPA will aim to resolve these locally wherever possible; including involving regional representatives (see Annexes 1 and 2). Where resolution is not possible, the reasons for the disagreement will be

## **Review of the Memorandum of Understanding**

22. As part of the continuing dialogue through the national liaison meetings, the Memorandum of Understanding (MoU) will remain under periodic review.
23. A first formal review should be undertaken eighteen months after the signing of this MoU. The MoU will be reviewed against the following success criteria:

That both organisations:

- a. Are able to confirm the value of the arrangements outlined in this document;
  - b. Consider that the working relationship between the two organisations has been improved as a result of this agreement, and
  - c. Have no evidence that these arrangements have adversely affected the day to day relationships at the field level.
24. This agreement can be varied after discussion and agreement by HSE and HPA at a suitable national liaison meeting. Minor amendments can be recorded as a note of the meeting and appended to the MoU.
  25. In the event that a major change to the MoU is required, a revised version should be drafted under the supervision of the senior management representatives and be subject to agreement (and sign off) at Chief Executive Officer level.

## Annex 1: HSE Regional Points of Contact

(in Office hours 08.00-17.00)

**Contact Out of Office Hours and Weekends:** HSE Duty Officer 0151 922 9235

**HSE Liaison:** Joanne Nettleton, Head of Biological Agents Unit

**Contact details:**

HSE, Redgrave Court, Merton Road, Bootle, Merseyside L20 7HS

Tel: 0151 951 4717 or 07971 459063

| REGION  | TELEPHONE & FAX                          |
|---|--|
| Wales and South West Division<br>Government Building<br>Ty Glas<br>Llanishen<br>Cardiff<br>CF14 5SH | Tel: 029 2026 3000<br>Fax: 029 2026 3097 |
| East & South East Division<br>International House<br>Dover Place, Ashford<br>Kent TN23 1HU          | Tel: 01233 653900<br>Fax: 01233 634827   |
| London Division<br>Rose Court<br>2 Southwark Bridge<br>London<br>SE1 9HS                            | Tel: 020 7556 2144<br>Fax: 020 77176000  |
| Midlands Division<br>1 Hagley Road<br>Birmingham<br>B16 8HS   | Tel: 0121 607 6200<br>Fax: 0121 607 6306 |
| York and North East Division<br>Marshalls Mill<br>Marshalls Street<br>Leeds<br>LS11 9YJ             | Tel: 0113 283 4200<br>Fax: 0113 283 4382 |
| North West & HQ Division<br>Grove House<br>Skerton Road<br>Manchester<br>M16 0RB                    | Tel: 0161 952 8200<br>Fax: 0161 952 8330 |

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| Scotland<br>Belford House<br>59 Belford Road<br>Edinburgh<br>EH4 3UE  | Tel: 0131 247 2000<br>Fax: 0131 247 2130 |
|   |  |
| Nuclear Directorate<br>Redgrave Court<br>Merton Road, Bootle<br>Merseyside<br>L20 7HS   | Tel: 0151 951 4000<br>Fax: 0151 951 3942 |
|   |  |
| Non-nuclear radiation incidents and<br>Radiation Notifications<br>HSE East Grinstead Office;<br>Phoenix House, 23-25 Cantelupe Road,<br>East Grinstead, West Sussex<br>RH19 3BE | Tel: 01342 334200                        |



## Annex 2: HPA Regional Points of Contact

**Contact Out of Office Hours and Weekends:** 0207 759 2700

### HPA Liaison:

HPA Head of Health and Safety, Kishor Mistry

**Contact details:** HPA Colindale, 61 Colindale Avenue, London NW9 5EQ

Telephone: 020 8327 6613 and 07766 775148

| Region  | Contact Details                          |
|---|--|
| East of England<br>Compass House<br>Chivers Way<br>Histon<br>Cambridgeshire<br>CB4 9AD  | Tel: 01223 257900<br>Fax: 01223 257568   |
| East Midlands<br>Institute of Population Health<br>Clinical Sciences Building<br>City Hospital<br>Hucknall Road<br>Nottingham NG5 1PB | Tel: 0844 225 4524                       |
| London<br>2 <sup>nd</sup> Floor<br>151 Buckingham Palace Road<br>London SW1W 9SZ  | Tel: 020 7811 7000<br>Fax: 020 7811 7757 |
| North East<br>Floor 2<br>Citygate<br>Gallowgate<br>Newcastle-upon-Tyne<br>NE1 4WH   | Tel:0191 202 3888<br>Fax: 0191 202 2277  |
| North West<br>Rooms 103-112<br>First Floor, DBH House<br>105 Boundary Street<br>Liverpool L5 9YJ                                      | Tel: 0151 482 5688<br>Fax: 0151 482 5689 |
| South East<br>2 <sup>nd</sup> Floor<br>151 Buckingham Palace Road<br>London SW1W 9SZ  | Tel: 020 7811 7000<br>Fax: 020 7811 7757 |

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|   |  |
| South West<br>1210 Lansdowne Court<br>Gloucester Business Park<br>Brockworth<br>Gloucester<br>GL3 4AB       | Tel: 01452 378900<br>Fax: 01452 378902   |
|   |  |
| West Midlands<br>6 <sup>th</sup> Floor<br>5 St Philips Place<br>Birmingham B3 2PW                           | Tel: 0121 352 5310<br>Fax: 0121 352 5262   |
|   |  |
| Yorkshire and Humber<br>Bridle Path<br>York Road<br>Leeds<br>LS15 7TR                                       | Tel: 0113 284 0600<br>Fax: 0113 284 0607   |
|   |  |
| CRCE Wales<br>University of Wales Institute Cardiff<br>Colchester Avenue<br>Penylan<br>Cardiff CF23 9XR     | Tel: 02920 416388  |
|   |  |
| CRCE Scotland<br>Radiation and Environmental<br>Monitoring Scotland<br>155 Hardgate Road<br>Glasgow G51 4LS | Tel: 0141 440 2201<br>Fax: 0141 440 0820   |
|   |  |
| Radiation Incidents CRCE Chilton  | Tel: 01235 822782<br>Fax: 01235 833891<br>E-mail: <a href="mailto:nair@hpa.org.uk">nair@hpa.org.uk</a> |
|   |  |
| CRCE Chemicals Incidents<br>24 hour contact number  | Tel: 0844 892 0555   |

### **Annex 3: Operational Protocol on Incident Response**

1. The HPA and the HSE will establish effective lines of communication at appropriate national, regional and area levels in order to facilitate planning for foreseeable major incident scenarios, including civil contingency emergencies. Major incident scenarios will be those that involve actual or potential exposure of significant numbers of people to infectious agents, hazardous chemicals (including poisons) and/or radiation hazards.
2. In the event of a major incident where the other party could be considered to have an interest, the HPA and the HSE will seek to firstly inform the other party and, as appropriate, consult each other at an early stage. Both parties will collaborate fully to implement this protocol.

#### **Civil Contingency Emergency**

3. In the event of a civil contingency emergency, HPA will work with HSE within the national response framework for such incidents.

#### **Incident investigation, monitoring of exposures and information for the public**

4. The HSE's Enforcement Policy Statement sets out their criteria for the selection of incidents for investigation. In the event of a major incident involving a work activity the HSE will investigate in order to establish:
  - a, Causes
  - b. Whether action has been taken or needs to be taken to prevent a recurrence and to secure compliance with the law,
  - c. Lessons to be learnt and to influence the law and guidance, and
  - d. What response is appropriate to a breach of the law.
5. The HPA's role will be to provide advice and their public health expertise, in relation to off site human health risks.
6. The Health and Safety at Work etc Act 1974 and relevant statutory provisions (HSW Act), place some requirements on employers to carry out monitoring of exposure to hazardous substances and other relevant hazards. HSE's inspectors have powers to require employers' to disclose such information to them for the purposes of their investigation. Where in HSE's view an incident requires monitoring in addition to any employer's monitoring (for example in order to collect evidence of any breaches of the HSW Act), then responsibility for such onsite airborne monitoring and employee exposure monitoring is the primary duty of HSE.

7. HSE will provide any monitoring information/results to the HPA, where appropriate, to enable the HPA to discharge its duties. If there are issues concerning data protection/medical confidentiality and/or disclosure of such results these requirements should be considered and, if possible, information prepared in a format that can be disclosed.
8. The HPA may carry out monitoring in relation to off site human health risk assessment in its role of public health protection. The HPA will provide information/results to the HSE, where appropriate, to enable HSE to discharge its duties as a regulator.
9. Where desirable or necessary, the responsible party for monitoring or investigation may request the other party to undertake monitoring work on its behalf.
10. HSE may provide advice to the employer on appropriate control measures and/or occupational health advice. In circumstances where there is a serious risk of injury the HSE may issue a formal enforcement Notice requiring the employer to stop certain work activities (prohibition notice). Where there is a breach of the HSW Act HSE can require steps be taken to comply (improvement notice). Where appropriate, HSE will seek to share this advice with the HPA.
11. When relevant, HSE and the HPA will seek centrally to coordinate a communication strategy for the media with each other. This will at the least involve the sharing of press releases or statements before they are issued wherever possible. Nothing in this procedure removes or prevents either organisation from having different independent views. In any case any view expressed will be the independent view of that organisation.

#### **Nuclear Emergencies at licensed sites**

12. National plans are in place to provide a framework for response in the event of an accidental release of radioactivity at a nuclear licensed site. The primary legislation is Radiation Emergency Preparedness and Public Information Regulations 2001 (REPPPIR), supported on each licensed site by the Nuclear Installations Act 1965. At a local and national level, the HSE and the HPA will respond and cooperate within the context of site specific on and off site emergency plans and Nuclear Planning Liaison Group consolidated guidance.
13. Under these plans HSE's Nuclear Installation Inspectorate (NII) is responsible for monitoring the activities of operators of nuclear facilities and advising the Government Technical Advisor (GTA) and central government and the devolved administrations of the likely course of the accident and its consequences, and to consider any implications for other nuclear installations. Thus NII acts in a nuclear emergency as the equivalent of a category 1 responder under the Civil Contingencies Act, in support of the lead

14. In the event that off-site business premises were affected and/or required monitoring by HPA staff or their contractors, HPA will seek to work in close liaison with HSE.

### **Other Radiological Incidents**

15. Ionising radiation is used in a variety of industrial, medical and research applications outside licensed nuclear sites. The use at work is subject to the Ionising Radiations Regulations 1999 and Radiation Emergency Preparedness and Public Information Regulations 2001 (REPPIR), which place duties on the 'radiation employer', including developing emergency plans (working with the Local Authority where appropriate) to deal with radiation incidents.
16. In the event of an incident potentially involving exposure of members of the public to radioactive material, there is an established hierarchy of possible responses that will be followed:
  - a. A small incident will normally be dealt with under the radiation employer's contingency plans.
  - b. Where these are not available the National Arrangements for Incidents Involving Radioactivity (NAIR) scheme will be followed. This is a system set up to provide prompt local radiation protection expertise for the police and is co-ordinated at a national level by the HPA.
  - c. If initial investigations by the radiation employer or NAIR responder, or other information obtained from response organisations, indicated a public health risk, then HPA will provide appropriate support.
17. The primary point of contact for HPA will be its Centre for Radiation, Chemical and Environmental Hazards Division. If a work activity is involved, then HPA will seek to liaise closely with HSE via the radiation notification team at the East Grinstead office in the first instance.

### **Major Chemical Incidents**

18. HSE and HPA will develop and share good practice in relation to planning for and responding to major chemical incidents and sites subject to the Control of Major Accident Hazard Regulations 1999 (COMAH).

19. COMAH sites are mainly associated with the chemical industry, but also some storage activities, explosives and other industries where threshold quantities of dangerous substances identified in the Regulations are kept or used. Lower tier sites are required to prepare a major accident prevention policy, including an emergency plan. Top tier sites (which hold larger quantities of dangerous substances) are required to submit a safety report to their competent authority (HSE or the Environment Agency). The local authority will also use this information to prepare an off-site emergency plan. Therefore, for top-tier sites in the event of an incident there should be an existing off-site emergency plan in place.
20. Emergency response to incidents involving the spillage of hazardous chemicals during transport will primarily be managed by the relevant police force (including the British Transport Police), Civil Aviation Authority or Maritime and Coastguard Agency, and the HSE and HPA will seek to work with them, and together, to provide appropriate assistance.
21. Collaboration is encouraged at local regional and national levels between Hazardous Installations Directorate in HSE and HPA's Centre for Radiation, Chemical and Environmental Hazards and the HPA's Health Protection Services Division.

#### **Incidents offshore**

22. HSE is responsible for regulating the health and safety of offshore oil and gas operations on the UK continental shelf. Offshore operators are required to submit a safety case. HSE's role includes looking at the causes and appropriate controls for relevant occupational health hazards and arrangements for evacuation, escape and rescue in the event of an emergency.
23. Were there to be a significant incident offshore, the Maritime and Coastguard Agency will lead the emergency response. HSE will seek to share information about the emergency plan and work with them and the HPA to provide appropriate assistance.