Appendix 3 – Equality Analysis Impact Assessment

1. Name of activity:	Corporate Health and Safety Policy
2. Main purpose of activity:	Policy clarifies the Council's health and safety governance, responsibilities and access to competent advice under those revised arrangements.
3. List the information, data or evidence used in this assessment:	The content of the report

4. Assessment

Characteristics	Neutral (x)	Negative (x)	Positive (x)	Describe the person you are assessing the impact on, including identifying: community member or employee, details of the characteristic if relevant, e.g. mobility problems/particular religion and why and how they might be **negatively or positively** affected. **Negative: What are the risks?** **Positive: What are the benefits?**
Community considerations (i.e. applying across communities or associated with rural living or Human Rights)	☐	☐	☒	**Negative** **Positive** Policy applies to those visiting our premises and operations.
A person living with a disability	☐	☐	☒	**Negative** None **Positive** The policy requires managers to have risk assessments and safe systems of work. There may be specific measures/reasonable adjustments that will need to be considered for a person with a disability that should be considered when preparing a risk assessment.
A person of a particular race	☒	☐	☐	**Negative** None **Positive** None
A person of a gay, lesbian or bisexual sexual orientation	☒	☐	☐	**Negative** None **Positive** None
A person of a particular sex, male or female, including issues around pregnancy and maternity	☐	☐	☒	**Negative** **Positive** The policy requires managers to have risk assessments and safe systems of work. There may be specific measures/reasonable adjustments that will need to be considered for a person is pregnant that should be

				considered when preparing a risk assessment.
A person of a particular religion or belief	☐	☐	☒	**Negative** If not managed properly **Positive** The policy requires managers to have risk assessments and safe systems of work. There may be specific measures/reasonable adjustments that will need to be considered for religious purposes. For Example: When assessing risks associated with the wearing of PPE this could have an impact. Most FF P2 face masks require the wearer to be clean shaven. Therefore, the risk assessment will need to take account of a particular religious beliefs and consider alternative options.
A person of a particular age	☒	☐	☐	**Negative** None **Positive** None
Transgender	☒	☐	☐	**Negative** None **Positive** None

5 Results

	Yes	**No**	
Were positive impacts identified?	☒	☐	
Are some people benefiting more than others? If so explain who and why.	☐	☒	
Were negative impacts identified (what actions were taken)	☐	☒	

6. Consultation, decisions, and actions

If High or very high range results were identified who was consulted and what recommendations were given?
Legal Services have reviewed the proposed Health and Safety Policy and advised it will need Cabinet approval.
Describe the decision on this activity
Cabinet to review and agree revised Health and Safety Policy.
List all actions identified to address/mitigate negative impact or promote positively

Action	Responsible person	Completion due date
Cabinet to approve revised Health and Safety Policy and if approved the policy should be signed and uploaded to the Hub.	Michael Clark – Building & Facilities Manager	December 2026

Review the recommendations of the SIAS Health and safety audit and implement the recommendations.	Steve Crowley – Director-Enterprise	December 2026
When, how and by whom will these actions be monitored?		
Steve Crowley, Director – Enterprise upon completion of the SIAS Audit. The Policy will be due for review every two years or sooner where there are significant legislation or organisational changes.		
7. Signatures		
Assessor (Report Author)		
Name: Michael Clark	Signature** Michael Clark	
Validated by (relevant Senior Manager)		
Name: Steve Crowley	Signature** Steve Crowley	
Forward to the Policy & Strategy Team		
Signature** E A Hollingsworth		
Assessment date: **22nd October**	Review date: **22nd April 2027**	

** **Please type your name to allow forms to be sent electronically. Please send to policy@north-herts.gov.uk for review by the team.**

A copy of this form should be forwarded to the corporate policy team and duplicate filed on the council's report system alongside any report proposing a decision on policy or service change.