#### **SETON**

### Legis ationWATCH THE No.1 RESOURCE FOR WORKPLACE LAW AND HEALTH AND SAFETY

# Healthy Workplaces

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# **Letter** FROM THE EDITOR

Dear Member,



Welcome to your latest edition of Legislation Watch. Inside you'll find featured articles on Healthy Workplaces, The HSE Fee Charging Scheme, Gas Safety, Norovirus update and much more.

You can rest assured that the most recent legislation

and best practice has been included. However, if you are still unsure on any of the topics covered then please ask us, our IOSH Accredited Experts are always on hand to help.

Don't forget if you recommend a colleague to Legislation Watch – you will both receive a £10 M&S voucher when they become a member. See back cover for full details.

We love hearing from our members, so if you have a question on any health and safety issue, simply email us in confidence at **legislationwatch@seton.co.uk**.

Heidi Malcolm

Heidi Malcolm Deputy Editor

P.S Look out for your next edition due in July 2013.

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# Lega UPDATE

#### Union wins test case on "slippery boots" April 2013

A trade union has won a legal test case concerning boots issued to postal workers after a number of workers were injured wearing the



footwear, which the union and its lawyers said had poor grip and durability, and caused slips.

The legal battle has been going on for five years, with Simpson Millar Solicitors claiming that "dozens of mailmen" have been injured after delivering the post in the "slippery boots".

The law firm, which represented members of the Communication Workers Union (CWU), says that Royal Mail had been providing durable and slipresistant footwear to all its postal workers for more than 20 years but then, in 2007, issued the new Magnum Boots. At this point, the lawyers said, the footwear had already performed poorly in trials.

Between 2007 and 2008, the law firm said it received almost 100 calls from postal workers who had suffered an accident after the new boots were introduced.

> Royal Mail was then said to have paid for independent testing by the Health and Safety Executive

and an independent footwear testing body. Simpson Millar claims both of these bodies "confirmed the problems".

At the trial, it emerged that Royal Mail had called an emergency meeting with the boot manufacturers to demand a redesign of the sole. Despite this, the law firm claims Royal Mail continued to issue them to postal workers nationwide.

The boot and a similar shoe were subsequently phased out, to be replaced by another version. In 2012, a judge at Winchester Crown Court ruled in favour of an injured delivery worker and he was awarded compensation. This precedent has now led to Royal Mail settling another 14 cases out of court.

Helen Stanton, from the law firm, said, "The boots that were supplied to thousands of postal workers in 2007 had poor grip on metal surfaces and practically none in wet weather. For a postal worker in Britain that is completely unacceptable."



#### Consultation on council safety inspections April 2013

The Health and Safety Executive (HSE) recently ran a consultation on plans to improve the targeting of council health and safety inspections.

At the centre of the consultation document is a draft National Local Authority Enforcement Code that aims to ensure that council health and safety inspections are targeted at workplaces or activities with "the most serious risks" or "where there is evidence of poor performance".

This, the HSE says, is to ensure greater consistency and "a tighter focus" in the enforcement of health and safety across Britain.

The Code has been developed in response to Professor Ragnar Löfstedt's review of health and safety legislation, which was published in November 2011.

The review recommended that the HSE be given a stronger role in directing local authorities' health and safety inspection and enforcement activity.

The safety watchdog has asked for the views of all those involved in local authority health and safety regulation and the businesses they regulate.

Commenting on the consultation, Elaine Harbour, Head of the Local Authority Unit at the HSE, said, "Local authorities have an important part to play in ensuring the effective and proportionate management of risks by businesses. The Code sets out how their interventions should be targeted on higher risk activities, businesses and sectors. We want to hear from businesses and local authorities who will be affected by the proposals as part of the consultation process."

### Report slams failures of REACH

The Institution of Occupational Safety and Health (IOSH) has welcomed a call by parliamentarians to allow adequate time for consultations on government policy, backing up an appeal made the health and safety body recently.

The debate centres on current plans by Ministers to slash the time allowed for organisations to comment on some proposed law changes, from 12 weeks to as little as a fortnight. The aim is to make the consultation process more productive.

However, IOSH is among prominent organisations to criticise the plan, arguing that the move be "counterproductive" because it could stop stakeholders submitting evidence on important proposals on legislation.

Now it seems that a parliamentary watchdog has also opposed the Government's proposal. In a report recently published, the House of Lords Secondary Legislation Scrutiny Committee said there was a risk that resulting laws would be less robust because they had been rushed through without the views of experts sought externally. The Committee's report referred to the initial comments by IOSH, pointing out, "In a comment that was made in similar terms by a number of organisations, the Institution of Occupational Safety and Health said that its members led active professional lives, and so required sufficient time to be able to respond to consultation."

The scrutiny committee also urged the Government to reconsider a "digital by default" approach to consultation that may exclude vulnerable groups and others, and may constrain comments from those who do respond.

Commenting on the Committee's report, Richard Jones, the Head of Policy and Public Affairs at IOSH said, "It's vital that consultations are sufficiently inclusive and accommodating to ensure good policy-making. Rushing the process or failing to engage with relevant stakeholder groups can be counterproductive and lead to poor outcomes."

Corporate manslaughter cases up 40% April 2013

A law firm has warned that recent figures indicate new corporate manslaughter cases opened by the Crown Prosecution Service (CPS) in 2012 are up 40% compared to 2011, and that companies need to watch out for the impact of cost-cutting on health and safety.

The figures quoted by Pinsent Masons show that the number of new corporate manslaughter cases opened by the CPS rose from 45 in 2011 to 63 in 2012.

The firm described the introduction of the Corporate Manslaughter and Corporate Homicide Act 2007 as "a legal landmark," noting that 141 corporate manslaughter cases have been opened since records began in 2009, while 56 cases are currently being investigated for prosecution, dwarfing the three convictions there have been since 2008.

However, Simon Joyston-Bechal, Partner at

Pinsent Masons, said, "High-risk industries and companies cannot be reassured by the current lack of convictions for corporate manslaughter. The three convictions so far are just the tip of an iceberg."

He added, "A low number of convictions could lead businesses to think corporate manslaughter is an option little-used by prosecutors. However, corporate manslaughter cases are very complex and can take a long time to come to trial. We can now see from these figures that there are a rapidly growing number of cases in the pipeline."

He also warned that organisations need "to watch out for cost-cutting during the recession".

Simon Joyston-Bechal said, "At the beginning of the recession, responsible organisations tended to safeguard their health and safety budgets but these budgets are no longer immune... Cutting corners on safety in order to save money is probably the most serious aggravating feature of an offence. This makes it more likely there would be a prosecution and increases the sentence on conviction, as well as the degree of adverse probability and damage to reputation."





# Healthy WORKPLACES

#### The search is on to find the world's healthiest workplaces

This spring, London is hosting a new award scheme and summit aimed at finding the world's healthiest workplaces, namely organisations using the most innovative programmes and practices to make the biggest impact on the health and well-being of employees and their surrounding communities.

The Global Healthy Workplace Awards and Summit, sponsored by Cigna, an international health insurance and service company, will be held from the 10th to 12th April 2013 in London at the Waldorf Hotel.

The award scheme is the first to use the World Health Organization (WHO) Healthy Workplace guidelines to recognise programmes in the global workplace.

The WHO Healthy Workplace Framework covers four main avenues of influence: physical work environment, psychosocial work environment, personal health resources and enterprise– community involvement. Awards will be given in three categories: large employers, small and medium-sized enterprises and organisations that excel in one of the four key areas.

The two-day summit will include the identification of emerging and better practices, and finalists will have an opportunity to share ideas with the summit's attendees. The second day will be devoted to presentations and dialogue related to

workplace and community health among global business and health leaders.

Commenting on the awards, Dave Guilmette, President of Cigna's Global Employer Segment, said, "Communities and workplaces around the world are facing rising chronic disease and escalating health care costs. Cigna is convening global experts to shine a light on best practices that will make workplaces more productive and competitive and, in doing so, will improve the state of global health."

### Why promote workplace health?

The European Agency for Safety and Health at Work (EU-OSHA) has published two new reports on the factors motivating employers and workers to carry out and participate in workplace health promotion activities.

The first report focuses on the motivating factors for employers to carry out programmes, and the second on the motivation for workers to participate.

It is argued that workplace health promotion programmes can benefit everyone – workers, companies and society.

The researchers say that workplace health promotion "means more than simply meeting the legal requirements on health and safety" but also encompasses "employers actively helping their staff improve their own general health and wellbeing".

### "Workplace Health promotion means more than simply meeting the legal requirements on H&S"

#### Workplace health promotion programmes are often closely related to risk assessment and may focus on various key areas, including:

- Participation of employees in the process of improving work organisation
  Active involvement and consultation of employees in improving their work environment
  Raising the topic of healthy eating at work, giving information on healthy nutrition as well as offering healthy canteen food or facilities to prepare food
- Tobacco awareness, including smoking cessation programmes and a comprehensive smoking ban at the whole company site
  Mental health promotion, such as courses for managers on stress and tension within teams and the opportunity for anonymous psychological consultancy for employees

Exercises and physical activity, offering sport courses, encouraging physical activity, and promoting an active and healthy culture at work
Health monitoring, offering checks such as blood pressure or cholesterol level
Any measure aimed at enhancing wellbeing at work, for example enabling flexible working hours or working from home.

#### The reports note that by making workers feel better and healthier, workplace health promotion leads to many positive consequences such as:

Reduced turnover and absenteeism
Enhanced motivation
Improved productivity
Improving the employer's image as a positive and caring organisation.

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### One in five workers don't take lunch at all

A new survey by the British Heart Foundation (BHF) has found that one in five workers fail to take a lunch break during the working week and nearly a third think bosses do not care very much about their health.

#### The survey results were released in the run up to National Heart Month in February 2013 and also found that:

 More than a quarter of people believe that being healthy at work is important, but that the economy means their health is not a priority for their boss

More than two-thirds believe their boss should be taking responsibility for their health at work
Nearly one in five workers do absolutely no physical activity during working hours Around a third of people resort to chocolate as a pick-me-up to help them get through the working day, while over two in five rely on a cup of coffee
Almost half feel stressed at work on a daily basis.

#### During National Heart Month, the BHF is encouraging people to sign up to its free Health at Work programme, which offers:

A welcome pack, including a quick guide to health at work
A health at work e-newsletter
Resources on physical activity, healthy eating and mental well-being
Tools and posters to download
Access to Heart Matters – a free service for staff to help keep hearts healthy
Access to an online community where members can share ideas and tips.

The Health at Work programme is being supported by former javelin world champion Fatima Whitbread who said, "I'm calling on bosses all over the UK to step up to the plate and help colleagues get fit, eat well and look after their mental well-being ... Why not sign up to the BHF's Health at Work programme and make it your mission to kick-start your company's health in 2013?"

Go to www.bhf.org.uk/healthatwork to sign up today.

"I'm calling on bosses all over the UK to step up to the plate and help colleagues get fit, eat well and look after their mental well-being." Fatima Whitbread Former javelin world champion

### Health Surveillance LEGAL REQUIREMENTS

The purpose of routine monitoring of the health of employees is to detect any adverse health effects arising from exposure to hazards in the workplace. The following health surveillance techniques can be applied to fit within the overall risk prevention programme.

Examination of accident, ill health and absence records
Examination of pension records
Inspection of readily-detectable conditions by a suitably

- competent personEnquiries about symptoms by an occupational health
- Enquires about symptoms of provide a subscription of the provide a subscriptin of the p
- occupational physician • Direct measurement of adverse health effect • Biological effect monitoring
- Biological monitoring.

#### **Employers' Duties**

• Under the Health and Safety at Work, etc Act 1974, employers have a general duty to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all employees.

- Under the Management of Health and Safety at Work Regulations 1999, employers must assess the risks to the health of their employees presented by all aspects of work.
- Before they employ a young person (under the age of 18), employers must undertake a specific risk assessment

in relation to the health risks the young person will be exposed to in the course of his or her work.

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• If more than five people are employed, the significant findings of the risk assessment must be recorded.

 Following the risk assessments, employers must take appropriate steps to reduce the risks to the health of their employees as far as is reasonably practicable, i.e. implement appropriate risk control measures.

• Employers must inform their employees, and others affected by employees' work, of the findings of the risk assessment and the steps being taken to reduce the risks to their health at work.

• Employers must provide suitable training and information to their employees to enable them to comply with the risk control measures being implemented.

• Employers must monitor the implementation of risk control measures and manage non-compliance to reduce the risks to employee health to the lowest practicable level.

 Employers must provide appropriate health surveillance if the risk assessment identifies such a need.

• Employers must act on the significant findings of any health surveillance and reduce the risks to employee health from exposure to health hazards.

 Employers must appoint one or more competent persons to assist them in carrying out health risk assessments and health surveillance.

Continued...  $\rightarrow$ 

#### Statutory Health Surveillance Requirements

The provision of health surveillance, sometimes termed medical surveillance, is a requirement of the following regulations:

• The Management of Health and Safety at Work Regulations 1999 (MHSWR) require that every employer shall ensure that employees are provided with such health surveillance as is appropriate to the risks to their health and safety, as identified by the risk assessment.

• The regulations do not specify for how long the records of health surveillance are to be retained.

- The Control of Substances Hazardous to Health Regulations 2002 (COSHH) require that where it is appropriate for the protection of the health of employees who are, or are liable to be, exposed to a substance hazardous to health, the employer shall ensure that such employees are under suitable health surveillance.
- Health surveillance is to be applied to specified processes, such as chrome plating, and to substances where there is a reasonable likelihood of adverse health effects and where there are valid techniques for detecting such effects. The records of such health surveillance are to be retained in a suitable form for at least 40 years after the date of the last entry.
- The Control of Lead at Work Regulations 2002 require that every employee who is, or is liable to be, exposed to lead shall be under suitable medical supervision if the exposure is likely to be significant or if the relevant doctor so certifies. The regulations specify both the frequency at which medical surveillance tests should be carried out and the types of tests required. As with COSHH, the records of medical surveillance are to be kept for at least 40 years from the date of the last entry.

• The Control of Asbestos Regulations 2012 require that each employee who is exposed to asbestos is under adequate medical surveillance. The regulations specify both the frequency at which medical examinations should be carried out and the types of tests to be required. As with the COSHH and the Lead Regulations, the records of medical surveillance should be kept for at least 40 years from the date of last entry.

• The lonising Radiations Regulations 1999 require that employees who belong to any of the following categories are under adequate medical surveillance by an employment medical advisor or appointed doctor.

- Classified persons and persons who the employer intends to classify
  Employees who have been overexposed and are not
- classified persons
- Employees who are engaged in work with ionising radiation subject to conditions imposed by an employment medical advisor or appointed doctor (preventing them from working at all or under conditions with ionising radiation).

• Health records for these employees should be kept for 50 years from the date of the last entry.

• Oil acne or skin cancer must be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, as amended.

It is therefore prudent, in accordance with the requirements of the MHSWR, to apply suitable health surveillance procedures in industries where adverse health effects are most likely to be observed, e.g. in areas where dermatitis, noise-induced hearing loss or vibration white finger are most likely, or where compliance with the requirements of regulations ultimately relies on the performance of PPE.

Health surveillance should be applied in any work situation where the health of the individual ultimately relies on the performance of PPE such as personal hearing protectors, protective clothing or Respiratory Protective Equipment (RPE).

### **Personal Protective Equipment (PPE)**



#### What is PPE?

Personal Protective Equipment (PPE) means all equipment (including clothing giving protection against the weather) which is worn or held to protect against risks to health or safety. The main legislation governing PPE at work is the **Personal Protective Equipment Regulations 1992.** It is a legal responsibility for employers to ensure that suitable PPE is provided to employees exposed to a risk to their health or safety. A risk assessment may be required to identify the suitability of the PPE to be provided. Employers must also ensure that the PPE is maintained and suitably stored.

All our products meet strict European Standards as indicated by the CE mark. EN (European Norm) numbers also help to identify the standards that the product/garment conform to.

#### **Head Protection**

Safety helmets and head protection must be designed to meet European Standards and all must be CE marked for sale in the European Union. Safety helmets must also be produced under an **ISO 9002 Quality System**, bear the **Kitemark** and be **manufactured** to meet **HSE regulations** for sale in the United Kingdom. Selection of head protection products depend on the working environment and any possible hazards that may present themselves to workers; if in doubt a site survey should be carried out to assess hazards by an HSE appointed agent.

#### **Hearing Protection**

Exposure to noise can be permanently damaging. If there is hazardous noise pollution in the working environment the employee must be protected by wearing ear defenders. Reducing noise pollution in this way is known as attenuation and it can be achieved by using different types of hearing protection which is covered by the **European Standard EN352**. This standard is split into a number of parts. Each part of the standard is applicable to specific types of protector.

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#### **Eye & Face Protection**

In many working environments protection for the face and eyes is mandatory. It is a requirement under **Regulation 4** of the **PPE at Work Regulation 1992** when at risk in a hazardous area. Eye injuries can translate into pain, loss of time, money and even eyesight. Many daily tasks can generate flying debris which can seriously injure the eyes. Employers must provide PPE that offers suitable protection to personnel who may be exposed to potential health risks.

#### **Respiratory Protection**

Control of Substance Hazardous to Health (COSHH) was established to meet the requirements of **EC Directive 80/1107/EEC** and its aim is to control the use of substances that can be potentially damaging to health. It is an employer's duty to carry out a comprehensive risk assessment of the work environment if it is believed to be hazardous. An HSE agent can do this and provide a written report detailing respiratory occupational exposure limits (OEL) for workers and from these figures correct selection of suitable respiratory protection may be calculated.

#### Disposable Masks have 3 categories:

	For fine non toxic dusts and mists, solid and liquid based aerosols, assigned protection									
FFP1		FFP2	FFP3							
	Protection Factor 4 x OEL	Protection Factor 10 x OEL	Protection Factor 20 x OEL							

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# **HSE Fee Charging Scheme** GETS INTO SWING



The new cost recovery scheme, introduced by the Health and Safety Executive (HSE) last year with the Health and Safety (Fees) Regulations 2012, is getting into full swing, with Fee for Intervention (FFI) invoices sent out in January 2013 totalling a sum of more than £727,000.

Under the regulations, those who break health and safety laws are liable for recovery of HSE's related costs, including inspection, investigation and taking enforcement action.

According to the latest report of Geoffrey Podger, the Chief Executive of the HSE, to the body's Board on 30th January 2013, the first fee for intervention bills went out in the week commencing 21st January 2013.

The report indicated that the total sum invoiced for the two months from October to November 2012 was £727,644.81, which arose from 1418 FFI invoices.

#### A "broad breakdown" of the invoices was said to be as follows:

10% of invoices were for values greater than £1000
70% of the invoices were for less than £500
30% were for less than £200.

#### How much does FFI cost?

The applicable fees are set out in the document HSE47 Guidance on the Application of Fee for Intervention (FFI) and start at £124 per hour. This will include the total time for the HSE to deal with each material breach right through to conclusion which, in some cases, could be a prosecution case. The fee is meant to cover the following:

Writing notifications of contravention and reports
Preparing and serving improvement or prohibition notices
Follow-up work to ensure compliance (e.g. site visits, telephone calls, e-mail, correspondence, reviewing documentation provided)
Taking statements
Specialist assistance – where this is required from the Health and Safety Laboratory (HSL) or a third party, those costs are recovered at the relevant rate applied by HSL or the third party
Gathering information/evidence

"Under the regulations, those who break health and safety laws are liable for recovery of HSE's related costs, including inspection, investigation and taking enforcement action."

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- Assessing the findings and the documentation
   of inspection, investigation and enforcement
   conclusions
- Recording conclusions and inspection, investigation and enforcement information
  Reviewing investigations to ensure progress

and appropriate lines of enquiry are followed
Research related to the material breach that is needed to carry out the tasks outlined above.

The rates charged have been calculated by taking into account the costs and overheads incurred by the HSE in performing its functions. This includes gross salaries of staff, accommodation costs, travel and subsistence. There is no maximum charge set under FFI. Invoices must be paid within 30 days. The HSE has procedures in place to deal with invoice disputes and these are explained in HSE47.

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#### How to avoid costs

To avoid FFI, duty holders must avoid "material breaches". This can only be achieved by proactive, positive health and safety management.

In practice, a health and safety management system, such as that prescribed in HSG65 Successful Health and Safety Management, must be in force and the management system must be properly audited. Senior personnel must be on board; it will be important to be able to convince the HSE that there is commitment from the top and that attitudes to health and safety at the top are positive. The HSE must see that there is a positive safety culture. Organisations will also need to show that they are up to date with current guidance and practice, and that they are proactive on health and safety issues. In such cases, the HSE may not formally pursue material breaches and charges through FFI may be avoided.

Many "material breaches" will come to light following incidents and accidents, so particular emphasis should be placed on preventing these if procedures are not already in place, with the training of staff a top priority.

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## **Temporary Workers** ANDTHELAW

#### Employers may use temporary workers in one of two ways, for example:

- Taking on new staff employed directly on temporary contracts
- Using agencies who supply their workers on a temporary basis.

Temporary workers in the first category should be regarded as employees and therefore be treated like any other member of staff under health and safety legislation. However, temporary workers provided by an agency are not considered employees of the host employer. This was confirmed by the Court of Appeal in the case of James v London Borough of Greenwich (2008).

There are particular risks associated with the use of temporary workers as a result of their unfamiliarity with the workplace. Employers are required to assess and minimise these risks.

#### **Employers' Duties**

• Employers have a general duty to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all employees and non-employees under the Health and Safety at Work, etc Act 1974. This includes any temporary workers on the premises, whether they are considered to be employees or not.

 Under the Management of Health and Safety at Work Regulations 1999, employers should:

- consider temporary workers within the company risk assessments - set up suitable and sufficient arrangements to protect the health and safety of people at work, including temporary workers - provide information to temporary workers

- on risks and control measures - give details of procedures, site rules, safe systems of work, etc - provide details of any health surveillance
- required - give information on what qualifications and
- skills the temporary worker must have to undertake the proposed work safely.

• If a temporary worker has an accident while working for a host employer, the host employer should notify the worker's employer as soon as possible, under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

• Under the Personal Protective Equipment at Work Regulations 1992, the duty to provide personal protective equipment (PPE) to employees does not extend to temporary workers employed by an agency. The employment agency is responsible for ensuring any necessary PPE is provided.

• It is the host employer's responsibility to conduct display screen equipment assessments under the Health and Safety (Display Screen Equipment) Regulations 1992, and to implement any necessary control measure to ensure the safe use of DSE.

 Under the Health and Safety Information for Employees Regulations 1989, the host employer is responsible for informing temporary workers or self-employed contractors:

- of the risks involved with the work and any control measures

- that they must provide PPE (if the host employer decides to provide the PPE, then that employer is responsible for ensuring it is suitable and maintained in effective working order) - of the exact nature, purpose and location (if known) of the work - of specific site details - about any equipment provision

- of the emergency action procedures
- of any (technical) language expectations.

 Under the Employers' Liability (Compulsory Insurance) Act 1969, organisations should provide cover for all workers where the following conditions apply:

- the employer deducts national insurance and income tax from the money paid to the workers - the employer has the right to control where and when they work and how they do it - the employer supplies their work materials and equipment
- the employer has a right to any profit made by the workers, although the employer may choose to share this with the workers through commission, performance pay or shares in the company - the employer requires that only the specific worker can deliver the service and they

cannot employ a substitute if they are unable to do the work

- the workers are treated in the same way as other employees, for example, they do the same work under the same conditions as

someone else employed by the organisation.

#### **Employees' Duties**

 Under the Health and Safety at Work, etc Act 1974, employees have a duty to take reasonable care of their own health and safety and that of other people who may be affected by their activities while at work.

• Employees, irrespective of permanent or temporary status, also have a duty to co-operate with their employer to enable the employer to meet their health and safety responsibilities.

• Nobody, including temporary workers, should interfere or misuse anything intended for use in the interests of health and safety.

#### **Risk Assessment of Temporary Workers**

Employers must carry out a risk assessment of the risks posed by the work activities of temporary workers. These assessments should include the risks to temporary workers on-site who may be affected by the employers' work activities.

The starting point is to identify all possible activities and operations undertaken by

temporary workers. Consulting previous temporary workers and other employees can help with the assessment. It will also be useful to consider the organisation's general risk assessments when evaluating the risk associated with temporary staff. It should always be remembered when evaluating the risks and considering the appropriate control measures that temporary workers may be unfamiliar with workplace hazards and are therefore at greater risk.

#### Risk assessments must be supplied to all workers of:

• The client organisation • The employer of a temporary worker • A self-employed person.

It is preferable for the temporary worker to supply, and thus be responsible for, the safety of all of their own equipment. However, on many occasions equipment may well be supplied – or as often happens - borrowed on an ad hoc basis. In these circumstances the client organisation becomes the "supplier" of the equipment and must comply with the requirements of the Provision and Use of Work Equipment Regulations 1998, including ensuring that sufficient information is supplied to allow the safe operation of the equipment.

Each organisation must inform the other of the

risks (and control means) inherent to their work that will affect other parties.

In some instances, it may not initially be clear which particular aspects of each organisation's work will affect the other. It is therefore necessary not to take the supplied risk assessments on face value. They must be considered in the context of the risk known to each party. Some of this information will become apparent when the means by which the temporary worker intends to carry out the work – most often given in a "method statement". It may become apparent that a risk previously considered insignificant may become serious and need special controls. This is only likely to become apparent during consultation between the parties.

In 2011 both an employment agency and a host employer were fined following an incident where four agency workers fell 3.5m while working at a vegetable processing and packaging site. They were asked to remove the insulation panels from one of the cold stores, which had previously been destroyed by a fire, in the hope that they could be reused, but were given no guidance on how to carry out the job. There was also no risk assessment or supervision provided.

The employment agency was fined £5,000 under section 2(1) and the host employer was fined £15.000 under section 3(1) of the Health and Safety at Work, etc Act 1974.



# THE IMPORTANCE OF Safe Systems of Work

Recently a consultant was involved in discussion with a client following an incident. The cause of the incident, which resulted in a serious injury, appeared to arise from failure to follow a safe system of work which had been the subject of training and would be familiar to all relevant staff.

It would be unproductive to expect all workers to maintain a permanent state of "high alert" constantly examining their surroundings for sources of harm. It seems more reasonable that management systematically work their way through each area and process in the workplace considering what harm may occur to their staff during the working day. They may do this in the form of a risk assessment which considers how effectively the risks for each task are controlled and what else must be done before these risks can be considered as adequately minimised. In order to ensure the task has been properly assessed the relevant workers must be consulted. These are the first steps in devising a safe system of work.

To complete the "safe system", the control measures must be examined in order to consider what further components are required, such as a new type of guard or personal protective equipment such as helmets or gloves. The need for training must also be considered in terms of how the task is actually conducted, how to operate and test new controls (e.g. light guards) and what PPE to use, or not use in some circumstances, what to do in an unusual or emergency situation and how to obtain new PPE, as and when required.

Once all this training has been delivered it is reasonable to assume that all staff who need to know the safe system are, in fact, aware of its provisions. Reference material such as copies of assessments or quidance notes should be

available and supervisors, who are similarly trained, should ensure that staff fully use the control systems devised.

Supervisors cannot, however, always be on hand to correct any lapses in the application of the system. It is reasonable to expect staff to show a sense of personal responsibility and follow the systems designed to ensure their safety. In fact, it is more than reasonable; there is a Legal obligation on all persons to act in line with instruction and training provided to them in these matters and failure to do so has occasionally resulted in prosecutions.

Why would anyone disregard these safe systems? Assuming adequate training, there are a number of reasons which revolve around behavioural issues. An example could be someone not going for a ladder because the item they are looking is for is just in front of them, up one or two levels on racking, or a worker not putting on safety glasses because they are only going to quickly grind off a burr on some metal workpiece. No doubt we can all think of a few shortcuts we have seen (or taken) with the best of intentions in mind; we "just want to get on". However, it is just as likely that an injury will occur within the first second of grinding operations as after, say, 10 minutes of work; there is no "qualifying period" before which injury will not occur and management cannot condone staff taking short cuts.

Having a safe system provides a consistent approach to each task and many safeguards

are similar for certain risks, like wearing the same type of face mask for certain types of dust exposure or adjusting a guard close to a workpiece. These "repeat" features assist in remembering the correct principles, in conjunction with proper training.

The reason safe systems of work are created is to ensure workers do not suffer serious, possibly disabling injury and staff owe it to themselves, their dependants and their employer to work in line with these in order to preserve their health. Staff must continue to apply the systems they have been trained in and resist any temptation to take shortcuts.



#### Identify the task

- What is the task?What hazards will be in the work area and/or
- created by the task? - Do any of the existing systems of work or
- instructions apply? If so, are they still adequate for this task or should they be revised?

#### Identify the personnel

- Is the task to be carried out by area staff, maintenance staff or outside contractors – or a combination of these?
   What will be their individual roles?
- What will be their individual roles - Will they need special training?
- Who will control and supervise the task?

#### Precautions and control measures

- Are any special tools, personal protective equipment (PPE) or special clothing necessary?
  What special arrangements (e.g. permits to work) are required and who will authorise them?
- In the event of the need for PPE, has adequate, up-to-date training been given in its use, cleaning and storage? Who is responsible for ensuring PPE requirements are always being followed?

#### Communicating the safe system of work

- How will people involved communicate with each other? Will any of them be out of sight of the others?
- Will it be necessary to inform other departments about the work?
- Should special emergency procedures (e.g. summoning the fire brigade or providing additional first-aid cover) be instituted?
- How will the completion of the job be notified and any special arrangements withdrawn?
- Who will need to receive copies of the safe system of work arrangements and how will they receive them?
- Monitoring the safe system of work - Who will monitor the safe system of work (via active and reactive monitoring)?

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#### A Guide to Safe Systems of Work

A Safe System of Work is a procedure designed to minimise risks to those who work on your premises. If you are to carry out work subject to a formal safe system of work, here are a few things you must adhere to:

- Do not carry out any work for which you are not authorised or trained
  Do not carry out any additional work in the area where that safe system of work will be in progress
- Take personal responsibility to carry out your own duties as indicated on the safe system of work
- Ensure that your activities do not harm yourself or others
- Do not proceed with the work until you know that the precautions required by the system have been completed; this work may require:
  For more information download our FREE Training Slides, see below.

Safe systems of work have been developed for both your safety and for the safety of those who may be affected by your work. The co-operation of all employees is required to ensure that they are used successfully.

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- 3. Arrange your training session!



Safe Systems of Work

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### INTRODUCTION TO Hazardous Waste

#### **Hazardous** waste policy

**SETO** 

The underlying principles of waste policy are set out in the EU Waste Framework Directive 2008/98/EC. This incorporates provisions on hazardous waste that were previously included in a separate Hazardous Waste Directive. The EU Directive defines hazardous waste and delineates the criteria for classifying different hazardous properties. As with all wastes, hazardous waste should be managed in a way that does not cause damage to the environment or harm to human health.

#### Moving hazardous waste up the hierarchy

Fundamental to EU and UK waste policy is the concept of the waste hierarchy: with waste prevention the preferred option, followed by preparing for reuse, recycling, other recovery like energy recovery and disposal the option of last resort.

Through legislation such as the producerresponsibility regimes for packaging, end-of-life vehicles, batteries and electrical and electronic equipment, the Government is seeking to divert waste from landfill and promote reuse, recovery and recycling. Waste producers now have a statutory duty under the Waste (England and Wales) Regulations 2011 to state that they have taken the waste hierarchy into account when selecting a treatment or disposal option. A declaration to this effect must be incorporated onto the waste duty of care consignment note that accompanies every consignment of hazardous waste.

For most non-hazardous wastes, it is normally possible to find a cost-effective means of recycling or recovery in place of disposal, but for hazardous wastes, fewer options may be available. It may not always be possible to move hazardous waste up the hierarchy, and instead the "Best Overall Environmental Option" must be sought. The Department for Environment, Food and Rural Affairs (Defra) has devised a series of decision trees for different categories of hazardous waste included in the national hazardous waste strategy.

For certain hazardous wastes, disposal may be the only option, e.g. asbestos must be disposed of in a specialised landfill site, and certain toxic and persistent organic chemical wastes such as PCBs (polychorinated biphenyls) must be destroyed by high temperature incineration. This is also the only acceptable option for specified hazardous healthcare wastes, e.g. infected sharps or chemotherapy medicines.

#### National hazardous waste strategy Hazardous waste management

Defra's hazardous waste strategy was published in March 2010, as part of the UK implementation of the Waste Framework Directive. It reports that over 6.6 million tonnes of hazardous wastes were sent for disposal and recovery in England and Wales in 2008, an increase of 3% from the previous year. Why is this the case? Ironically, the increase is partly due to the effectiveness of producer responsibility legislation, such as the Waste Electrical and Electronic Equipment Regulations 2006 (WEEE). Waste producers are assiduously separating out hazardous items such as computer monitors from the general waste stream in order to comply with their new statutory duties.

While legislation such as the Restriction of the Use of Certain Hazardous Substances in Electrical and Electronic Equipment Regulations (RoHS) has rendered many products less hazardous, it is not possible to design out hazardous substances from all electronic items. Flat screens from TVs and computers are a rapidly growing and problematic constituent of the hazardous waste stream. While RoHS seeks to ban the use of mercury, a more recent EU Regulation (1102/2008), forbids the recycling and reuse of this metal, so larger quantities now require disposal.

Energy-from-waste plants produce air pollution control (APC) residues – hazardous wastes that have proved difficult to treat and dispose of in accordance with the specifications of EU legislation – and the amount of these is set to increase as additional waste is diverted from landfill to energy recovery. Finally, construction and demolition projects such as the Olympics site generated large quantities of contaminated soils that still go predominantly to landfill.



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#### The need for new infrastructure

As part of the hazardous waste strategy, Defra identifies types of hazardous waste treatment facility for which there is a current or predicted shortfall in capacity. These are treatment facilities for APC residues and flat screen monitors; plant for the washing and bio-remediation of contaminated soils; disposal facilities for mercury; additional infrastructure for the treatment of WEEE; recycling of NiCd and lithium batteries; thermal desorption of oily sludges and filter cakes; oil regeneration; and processing of insulation foams containing ozone depleting substances.

The Government will seek to encourage the development of these facilities, e.g. through the planning system.

#### Scope of hazardous waste regulation Waste duty of care

Most hazardous wastes fall within the scope of controlled waste regulations. Controlled waste is defined as household, commercial and industrial waste, including non-natural wastes from agriculture and mining. It excludes animal byproducts, radioactive waste, gaseous emissions and liquid effluents, which are regulated under separate legislation. All controlled waste is subject to the general Waste Duty of Care, which places a responsibility on waste holders to ensure that their waste does not cause harm to human health or the environment, even once it is outside their control. Producers of hazardous waste must take particular care to ensure that their waste is treated or disposed of at a site that holds an appropriate environmental permit for hazardous waste.

#### **Hazardous Waste Regulations**

The statutory definition of hazardous waste is found in the Hazardous Waste (England and Wales) Regulations 2005. In essence, a hazardous waste is one that is marked with an asterisk on the European Waste Catalogue, a comprehensive list of waste streams drawn up by the European Commission. Waste will only be hazardous if it possesses one of 15 hazardous properties. Anyone producing more than 500kg per annum of hazardous waste must notify the Environment Agency or the Scottish Environment Protection Agency (SEPA). Shipments of hazardous waste must be accompanied by a hazardous waste consignment note.

#### Other legislation

Wastes comprising of, or containing, hazardous chemicals are subject to the same health and safety legislation as any other hazardous substances. This includes the Control of Substances Hazardous to Health Regulations 2002 (COSHH), the Control of Asbestos Regulations 2012 and fire safety legislation.

Where hazardous waste is transported by road, the Agreement Concerning the International Carriage of Dangerous Goods by Road (ADR) (the EU regulation on the transport of dangerous goods by road) may apply.

All wastes, whether hazardous or not, may only be transported by a carrier registered with the Environment Agency or SEPA. If a vehicle carrying hazardous waste is involved in an accident and pollution of land or water results, this could well qualify as "environmental damage" under the Environmental Damage (Prevention and Remediation) Regulations 2009.



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### Sick Building Syndrome: RISK FACTORS

#### Introduction

Sick building syndrome (SBS) has been reported since the 1960s, with increasing reports in the 1970s and 1980s of health problems in office environments. The World Health Organization (WHO), in 1986, estimated that approximately 30% of new or refurbished buildings had high complaint levels of ill health and discomfort at work. The use of the term SBS highlights the difference between it and buildingrelated illness. Building-related illnesses are usually linked to an organic cause such as legionnaires' disease. Other buildingrelated illnesses include humidifier fever and, potentially, occupational asthma.

#### SBS symptoms and associations

Since descriptions began to circulate in relation to SBS, a number of common, if nonspecific, symptoms were occurring in the office environment. These were summarised by the WHO as:

Irritated dry or watering eyes
Irritated runny or blocked nose
Dry or sore throat
Dryness, itching or irritation of the skin, occasionally with a rash
Headaches, lethargy, irritability and poor concentration.



A number of issues do occur when reporting non-specific symptoms. First, it is estimated that 15–30% of people suffer from these symptoms away from the workplace. In relation to identifying sick building cases in the work environment, one of the key definitions is the relief of symptoms away from the workplace.

### Different buildings, different air

Research studies have also identified different building factors that are linked to increased reporting. Naturally ventilated buildings have fewer symptoms reported when compared to air-conditioned office environments. Although air quality is found to be better in air-conditioned buildings, the reporting pattern remains the same. Symptom reporting patterns have also found increased reporting in public service buildings compared to private sector buildings. One study that examined a shared private building in which there were both private sector and public sector workers found no difference. This suggests that it may relate to the quality of materials, more openplan working, poorer maintenance standards and the type of work being carried out within public sector buildings.

The type of office worked in also has an impact on symptom reporting. People working in smaller offices of up to four individuals per office report fewer symptoms than those in open-plan offices.

Several indoor environmental factors have been identified as contributing to SBS. Symptom reporting has been associated with ventilation rates of less than 10 litres per minute per person. Studies where there was no association between symptoms and ventilations rates generally had a higher (more than 10 per minute per person) rate of ventilation.

#### Temperature and humidity

There is also a link between higher temperatures and increased symptom reporting. This has been found when temperatures are 23°C or above. A link has also been found between increasing temperature, inadequate ventilation and overcrowding, but understanding the routes of causation are difficult. "The effect of dust and airborne particles within the office environment has also been widely discussed. Levels of paper dust, carbonless copy paper and fumes from printers and photocopiers correlate with increased reporting of symptoms."

Relative humidity in the office environment is often dependent on the levels of humidity outside, and symptoms such as stuffy noses, dry throats, thirst and contact lens problems are related to low levels of humidity. However, the use of humidifiers within the ventilation system can allow an environment for bacteria to grow. To prevent this, biocides can be added to the ventilation system but those may also contain irritants or allergens to which the building population will be exposed.

#### **Dust and fumes**

The effect of dust and airborne particles within the office environment has also been widely discussed. Levels of paper dust, carbonless copy paper and fumes from printers and photocopiers correlate with increased reporting of symptoms. Exposure to paper dust and fume is associated with respiratory and skin symptoms. Exposure to carbonless copy paper is found to increase the risk of reporting eye symptoms and breathlessness. Cell culture tests have revealed an inflammatory potential between indoor settled dust and SBS symptoms. Thus, surfaces left dusty may have the potential to exacerbate symptoms and this includes shelving, carpets and flooring.

#### Volatile Organic Compounds (VOCs)

Volatile organic compounds (VOCs) have also been suggested as a potential source of symptoms. There are numerous sources of such chemicals in the indoor environment including building materials and products such as inks and cleaning fluids used. No consistent associations have been found generally but for specific chemicals including formaldehyde and ozone, correlations between exposure and SBS symptoms have been found.

#### **Reporting rates**

Different symptom reporting rates are identified within different groups. Women report more symptoms than men, and those in lower status jobs also report more symptoms. The reasons behind this are unclear as to whether women are more ready to complain about ill-health symptoms or if lower grade staff spend more time in one specific environment.

#### Visual Display Units (VDUs)

The use of visual display units (VDUs) has also been associated with increased SBS symptom reporting, with the number of hours working at a VDU being linked to symptoms. Again,



the linkages between using a computer and symptom reporting are not clear. The use of VDUs may disturb blinking behaviour in some individuals and cause eye symptoms. However, working at a VDU for extended periods may be related to being a particular grade of staff, with fewer opportunities for control at work and subjected to high demands.

#### **Environment control**

Control over the environment has also been seen as an issue for those reporting SBS, with increased SBS symptom reporting linked to a lack of environment control. In many large offices, staff cannot dictate levels of ventilation, lighting or noise.

#### **Occupational stress**

When psychological and personality factors are examined, Crawford and Bolas (1996) reviewed the link between work factors, occupational stress and SBS. The review identified that occupational stress has been found to correlate with SBS symptom reporting. It has been hypothesised that stress sensitises the individual to the effect of physical factors within a building. What was unclear was whether stress contributes to increased symptom reporting or whether SBS is the outcome of a stress response.



### REACT ARE YOU PREPARED FOR THE 2013 CHEMICALS REGISTRATION?

The current REACH regulation is now up for review in 2013 and there are likely to be changes to the register of substances to keep pace with new products and processes in the chemicals industry. Here we consider the implications for chemical manufacturers, importers and downstream users.

The European Regulation for the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH) came into force on 1 June 2007, replacing about 40 items of earlier legislation. Its primary purpose is to protect human health and the environment from the potential risks associated with the use of chemicals, while enhancing the competitiveness of the EU chemicals industry.

REACH is a major component of health, safety and environmental legislation and the distribution and management of chemicals across the supply chain has improved significantly in all Member States since the regulation was introduced. But a recent survey from the manufacturers' organisation EEF suggests there is still a lack of awareness of the scope and significance of REACH in many supply chain companies, particularly among SMEs.

### Not just the chemical industry...

It is a common misconception that REACH applies only to the chemicals industry: this is not the case. Manufacturers, importers, assemblers and users of chemical substances and articles in the supply chain must take account of their legal obligations that apply to their organisations. Under the regulation, manufacturers, importers and all downstream users are responsible for identifying, assessing and managing the risks posed by chemicals and for providing appropriate safety information to their uses.

The European Chemicals Agency (ECHA), based in Helsinki, is the EU administrative centre for REACH with responsibility for implementing and monitoring the system. ECHA's primary role is to help companies comply with the legislation, address chemicals of concern and provide information on chemicals.

Through REACH, companies are required to provide ECHA with information and data on the hazards, the risks and the safe use of all chemicals that are manufactured, sold or used in quantities exceeding one tonne per year. This information is registered with ECHA and certain of it made freely available on its central website which helps minimise the number of tests required. Routes of exposure have to be identified, and recommended risk management measures must be given to downstream users. To date, the register contains over 5,000 hazardous and most commonly used chemical substances.

The REACH Enforcement Regulations were introduced in the UK in 2008. The Department for Environment, Food and Rural Affairs (Defra) has responsibility for policy and developed the enforcement regime working in conjunction with the Department for Business, Innovations & Skills (BIS) and the devolved administrations for Scotland, Wales and Northern Ireland. In the UK, the Competent Authority is hosted by the Health and Safety Executive, working with the Environment Agency and other government departments.

The HSE has far-reaching responsibilities to enforce compliance, evaluate selected prioritised substances, identify SVHCs for authorisation and propose restrictions. Substance of Very High Concern (SVHCs)

One of the key elements of REACH is to identify substances of very high concern (SVHCs), which are hazards with serious consequences for human health or the environment.

SVHCs are presented in article 57 of the REACH regulation and are defined as having carcinogenic or mutagenic characteristics or are toxic for reproduction or bioaccumulative. A process exists to require that certain of these substances are authorised before they can be placed on the market. Those that fail the authorisation process may be banned. However, an additional 54 new SVHCs were added to the Candidate List (ie the list from which substances are prioritised for consideration to be included in the list of substances subject to authorisation) following authorisation in December 2012; the total has now risen to 138 SVHCs.

#### CLP

The Classification, Labelling and Packaging of Substances and Mixtures Regulation (CLP) introduced a generic classification and labelling regime for hazardous chemicals.

CLP came into legal effect in all EU Member States in January 2009 and was introduced in response to an international agreement for a UN-based Globally Harmonized System (GHS). The transitional period for implementing CLP will be completed in 2015. This is to give suppliers and users of chemicals time to change from the current Dangerous Substances and Dangerous Preparations Directives 67/548/EEC and 1999/45/EC. The transitional arrangements for CLP are also being handled by the HSE, and the current Chemicals (Hazard Information and Packaging for Supply) Regulations 2009 (CHIP 4) have been aligned with the transitional arrangements in the CLP Regulations.

#### **Managing REACH**

Most businesses in the UK will be affected in some way by REACH. The HSE advises all manufacturers, importers and downstream uses to establish a REACH management regime to avoid unnecessary risks to business.

#### Stage 1 - Compile an inventory of all chemicals used in the business

This involves establishing a record of all the substances and preparations that involve chemicals, including essential information such as the name of the chemicals and the percentage in preparation. Quantify the materials to determine tonnage used per year. The inventory provides a clear picture of what is used and an opportunity to consider alternatives or substitutes if, for example, the REACH regulation should have a bearing on the supply of the substances.

#### Stage 2 - Prioritise the value of the substances in the inventory

Some substances may be vital to your organisation's products or services – consider what would happen if these substances were affected by REACH. Consider the risk if supplies are withdrawn from the market. Can you guarantee continued supply? Are there alternatives? What happens if the cost of the substances or products (articles) increases because of additional regulations?

#### Stage 3 - Maintain good relations and communications with suppliers and users

This works both ways – upstream with suppliers and downstream with customers. The whole supply chain can be affected by changes to a substance's REACH status. Confirm with your supplier that they are aware of REACH and comply with requirements. Ensure someone in your organisation is the main REACH contact and maintain regular contact with suppliers and customers.

#### Safety Data Sheets (SDS)

Key aspects of REACH include traceability and accountability of chemical substances. Safety data sheets (SDS) are used to ensure manufacturers and importers communicate the right information along the supply chain to allow safe use of their substances or mixtures. Guidance on SDS and further details of how best to prepare for REACH are available from a dedicated HSE site.

#### **Deadlines and concerns**

REACH has been in force for over five years. Over 3,500 phase-in substances were first registered in 2010 and the list is growing. The second deadline for industry to register all phase-in substances manufactured or imported in the EU at or above 100 tonnes a year is 31st May 2013, and over 3,500 more substances are expected to be registered. The deadline for registration of substances manufactured or imported at > 1 tonne per year is 31st May 2018.

The REACH regulation has successfully harmonised the protocol for the safe management of chemical substances used or imported into the EU. ECHA expects the process of registration to become more uniform and easier, based on lessons learned so far. But there are still worries that many small manufacturers and other downstream users of chemicals are unaware of their legal obligations. There are concerns too that some highly toxic materials may be slipping through the net, such as some nanomaterials, where volumes and weights can be measured in kilogrammes rather than hundreds of tonnes and therefore fall well below the current EU levels set for registration. Classification, labelling and SDS will, of course, be required for any of these that are hazardous.

## **180 Years** OF FACTORY INSPECTORS

In 1833, the first four factory inspectors were appointed. Their position was unique, in that they had powers of entry into premises and could enforce the law through court action, although they had to wait until 1844 to be legally permitted to inspect machinery guarding. In this article, we contrast the early inspectors' experiences with the challenges facing the HSE today.

The Health and Safety Executive (HSE) publication, Her Majesty's Inspectors of Factories 1833–1983: Essays to Commemorate 150 Years of Health and Safety Inspection by the Health and Safety Executive, states that: "Throughout its 150 years the Inspectorate has had these four overlapping roles: of law enforcement, of pressure group to improve the law, of pressure group to encourage the development of safer techniques, and of information centre."

In commenting upon the approach taken by the original factory inspectors, the 1983 publication noted that there was an emphasis on a "policy of explanation of the law, relying on the good sense of the employer to comply with it". Enforcement action was only resorted to in a small number of cases: "[the factory inspectors] were encouraged in this approach by the low levels of fines imposed, an almost perennial cry in their reports, and one which continues to this day".

Indeed, 30 years later, the issue of low fines for health and safety offences is still debated, despite recent increases in penalties for such offences.

#### The history of the HSE

The remit and influence of the Factory Inspectorate developed over a long period of time, but it was instrumental in introducing preventative safety measures into the workplace and formulating new regulations. In the late 1960s, it was realised that the legislative base was complicated, had developed piecemeal and did not cover a significant number of workplaces; hence the publication of the Robens Report in 1972, which led to the most significant changes so far in health and safety in the workplace.

With the introduction of the Health and Safety at Work, etc Act 1974, the Health and Safety Commission (HSC) (now absorbed into the HSE) was established, along with its enforcing arm, the HSE. At this point, the Factory Inspectorate was combined with a number of government bodies to create the HSE. The HSC could propose regulations and Approved Codes of Practice (ACOPs). Part of its remit was to develop a new legal base while reforming the existing regulations.

The formal appointment of HSC commissioners from business and trade unions meant that the regulatory process could be directly influenced by employer and employee representatives. This, in turn, created a greater role for employer and trade organisations and trade unions to apply standards in the workplace. It also enhanced the HSE's role in facilitating improvements in health and safety standards through key stakeholders, as well as its enforcement role.

General legal requirements were established for employers and employees and to protect members of the public affected by work activity. The powers of inspectors were increased so that they could issue Prohibition Notices, which stopped work until it was made safe, and Improvement Notices, requiring the improvement of preventative standards within an identified timeframe.

Since the 1974 Act, the UK has developed one of the safest workplace records in Europe. Government reviews, including the most recent, have generally concluded that the regulatory framework remains "fit for purpose".

#### Enforcement

Professor Löfstedt's recent review of health and safety regulation confirmed that enforcement remains a debatable issue. In March 2011, the then Employment Minister, Chris Grayling, announced that:

 Proactive inspections by HSE inspectors would be cut by 33% (11,000) per year Employers "who endanger public and employee safety" would have to pay the costs of investigation - this has now been implemented with the Fee for Intervention scheme
The Occupational Safety and Health Consultant's Register would be established to clamp down on rogue health and safety consultants
An independent review of health and safety regulation would be initiated.

These measures were introduced as a response to the HSE's resources being cut over the following four years and the Government view that health and safety regulation was a "burden" on UK employers. The approach of the Government appears to be: simplify advice to employers on legal requirements and they are more likely to comply with it; target resources onto the higher risk activities; and penalise those who are in breach of their legal duties. It has also put pressure on insurance companies to make explicit what their health and safety requirements are through employers' liability insurance.

The changes mean that there are likely to be less proactive inspections and the HSE will still maintain reactive investigations. However, those in breach of health and safety law are likely to be punished financially, through the Fee for Intervention scheme.

#### **Occupational health**

Within the past 180 years, the issue of occupational health remains problematic. While the work of the HSE has assisted in improving safety standards, occupational health controls remain weak.

In 2011/12, 173 workers were killed at work, according to the HSE. Yet in the same year, it estimated that more than 12,000 people died from ill health associated with their work. A key issue appears to be the time lag between someone being exposed to a cancer-causing

material - asbestos fibres, for example - and the onset of a disease, such as mesothelioma. Those dying of mesothelioma today could have been exposed to asbestos more than 40 years ago, when different control standards applied. How effective today's control measures are will only be confirmed in many years' time.

#### The work of the HSE

The central information role of inspectors remains significant today. The HSE is one of the most abundant providers of guidance and advice of any government body. It provides huge amounts of information on a wide range of health and safety at work issues. It also works with a large range of business, trade union and third-party stakeholders to provide information, advice and assistance in preventing occupational injuries and ill health. The current review of health and safety regulation is likely to result in more simplified and targeted information for employers and workers.

The HSE has a research budget and the Health and Safety Laboratory is a renowned research establishment. Each year the HSE publishes research reports across a variety of topics.

So the four "overlapping roles" still remain at the heart of the Inspectorate's work. Yet, even today, the debate about how its enforcement role is applied continues, especially in view of the reduced resources available to the HSE. Inevitably, there are differing views on how this will impact on workplace health and safety standards. However, the efforts to simplify guidance for employers on how to meet their legal duties will, the Government argues, increase compliance.

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#### Conclusion

The changes in the past 20 years regarding employment patterns - e.g. increases in part-time and self-employed workers, new technology, industrial and commercial sector changes and a greater proportion of the economy being dominated by the service sector, amongst others - have provided many challenges for the HSE. The quickening pace of change and multiple, possibly contradictory sources of information only add to any confusion and misunderstanding that exists for employers and workers today.

With the HSE having a direct role in the workplace, its part in improving health and safety standards may also be seen as improving the efficiency of the workforce. The cost of health and safety failure is estimated at around  $\pm 12$  billion annually. The original factory inspectors had a main role in controlling the hours that children and women worked; today, workplace stress and ong hours of work are a major occupational health issue.

Perhaps, with the 200th anniversary of the Factory Inspectorate approaching in 2033, the HSE's role could be seen as improving the efficiency of the UK workforce, because injuring and making workers ill is an inefficient way of working.



# **Norovirus** FIGURES SOAR

In December, the Health Protection Agency (HPA) announced that confirmed laboratory reports of norovirus, the winter vomiting bug, were 83% higher than the same time last year, with the outbreak occurring months earlier in the winter season than usual.

#### It has been estimated that more than a million people were struck down by the illness.

Scientists at the HPA identified a new strain of norovirus, known as Sydney, and believe that the new dominant variant could explain why there was an early start to the UK's vomiting bug season.

As part of its health surveillance, the HPA carries out genetic testing of norovirus strains from cases in England and Wales. Testing carried out when cases started to rise in October 2012 revealed a cocktail of different strains that were circulating, including Sydney 2012 and another called New Orleans 2009, although no one strain was dominant.

However, the latest testing of the most recent outbreaks has now shown that Sydney 2012 has overtaken all others to become the dominant strain. A source at the HPA said, "This could be an explanatory factor in why there was an early start to the season."

Sydney 2012 was first seen in Australia (and takes its name from the place it was first identified) but has also been seen in France, New Zealand and Japan.

Fortunately, the HPA says the new strain does not cause more serious illness than others and the methods of managing cases and outbreaks are the same for any strain of norovirus, such as washing hands thoroughly.

John Harris, an expert in norovirus at the HPA said, "Norovirus activity always varies from year to year and although we might have expected cases to rise again now we have passed the New Year period this hasn't been the case. We can't read anything into this fall and don't know how busy the rest of the season will be."

"There is no specific treatment for norovirus, which should run its course within a couple of days, and the NHS advice is that sufferers do not generally need to see a doctor but should have plenty to drink and take paracetamol if necessary for fever or pains."

Continued... —

**5** SETON

#### Infection Control

Norovirus is considered by HPA to be highly contagious and can be transmitted by:

 Contact with an infected person · Contact with contaminated surfaces or objects, such as door handles or banister rails Consuming contaminated food or water.

The virus spreads particularly rapidly in closed environments such as hospitals, schools and care homes.

Symptoms of norovirus include a sudden onset of vomiting and/or diarrhoea. Some people may have a temperature, headache and stomach cramps. There is no specific treatment for norovirus, which should run its course within a couple of days, and the NHS advice is that sufferers do not generally need to see a doctor but should have plenty to drink and take paracetamol if necessary for fever or pains.

#### To prevent the virus from spreading further, it is advisable:

• To wash hands frequently Not to share towels and flannels To disinfect any surfaces that an infected person has touched

Those who have been ill with suspected norovirus are normally advised not to return to their normal places of work or study until at least two days after the symptoms have stopped. For those working with food, it is particularly important during this time they should not prepare food for others and should avoid contact with others.

Organisations such as the hospitals, care homes, schools and leisure facilities should have documented procedures for preventing the spread of infection and responding to a norovirus outbreak. Those working in the healthcare or food industry should follow their employer's rules on recommended times before returning to work.





### Skin Care and Hand Hygiene for all **Environments**

Occupational skin care and hand hygiene needs vary in different work environments. Whatever your business type, Deb will help you identify suitable skin care products to improve your hand hygiene and skin care compliance. Keep it simple and source all your washroom, industrial, food and workshop skin care products from one supplier.

#### Washrooms

Ideal for use in washrooms in general industry, manufacturing and office environments, Deb FOAM WASH soaps offer the following benefits:

- Improved cost-in-use in comparison to many lotion soaps, only one application is needed for effective hand cleansing
- Helps save time less product and less rinsing is needed
- Helps save water up to 45% less water usage compared with using lotion soap\*

Using Deb's hand washing technique



#### Industrial Areas

The Deb Industrial Skin Care System has been developed to maintain the skin in good condition and retain its protective function in an industrial manufacturing environment.

The range includes products to protect, cleanse and restore the skin, supported with colour coded dispensers for easy identification.



#### Workplace Hand Hygiene

To improve hand hygiene in the workplace, use Deb InstantFOAM® hand sanitiser at potential germ transfer hot spots such as:

- Communal and shared resource centres
- Canteen and restaurant areas
- Touch screens
- Lift buttons

Deb InstantFOAM® is extremely effective at killing a broad spectrum of bacteria, fungi and many viruses that can be spread by hands and cause common illnesses.



#### Mobile Workers

#### Deb's Skin Safety Cradle System

A unique skin safety solution for vehicles and areas of limited space, the Deb Skin Safety Cradle is a compact and complete 3-step skin care system. Conveniently fitted inside vans or work cabins, it contains everything needed to protect, cleanse, and sanitise the skin. The products do not require running water.

#### Deb Universal Wipes

The impregnated tough, extra large wipes are ideal for general hand cleaning to remove oil, grease and grime. Available in a handy, easy-to-use pack which can be used whilst on the move, with no need for water





### GAS SAFETY AND CARBON MONOXIDE

# Poisoning

According to HSE statistics, around 20 people die each year from carbon monoxide poisoning caused by gas appliances and flues that have not been properly installed, maintained or that are poorly ventilated. While these fatalities were to homeowners, carbon monoxide poisoning also poses a risk to site workers.

This is illustrated by the case of Alpha Group Security Ltd, a Glasgow-based security firm, which was fined £7,000 following the carbon monoxide poisoning of a man employed as a security guard on a construction site in the city. He died at an on-site flat used as a base for employees in February 2008. A portable power generator was used inside the flat, but the deceased had not been provided with proper instructions on its safe use. The generator was operated inside the flat without appropriate ventilation and the employee was overcome by a fatal build-up of carbon monoxide fumes.

Alpha Group Security Ltd pleaded guilty to breaching ss.2(1), 2 and 33 (a) of the Health and Safety at Work, etc Act 1974 (HSWA). Clyde Valley Housing Association Ltd, which subcontracted the security company, was fined £70,000 separately after pleading guilty to a charge under s.3(1) of the HSWA.

#### **Relevant legislation**

The Gas Safety (Installation and Use) Regulations 1998 place duties on gas consumers, engineers, suppliers and landlords. Ventilation and flues are covered by the Building Regulations.

By law, anyone carrying out work on gas appliances or fittings as part of their business must be competent and a Gas Safe Registered engineer.

#### What is carbon monoxide?

Carbon monoxide is a colourless, odourless, tasteless, poisonous gas produced by incomplete burning of carbon-based fuels, including gas, oil, wood and coal.

When carbon monoxide enters the body, it prevents the blood from bringing oxygen to cells, tissues, and organs, and it can quickly kill without warning. Early symptoms of carbon



monoxide poisoning can be confused with food poisoning, viral infections, flu or simple tiredness. These include drowsiness, headaches, breathlessness and nausea.

#### **Protecting site workers**

Among other, more obvious, hazardous activities, construction workers may be at risk from on-site carbon monoxide poisoning. Inadequately ventilated liquefied petroleum gas (LPG) cookers and heaters can produce carbon monoxide. There is also the risk that flammable gas may escape from leaking cylinders, which can ignite or explode without warning.

Using properly maintained electrical equipment can eliminate the risks associated with LPG appliances. If LPG must be used, the risks can be reduced by:

 Using and storing the cylinders in safe, wellventilated places outside site accommodation or in purpose-built, ventilated storage areas Ensuring that appliances have been properly installed, checked and maintained by a competent person Providing adequate combustion ventilation with fixed grilles at high and low level (a window that can be opened is not adequate, as it is likely to be closed in cold weather) · Checking that the ventilation provided is not blocked, e.g. by newspaper or rags in cold weather to stop draughts Checking that cylinders are properly turned off when not in use Using wall- or ceiling-mounted carbon monoxide detectors.

#### **Refurbishment work**

Members of the public have died from carbon monoxide poisoning after refurbishment work has disrupted gas flues or ventilation systems, causing the gas to build up in occupied premises.

The impact of refurbishment work on existing gas-fired systems must be identified during

the planning stage and managed throughout the project. A competent gas engineer should be involved where there is any likelihood that refurbishment work will affect gas-fired systems.

#### Preventing carbon monoxide exposure

It is essential to ensure that any work carried out in relation to gas appliances in domestic or commercial premises (e.g. installation or maintenance) is undertaken by a Gas Safe Registered engineer who is competent in that area of work. The Gas Safe Register is the only gas engineer registration scheme approved by the HSE under the Gas Safety (Installation and Use) Regulations 1998.

There should always be enough fresh air in the room containing the gas appliance. If there is a chimney or a flue, checks need to be carried out to ensure it is not blocked up and that vents are not covered. If there are appliances that use other fossil fuels, they should be serviced and maintained by a competent person.

#### Carbon monoxide alarms Warning signs

The HSE strongly recommends the use of audible carbon monoxide alarms as a useful back-up precaution, although these must not be regarded as a substitute for the proper installation and maintenance of gas appliances by a Gas Safe Registered engineer.

Before purchasing a carbon monoxide alarm, the buyer must ensure it complies with the standard BS EN 50291: 2001 Electrical Apparatus for the Detection of Carbon Monoxide in Domestic Premises, and carries a British or European approval mark. Carbon monoxide alarms should be installed, checked and serviced in line with the manufacturer's instructions.

People asleep are particularly at risk from carbon monoxide poisoning, because they may not be aware of early carbon monoxide symptoms until it is too late. Having an audible carbon monoxide alarm could wake them and save their life.

### to look out for

Although carbon monoxide is a colourless, odourless and tasteless gas, signs that indicate incomplete combustion is occurring (resulting in the production of carbon monoxide) include:

• Yellow or orange rather than blue flames (apart from fuel effect fires or flueless appliances which display this colour flame) • Soot or yellow/brown staining around or on appliances Pilot lights that frequently blow out Increased condensation inside windows.

#### **Emergency** action

The following steps should be taken if a carbon monoxide leak from an appliance is suspected.

• Switch off the appliance and do not reuse it until remedial action has been taken Shut off the gas supply at the meter control valve (if its whereabouts is known) If gas continues to escape, call the National Grid on the Gas Emergency Freephone Number (0800 111 999) • Open all doors and windows to ventilate the room; do not sleep in it Seek medical attention urgently and tell your medical practitioner that you believe your symptoms may be related to carbon monoxide poisoning; request either a blood and/or breath sample be taken (note: carbon monoxide quickly leaves the blood and tests may be inaccurate if taken more than four hours after exposure has ceased) Contact a Gas Safe Registered engineer immediately to make repairs.





The 5CO alarm protects against the dangers of deadly carbon monoxide levels in the home and provides continuous monitoring of CO levels.

These alarms benefit from a small, sleek design that is suitable for all living areas and can be installed on a wall or as a tabletop unit for added convenience. The Kidde 5CO battery operated carbon monoxide alarms are easy to install units that provide reliable protection against the dangers of carbon monoxide.

- Battery Operated (3AA's included) Provides protection during power cut
- Two LED's: Red Illuminates when in alarm mode. Green - DC power is present, normal operation.
- Test/Reset Button. Tests CO alarm circuit operation and allows you to immediately silence the alarm.
- Continuously monitors CO levels detected
- End of Life Alarm. Alerts user to replace the alarm after a minimum of 7-years protection



BSI Kite marked to EN50291 and CE marked.

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The Force8<sup>™</sup> twin cartridge half mask with Typhoon<sup>™</sup> valve offers superior low breathing resistance and a 4-point suspension harness with quick release buckles. The mask is made with a durable thermoplastic rubber offering a superior fit to most face shapes. The mask accepts the full range of low profile Force8<sup>™</sup> filters giving the Force8<sup>™</sup> the flexibility to be used for many applications, providing filtering protection against particulates, many gases and vapours.

COMFORT

Durable thermoplastic rubber mask for superior fit to most face shapes. HARNESS Fully adjustable 4-point cradle suspension ensuring an effective facial fit. CR2<sup>™</sup> REFLECTIVITY Reflective strips create increased visibility in low-light environments for added safety. TYPHOON<sup>™</sup> EXHALATION VALVE Low resistance exhalation valve for easy breathing, with stable mask configuration. FORCE<sup>™</sup> FILTERS Cost effective Force8<sup>™</sup> filters available with low profile angle for minimum visual impairment. COMFORMITY Conforms to EN140 (Face piece), EN14387:2004 (Filter performance), EN143:200

### Conforms to EN140 (Face piece), EN14387:2004 (Filter performance), EN143:200 (Filter performance)

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# **Fatigue:** ITS ROLE IN HUMAN ERROR AND ACCIDENTS

Some of the world's biggest disasters, including Chernobyl and the Exxon Valdez oil spill, have been a result of human error attributable in some way to fatigue. In this article we explore the factors that influence fatigue and their effect on human error and accidents.

#### What is fatigue?

Fatigue is generally considered to be a decline in mental or physical performance resulting from one or a combination of sleep loss, disruption of internal body clock, high workload and prolonged exertion.

It can be affected by social factors such as workload and sleep patterns, or individual factors such as personality, age, diet and fitness. It can also be caused by a wide range of illnesses and diseases. In such cases, a person usually finds they need more rest and sleep than they are getting. This may affect their performance at work. Fatigue is a common symptom of depression.

Shift work, work at night, or working extended hours are the most common causes of work-

related fatigue, and can lead to adverse effects on health, particularly for night workers.

Humans have built-in body clocks to regulate all-important body functions. These clocks tell us when to be active and when to rest. They also govern other physiological functions such as body temperature, hormones, digestion and blood pressure. The 24-hour biological rhythms from these clocks do not disappear even if there are changes to the environment (lighting, noise, temperature) and routine (no sleep, changes of meal routine). Even if you are working nights, your body clock will still reduce your body temperature in the early hours of the morning, lower your blood pressure and slow down your digestion. This will make you sleepier and less alert.

Night workers trying to sleep during the daytime will find it harder to get to sleep

because their body clock is telling them they should be awake. The reduced quality and quantity of this sleep will lead to more fatigue as a "sleep debt" builds up.

#### The effects of fatigue

Some people experience severe fatigue at work. This can lead to poor performance on tasks that require attention, decisionmaking or high levels of skill. For safetycritical work, the effects of fatigue can give rise to increased risks.

Fatigue can affect people differently but could lead to the following health problems:

Difficulty in falling asleep, and staying asleep
Difficulty in staying alert and awake at work
Reduced quality and quantity of sleep
Gastrointestinal disorders.

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All too often, fatigue is seen as a familiar and acceptable part of everyday life. Working long hours may even be accepted in the culture of a workplace as "the thing to do".

#### Danger in the early hours

In general, the early hours of the morning, e.g. between 2am and 5am present the highest risk for fatigue-related accidents. Sleep loss can lead to lowered levels of alertness. Cumulative sleep loss over a number of days can result in a "sleep debt" with much reduced levels of productivity and attention. Such sleep loss results from working not only night shifts but also morning shifts with very early start times, and from "on call" situations where it may be difficult to plan when to sleep. The daily rest between shifts needs to be adequate to enable shift workers to return to work fully rested. An adult typically needs seven to eight hours of sleep each night.

Human performance tends to deteriorate significantly when people have been at work for more than 12 hours. For people who have been working for less than 12 hours, the evidence is less clear, and the extent to which fatigue occurs may depend on aspects such as the adequacy of rest breaks, the nature of the work, and the working environment. The effects of fatigue tend to be more marked if the task is monotonous or repetitive.

Employees should be able to recognise the signs of fatigue themselves. When suffering from fatigue, they are less able to recognise the risks and more likely to make poor decisions.

#### **Effects on safety**

It is important for organisations to manage fatigue for their employees, because it causes decreased performance in individuals. This can lead to ill health, reduced productivity, accidents and errors.

Fatigue influences individuals in different ways and can lead to a combination of the following aspects of decreased mental and physical performance:

Reduced attention and awareness

- Reduced ability to process informationSlower reactions and reduced co-ordination
- Underestimating risk
- Poor decision making
- Increased aggressive behaviour and
- mood swings
- Lapses in memory.

Up until the 1960s, modelling human and organisational factors in accidents had been rather unsophisticated. These models had not differentiated human elements relevant to accidents beyond rough subdivisions such as skills, personality factors, motivational factors and fatigue. Accidents were seen as undifferentiated problems for which undifferentiated solutions were sought.

An individual's perception of a given situation is based on two sources of data: • Information from the senses • Expected information.

Physical defects of sight or hearing can affect the information presented to us, while fatigue, stress or drugs can alter the expected information.

#### Managing fatigue in the workplace

High-risk industries have recognised the importance of managing risks from fatigue in the workplace, but it is important for all industries to consider the effects of fatigue on employees for production and safety reasons.

The best practice management approach, which will go beyond what is required by health and safety legislation, is through a multicomponent approach that includes:

Careful planning of shift rotas
Reviewing maximum hours of duty and time for recovery
Education on sleep routines, nutrition, effects on family and social life, exercise
Environmental design changes, especially those aspects that can improve alertness, such as temperature, lighting and comfort levels
Reducing the number of safety-critical tasks planned for the night shift
Rotating jobs to reduce levels of boredom
Providing medical advice for employees, especially for those with existing medical conditions.

These simple steps can significantly reduce human error in the workplace and increase employee concentration, improving both safety and well-being.

# AND HOT WORK

#### Introduction

According to British Standard BS 9999: Code of Practice for Fire Safety in the Design, Management and Use of Buildings, contractors and subcontractors can present an additional fire risk due to their unfamiliarity with the premises, its fire risks and associated fire precautions. This risk is increased even further when contractors and subcontractors carry out hazardous activities such as hot work.

Where processes involving hot work are unavoidable, a strict, safe system of work to control the risk of fire arising from the activity is required. A particularly effective method of ensuring a safe system of work is the use of a "hot work permit". Hot work and fire ris

Hot work is defined as "operations requiring the use of open flames or the local application of heat or friction". There are many procedures that might involve or have the potential to generate sufficient heat, sparks or flame to cause a fire. This includes welding, flame cutting, soldering, brazing, grinding and the use of other equipment incorporating a flame, e.g. tar boilers, etc.

Hot work is clearly a known source of ignition and therefore has the potential to create a significant fire risk for the premises. As an example, sparks and molten material from hot work can be scattered more than 35 feet during welding, cutting and grinding. These sparks and slag are typically at a temperature above 1000°F when expelled from the hot work operations. At this temperature, materials such as paper, wood, flammable liquids, vapours, and many other combustibles can be easily ignited if they are in the vicinity of the hot work activities.

As well as the initial risks of ignition, hot work can be a cause of rapid fire spread. Reasons for this include:

- Work being undertaken in areas with limited fire stopping (e.g. roof voids)
  Sparks and slag falling through cracks and other floor openings, starting fires in hidden locations
- Work being undertaken by persons with little knowledge and awareness of fire risks and precautions
- Work being undertaken in higher risk environments (e.g. confined spaces)
  Pipes or other metal with conductive heat igniting combustible walls, partitions, ceilings, roofs or other combustibles
  Containers and piping containing flammable vapours or fumes with the possibility of explosions and fire.

Continued... →



#### **Risk control**

Clearly the need to undertake hot work will be very much dependent on the work activities to be completed and it may not be possible to detail in the premises fire risk assessment specific issues. However, in general terms, hot work can be addressed and management control measures adopted. This will be linked in with the wider contractor management arrangements that the organisation should be employing, including:

Identifying all aspects of the work that the contractor will be required to do
Identifying any risks associated with the work (including hot work)
Ensuring that sufficient rules and control measures are in place when the work is undertaken.

BS 9999 recommends that hot work should only be undertaken if no satisfactory alternative method is feasible. The person responsible for fire safety should therefore evaluate the need to perform hot work. He/ she should determine whether the hazard can be avoided or minimised, taking into account the following hierarchy.

Avoid the undertaking of hot work by adopting alternative work methods
Relocate the hot work outdoors or to specially designated areas that have been designed and constructed to minimise fire risk
Schedule hot work during shutdowns/out-ofhours if it cannot be avoided or relocated
Undertake the hot work in the area necessary using safe systems.

BS 9999 recommends that a "hot work permit procedure" should be followed before any hot work is allowed in or near a building so as to "ensure that correct actions are taken before hot work commences, during the operation and afterwards".

#### Hot work permit

The use of a hot work permit is appropriate in circumstances where work will involve flames or sparks, where flammable materials are close by and when work is to be completed in environments where such activities are not normally carried out. Such a permit can:

Ensure that there is a formal check confirming that safe systems of work are being followed
Co-ordinate the work activities with other persons or other work processes
Provide time limits when it is safe to work
Provide specialised PPE or methods of communication
Ensure that the works are properly supervised through to ultimate safety.

When contractors are employed to perform hot work on the premises two options for hot work permits are available:

1. The host organisation employs its own hot work procedure that includes a hot work permit. All people, including contractors and internal employees, are required to use this procedure for all hot work carried out on the premises.

2. Contractors use a suitable hot work procedure of their own. In this case, the employer must be certain that the contractor is using a suitable hot work procedure and that the procedure is used in appropriate cases.

To be effective, the permit scheme should be implemented and supervised by competent staff. Everyone on the premises must be aware of the situations for which a permit is required and there must be regular checks to see that procedures are being followed.

In terms of control procedures, a hot work permit should only be issued:

• If the person responsible for fire safety is satisfied that an adequate fire risk assessment

and method statement have been prepared
By those competent and authorised to do so
When preparation work is complete and necessary precautions are in place
If the hot work is to be carried out by those competent in the particular activity.

#### Permit desigr

Any hot work permit system that is adopted should be tailored to the particular needs and risks found within the specific premises in question. Different areas within a building may contain varying levels of risk, and the permit should be designed to cope with all the risk potential. The permit should be designed to give as much information as possible in terms of the proposed works.

The hot work permit identifies the work to be done, the person who is to do the work, the length of time likely to be taken, the hazards associated with the work and the control measures used. The permit must be as simple as possible and should not take too long to complete, otherwise the person with responsibility for issuing them may fail to check properly that isolations, etc have been carried out before signing.

The layout of the document will depend on the work to be done and the managerial arrangements for responsibilities within the organisation. Typically, the permit will include:

Administrative details (permit title, number, job location, etc)
Description of the work to be undertaken
Hazards identified and precautions required
Fire-fighting equipment available
Time limits for work duration
Specific work methods required
Sections for authorisation, acceptance, handback and cancellation signatures.

#### **Further information**

BS 9999: Code of Practice for Fire Safety in the Design, Management and Use of Buildings is available from BSI.

### FIRE EXTINGUISHER INSTALLATION SERVICE

Hassle-free service to ensure your extinguishers are installed and commissioned in-line with BS5306-Part 3:2009

- Quick and personal response within 24 hours to arrange installation date
- Fully qualified and insured technicians employed for quality and reliability
- Technician will attend site and conduct a full site survey to identify suitable locations for units prior to full installation and commissioning
- Old extinguishers removed from site and recycled or disposed of safely and in-line with environmental policies
- Annual servicing and maintenance contracts available
- Quote code INSTALL when ordering

#### Call out charge only £50.00 Extinguisher installation charge only £22.00

### **Guide to Fire Extinguishers**

Use this table to determine the suitable extinguisher for the required application.

	Class A	Class B	Class C	Class D	Electrical	Class F	
	Fires involving wood, paper, textiles	Fires involving flammable liquids, petrol, diesels, oils	Fires involving gases	Fires involving metals	Fires involving electrical equipment	Fires involving cooking fats and oils	
Extinguisher Type				CLASS D R R R R R CLASS	k l		Example Application
Water	1						Warehouses, offices, hotels.
Foam Spray	<ul> <li>Image: A second s</li></ul>	1					Petrol stations, factories, offices, taxis, coaches.
BC Powder		1	1		1		Cars, boats, trucks, factories, caravans, homes, flammable liquid stores, warehousing, storage facilities.
ABC Powder	1	1	1		1		Cars, boats, trucks, factories, caravans, homes, flammable liquid stores, warehousing, storage facilities.
Carbon Dioxide (CO <sub>2</sub> )		1			1		Electrical areas, offices, factories, computer server rooms, manufacturing, warehousing.
Wet Chemical	1	1				1	Kitchens, restaurants, canteens, mobile catering, caravans.

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#### **Providing Evacuation Chairs**

**Q**• My organisation wishes to introduce a system for the safe use of evacuation chairs to assist in the evacuation of those with mobility problems in the event of an emergency. What factors do we need to consider for the safe purchase and use of these chairs?

A. When considering the overall fire evacuation strategy for those with mobility issues, the selection, use and maintenance of evacuation chairs may have to be considered. As such, a number of factors will have to be taken into account, including but not exclusive to:

• The building design and location of refuges (including whether other methods of evacuation are available such as horizontal evacuation or appropriately designed lifts)

• Stairway design (e.g. a protected stairway in a relative place of safety, widths, angles)

• The building occupancy/number of persons likely to be using the stairwells

• The type of persons with mobility issues (e.g. employees, public,

visitors), location, how many may need evacuation and how/if this

can be determined • Any particular factors of the individual(s) involved (e.g. weight, age, mental vulnerability) if this can be obtained

 The availability and location of capable staff to volunteer in the operation of the equipment The cost of training staff

• The requirements in respect of cost of supply and maintenance of equipment

 Whether other "reasonable adjustments" can be taken into account (e.g. moving the individual to alternative lower floors in a building).



There are a variety of devices available and a reputable supplier should be able to offer demonstrations and adapt their product to suit particular needs.

When determining the use of evacuation chairs or otherwise, where possible the disabled person(s) should be consulted with to decide what is best for them and other occupiers. The method of evacuation should be discussed with the individuals concerned and incorporated into a Personal Emergency Evacuation Plan.

One of the main concerns those required to assist often have is that they will be placed at greater danger. It must be stressed to those assisting that they will not be in any greater danger than their colleagues because under fire safety legislation (and health and safety legislation) the safety of all persons must be ensured, so far as is reasonably practicable.

In some organisations assistants may be recruited by asking for volunteers from colleagues who work in close proximity to a disabled employee. In others, a more formal approach may be preferred, for example, designating specific people. This approach will provide a greater degree of certainty for the disabled employee and ensure continuity when the designated person leaves and a replacement is required.

The effective use of evacuation chairs depends heavily on the ability of staff and users to respond efficiently. This can only happen if both parties receive instructions, a practical demonstration and training appropriate to their responsibilities in the event of a fire. This will require training on:

Sensitive interactions with mobility impaired persons
Safe manual handling of mobility impaired persons
Use of evacuation chairs
Fire evacuation procedures.

Advice on training and after-sales service should be available from a reputable supplier and the instructions for use supplied with each chair must be followed at all times.

#### **Avoiding Accidents in Stairwells**

**Q.** A review of accident statistics for our properties has indicated a number of accidents and near misses on stairwells. I have been asked to review and develop appropriate measures to reduce the number of incidents. Could you outline the measures we can take?

A • Stairway falls are commonly caused by a combination of different factors, including stair maintenance, the wider environment, the type of person involved and their behaviour. As such, any programme to reduce the incident rate should therefore concentrate control measures in these areas.

The housekeeping of the stairs in a building is important. Treads must be kept clean and free from obstructions. If any spillages occur, employees must be encouraged to report these immediately or take action themselves to clear up the spill.

Stairs should be regularly inspected for wear and tear as part of the overall management system. In particular, look out for nosings (the edge of the step, which protrudes slightly over the step beneath) that have come away from the step edging, and fraying carpets that could pose a trip hazard. Handrails and balustrades should also be inspected regularly to make sure they are in good repair, firmly fixed and structurally sound.

Carpets or flooring with dazzling patterns should be avoided as these may disguise the edge of stair treads and encourage a foot to be misplaced. Contrast should be used on the edge of the stair tread to increase its visibility and definition. In places where carpet is used and is exposed to heavy traffic, it may be a good option to install nosings with slip resistance over the step edges.

The nosings should be flush with the rest of the tread and not stand proud, which would reduce the effective contact area for the shoes. Where nosings are installed, they should be of a colour and luminance that contrasts with the remaining step. This will provide the user with a clear visual indication of the tread edge. If steps are to be highlighted using colour contrast, the first and last steps should certainly be highlighted and, where single steps occur, these should also be highlighted.

A common intervention that many employers use is to install anti-slip tape to tread edges. This tape can be effective if installed appropriately. The tape should be installed on the very edge of the tread where the nosing shape is square. Where the nosing is rounded, the slip-resistant material must continue at least to the vertical front face of rounded nosings.

It should be noted that strips might move with use and subsequently become a trip hazard. Also, anti-slip strips will wear smooth over time and so should be regularly inspected and replaced when necessary.

Safety on stairs can be improved by ensuring good lighting, whether by artificial or natural means. Do not use lighting that results in glare over stair treads.

Any visual cue that may distract people's attention away from a staircase could be dangerous. A distracting view, or artwork on stairwell walls, should therefore be avoided if possible.



# Infection Control & Gas Safety CHECKLIST

- Cover any cuts, grazes, dermatitis or other open wounds (especially on the hands or face) with waterproof dressings before starting work.
- ✓ Wear the protective clothing specified for the job. Ensure it is in good condition and worn correctly.
- Do not take food, drink, smoking materials or other personal items into the work area.
- Do not eat, drink, chew, smoke or apply cosmetics (apart from hand cream) in the work area or while wearing your protective clothina.

Avoid touching your face.

- Follow the procedures on the safe working practice sheets for the job.
- If your protective clothing is damaged and/ or you are contaminated: stop work immediately
- remove any contaminated clothing decontaminate yourself according to procedures.
- Report any accidents, untoward incidents or unsafe conditions to your supervisor immediately.
- In an emergency, carry out the procedures you have been trained to do.
- ✓ At the end of the work, remove your protective clothing carefully and discard/ decontaminate it as instructed. Wash your hands thoroughly.
- Do not take risks always follow the auidelines.



- Determine the location of all gas pipe work, fittings, storage vessels and appliances. Record on a line drawing, with a copy near the primary meter.
- Ensure that all of the above are subject to annual safety checks by a Gas Safe Register registered person.
- Ensure that suitable and sufficient records are kept and tenants have copies.
- Ensure that all gas installations within the premises comply with the requirements of the Gas Safety (Installation and Use) Regulations 1998.
- Ensure that all work and safety checks on any gas equipment are only carried out by competent Gas Safe Register registered people.
- Ensure that all gas appliances are safe and any that are not are repaired or removed from the premises.
- Ensure that the landlord and letting agent, if there is one, are aware of the extent of their responsibilities by explicit statements within the letting contract.
- Ensure that gas safety check reports are provided for tenants and that the landlord or their agent has suitable access to a premises to carry out checks and maintenance.
- Ensure that any gas leaks are reported to the supplier as soon as they are noticed and that any consequent supply disconnection is not restored until the fault is properly remedied.



# **NEWS**ROUND UP

# **April** 2013

#### **Companies to pay for** false fire alarms

The London Fire Brigade is to consult on new plans to start charging building owners and managers for false fire alarms, warning that the capital's worst culprits, which include hospitals and universities, could face a bill of over a million pounds a year.





#### **Poor support for MSDs** costing thousands of jobs

An employment think-tank has warned that poor clinical and workplace support for musculoskeletal disorders (MSDs) is leaving hundreds of thousands of people facing lost income, job insecurity and early retirement. The claims are made in a new report published by The Work Foundation, part of Lancaster University, which says Government reform must not stop at helping people back into work.

#### **Chemical incident** causes hotel evacuation

A luxury beach hotel in Poole was recently evacuated after chlorine liquid and gas escaped from the hotel's plant equipment into the surrounding area. Crews from Dorset Fire and Rescue Service were called to the chemical incident at the four-star Sandbanks Hotel on Banks Road in Poole, with some 20 firefighters attending. Dorset Police also attended while fire crews ventilated and made the area safe.

#### Work stress management success

A work stress survey, conducted by a union of Council staff in Glasgow, and using the Health and Safety Executive (HSE) Stress Management Standards, has resulted in a successful stress management action plan to implement key

control measures. The survey was prompted after concerns were raised by members of the union, Unison, over the effect spending cuts were having on workloads and workplace pressures.





#### **Blueprint for safety in** waste industry

A blueprint for addressing "the terrible toll" of death, injury and ill health in the waste and recycling industry is to be published following a landmark summit, according to the Health and Safety Executive (HSE). Senior figures from across the sector recently met at the summit

in Solihull to agree the key health and safety issues facing the industry and what needs to be done to tackle its poor health and safety record.

#### More protection for whistleblowers

Problems for employees wanting to raise concerns about practices in their organisation, or with regard to the actions of their colleagues, have been highlighted by recent cases in the NHS. The Government has now announced that it intends to strengthen the protection available to these whistleblowers, bringing bullying or harassment that may come from their co-workers within the scope of the law.

#### **Builder fined**

A Birmingham builder has been fined £4,000 with costs of £1,100 after causing young children and their parents to be potentially exposed to asbestos on the street where he lives, as well as risking exposure himself. HSE investigations found that, during work to convert a garage into a living room, Nicholas Sharpe, trading as Sharpe Builders, had been wearing only a dust mask for protection as he removed a number of asbestos insulating boards (AIBs) from the ceiling. He pleaded guilty to two breaches of the Control of Asbestos Regulations 2012.

**Defibrillator survey raises** 

workplace concerns

A recent survey has indicated that more

than half of British businesses do not have a

defibrillator, despite the impact the device has

on cardiac arrest survival rates. The Institution

decision-makers across the UK and found that

513 did not have the lifesaving equipment at

work. Almost two-thirds of those who did not

have the equipment were medium to very

large companies.

of Occupational Safety and Health (IOSH)

commissioned a survey of 1000 business

#### **MPs call for better** food safety and composition testing

A group of MPs has called for more testing for food safety and composition across the food industry in the wake of the horse meat scandal. The comments have been made in a new report

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by the cross-party Environment, Food and Rural Affairs Committee, which claims that "current arrangements for testing and control across the European food industry have failed UK consumers".





#### "Investment in health and safety rising"

A new survey by EEF, the manufacturers' organisation, has concluded that investment in health and safety is rising but that reforms

and more active Government leadership on European regulations are needed. The conclusions are contained in a new report entitled Route to Growth: Making Health and Safety Work for Business.



#### More time at water cooler needed for 71% of workforce

Drinking on the job may be in order. after research showed that 71% of UK workers are dehvdrated. The study was carried out by Kent-based company Wellbeing People; they placed



kiosks in workplaces across the country and workers were able to measure weight, blood pressure, heart rate, body mass index (BMI), body fat content and fluid consumption.

#### **Occupational road risk** link to cyclist deaths

A new report on cyclist fatalities in London has highlighted a strong work-related road risk link to the deaths. Of the 16 cyclist fatalities in London in 2011, nine involved heavy goods vehicles, with seven of these being construction vehicles. The report was commissioned in wake of a worrying number of collisions involving construction vehicles and the Transport Research Laboratory (TRL) looked specifically at how cycle safety is considered within the vehicles' design and operation.

### **Introduce a Member**

We love keeping you up-to-date with the latest Workplace Law and Health and Safety advice. Introduce your colleagues to Legislation Watch Membership, and when they join we'll give you both a £10 M&S Voucher to spend.



- 1. Any member can invite their colleague/s to join Legislation Watch Membership.
- 2. Once each member joins, you can both claim your £10 M&S Voucher.
- 3. To qualify for your M&S Vouchers, simply call our Membership Team on 0800 085 8679, recommend your colleague and quote Gift Code Z1255.
- 4. We send the Vouchers for you both to enjoy.

### **Membership benefits include:**

- 4 x 48 page magazines per year (1 each quarter) packed full of workplace legislation and related content
- Access to "members only" online content covering new and pending legislation and associated safety products
- Knowledge Centre Features written by health and safety experts, court reports on health and safety prosecutions, plus training tools, handouts and best practice guides
- Legal Updates Calendar Headlining legislation to ensure your compliance
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\*Terms and conditions apply

### Ask the expert...

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