

Spotlight

on Health & Safety

Proposed RIDDOR Rules Outlined

The HSENI has published its second set of proposed changes to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) (RIDDOR) 1997 in light of the Lofstedt review of health and safety legislation. These proposals are set out in its consultation document, www.hseni.gov.uk/riddor_2014_cd.pdf

The main changes proposed are:

- Replacing the current list of “major injuries” to workers with a shorter list of “specified injuries”.
- Substituting the existing schedule detailing 47 types of industrial diseases with 8 categories of reportable work-related illness.
- Reporting fewer types of “dangerous occurrence”.



Proposed RIDDOR Rules Outlined

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These proposals follow on from an earlier consultation to change the reporting threshold for work-related injuries under RIDDOR from 3 to 7 days absence, as recommended by Lord Young. At the time NIPSA highlighted serious concerns about the implications of this change to employee protection and gave evidence to the Assembly's Enterprise Trade and Investment (ETI) Committee. Concerns which were also expressed by the ETI Committee to the Minister which laid to the decision not to proceed with the changes. Despite this the HSENI have reintroduced these same flawed proposals in this latest consultation exercise.

Responding to the latest proposals NIPSA has made it clear that what has been presented is a minimalist approach, cutting back RIDDOR to the bone and sending out dangerous and wrong messages that the HSENI no longer considers particular types of incidents as important and worthy of enforcement.

We also stated the proposals will weaken the regulation, monitoring and management of health and safety and that regulators and employers will lose valuable statistical and research data and have less ability to evaluate their interventions or improve their performance.

These latest set of proposals are driven, just like the previous HSENI proposals, by irrational ideology of the UK Government's desire to cut red-tape and the alleged burdens on businesses and not a desire to improve health and safety at work.

A copy of NIPSA's full response can be found on website at www.nipsa.org.uk/NIPSA-in-Action/Health-and-Safety/Latest-News-Events/NIPSA-responds-to-the-latest-proposed-changes-by-H

Proposed Reportable Injuries

1. any fracture other than to fingers, thumbs or toes;
2. any amputation;
3. crush injuries leading to internal organ damage;
4. head injuries that result in a loss of consciousness;
5. burns or scalds covering more than 10% of the body's surface area;
6. permanent blinding in one or both eyes;
7. any degree of scalping;
8. any asphyxiation from whatever cause;
9. any injury arising from working in a confined space resulting in hypothermia, heat-induced illness, requiring resuscitation or admittance to hospital for more than 24 hours; and
10. any diagnosed illness requiring medical treatment, which is reliably attributable to a work-related exposure to a biological agent or is toxins or infected material. (this enacts a specific requirement of an eu directive).

Proposed Reportable Work-Related Injuries

1. carpal tunnel syndrome;
2. severe cramp of the hand or forearm;
3. occupational dermatitis;
4. hand-arm vibration syndrome;
5. occupational asthma;
6. tendonitis or tenosynovitis of the hand or forearm;
7. any occupational cancer;
8. any disease attributed to an occupational exposure to a biological agent.

Taking Your Work Home

More than one in five people today suffer from work related stress. Work-related stress is the negative reaction that occurs when demands at work exceed the ability to cope. It can also be caused by other problems at work including:

- poor working conditions, such as noise, heating or bad lighting
- long working hours
- relationships with colleagues
- having too much or too little to do
- lack of control in the working environment
- not feeling valued for the work you do
- bullying at work
- being under pressure to meet deadlines.

Work-related stress can cause psychological, emotional, physical and behavioural problems. Because everyone reacts to stress in different ways depending on their personality and how they respond to pressure, symptoms may vary. However, some common psychological symptoms include:

- feeling that you can't cope
- being unable to concentrate
- lacking confidence
- a loss of motivation and commitment

You might also have emotional symptoms, such as:

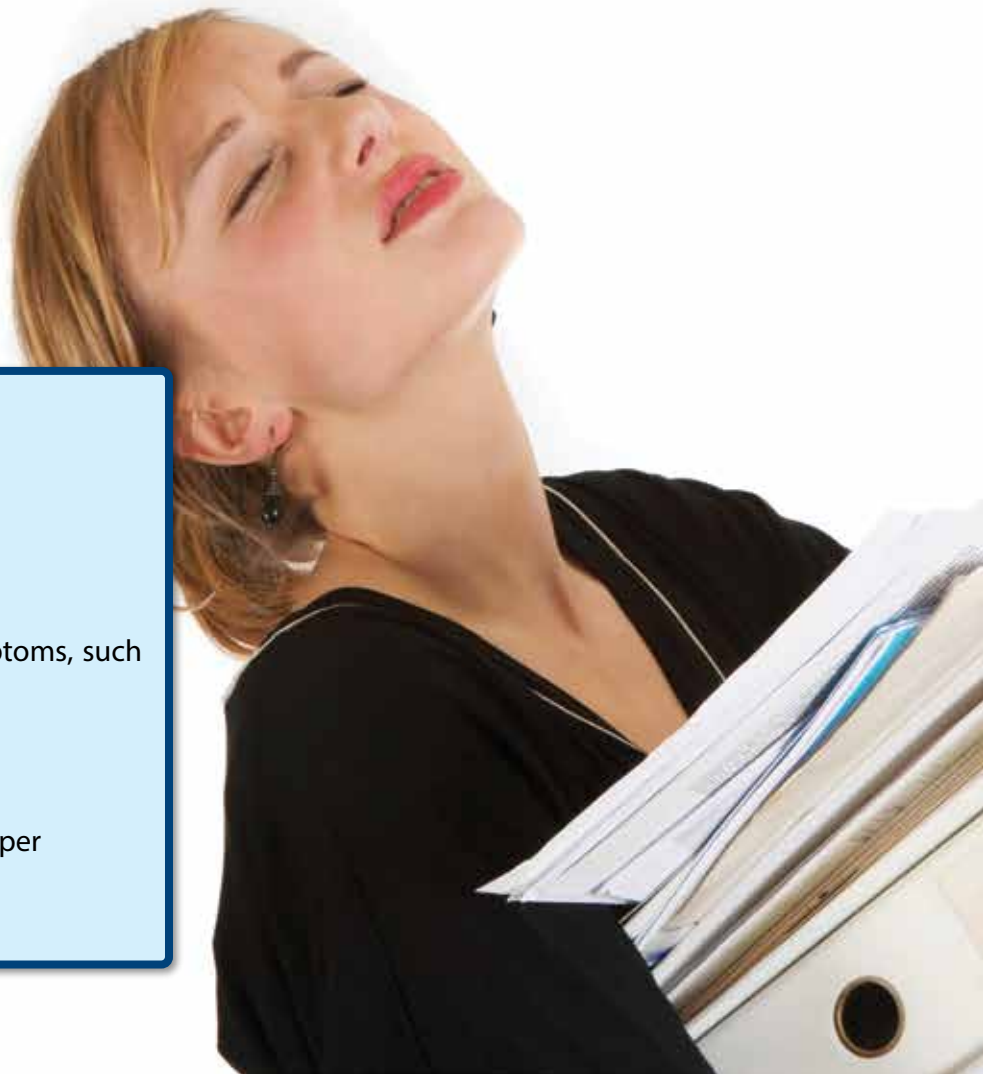
- negative or depressive feelings
- increased sensitivity
- irritability or having a short temper
- mood swings

You may also get physical symptoms. These may include:

- diarrhoea or constipation
- indigestion
- headaches
- weight changes
- chest pains

Many people do not recognise they are suffering from work related stress until it is having a direct affect on their home life.

To be able to tackle work-related stress, it's important to recognise the symptoms or any changes in your behaviour. The sooner you realise that it's causing you problems, the sooner you can take action to make things better. Visit your GP and they can work with you to look at therapies that will help you to deal with the symptoms of stress and also give advice on how to alleviate the causes.



WARNING

Asbestos in Warm Air Cabinet Heaters

This is a warning about the potential for asbestos fibre release from warm air cabinet heaters.

These cabinet heaters can be found in schools and other public buildings.

In October 2012 an investigation in a school in Wales found asbestos debris and unsealed and damaged asbestos insulating board (AIB) panels in warm air cabinet heaters. Tests carried out by the Health and Safety Laboratory and an independent firm found that asbestos fibres were being emitted from the heaters into the classrooms.

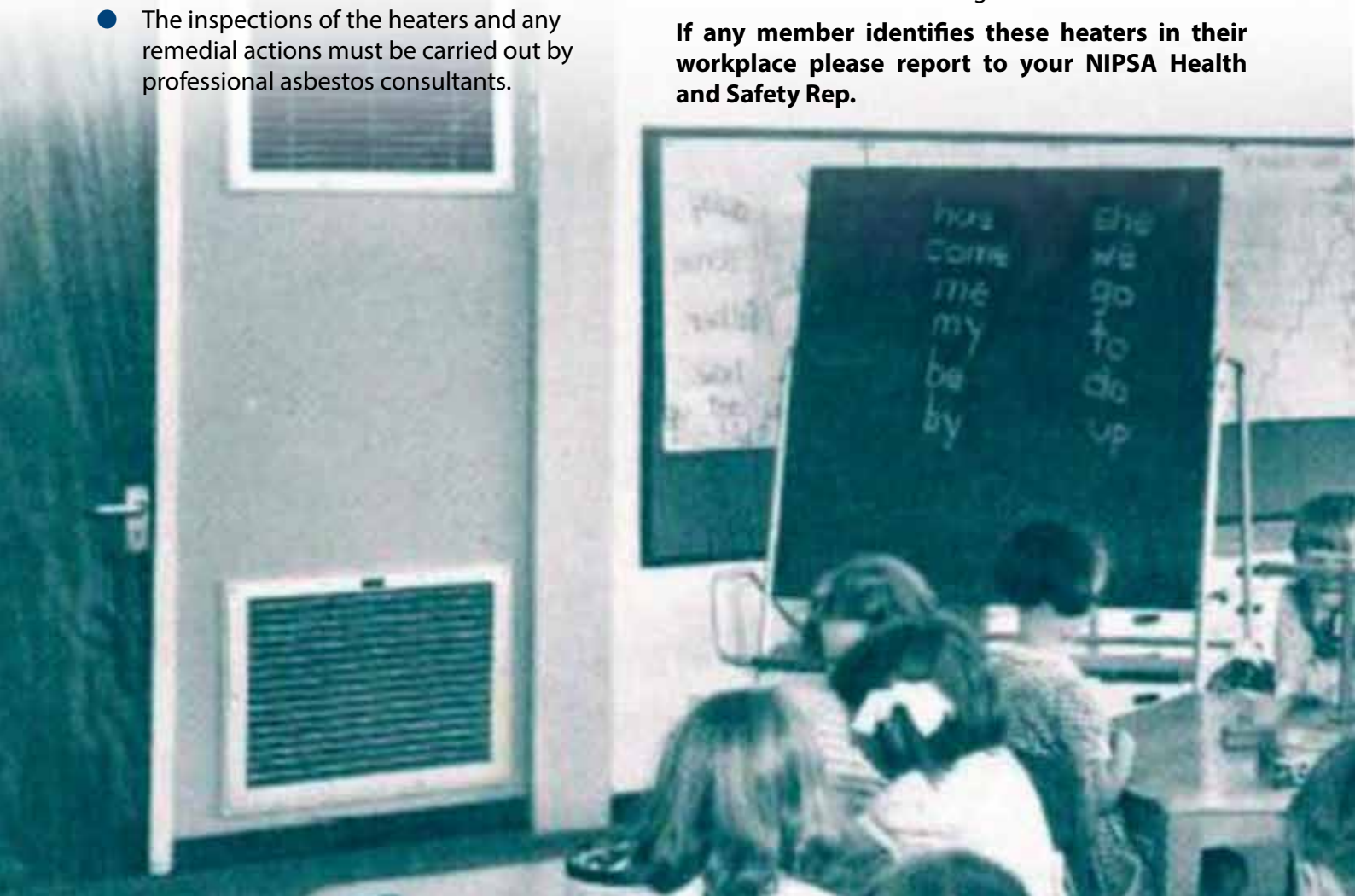
It is important that schools and those responsible for other public buildings check whether they have these heaters and if they have then whether there is the potential for asbestos fibre release. **It must be stressed that the checks to determine whether the heaters are in an unsafe condition must only be carried out by professional asbestos consultants.**

Recommended Actions for Duty Holder:

- The inspections of the heaters and any remedial actions must be carried out by professional asbestos consultants.

- Inspections and remedial actions must be carried out under controlled conditions.
- That any AIB panels within the heaters are removed.
- As asbestos contamination may remain within the cabinets, heating elements or other components the complete unit should be removed if this is the recommended action by the professional asbestos consultant.
- Removal of the AIB panels or complete warm air cabinet heaters must be carried out by a licensed asbestos removal contractor.
- All materials must be disposed of as asbestos waste.
- Enter the details of any action carried out in the asbestos register.

If any member identifies these heaters in their workplace please report to your NIPSA Health and Safety Rep.



Night Work “Throws Body into Chaos”

According to new research just published doing the night shift throws the body “into chaos” and could cause long-term damage

<http://www.the-scientist.com/?articleNo/38916/title/Daytime-Sleep-Alters-Human-Transcriptome/>

The study followed 22 people as their body was shifted from a normal pattern to that of a night-shift worker. It uncovered that working night-shifts can have profound effects on the body, altering everything from hormones and body temperature to athletic ability, mood and brain function.

If this is added to the recent research on shift work and breast cancer and also the known risks of diabetes, heart attacks and obesity then clearly shift working is a major occupational health issue.

There are a host of other considerations which can affect shift workers. Long working hours, shift work and night work can have a significant effect on the health of new and expectant mothers, and on breastfeeding. Unsocial working hours can also have an adverse effect on family and social life.

When employers organise and plan shift work they must comply with employers’ general duties under the Health and Safety at Work (NI) Order 1978 and the Management of Health and Safety at Work Regulations (NI) 2000 in addition to the Working Time Regulations. There are also industry specific regulations and guidance for example in civil aviation, inland waterways, and professional drivers.

Employers have legal duties to provide a safe and healthy workplace for men and women, and this duty also applies to working hours.

This includes carrying out risk assessments into shift patterns, identifying hazards and putting control measures in place, and complying with specific legal requirements such as providing health assessments for night workers.

It is important for safety representatives to work together and with other members and their employer to ensure that health and safety law is complied with and the risks are managed effectively.



Fourth NIPSA Health



Brian Campfield, NIPSA General Secretary.



Keith Morrison, HSENI.



Hilda Palmer, Greater Manchester Hazards.

In opening the Conference Brian Campfield NIPSA General Secretary said that health and safety should be at the heart of all our campaigns. The consequences of government health and safety cuts are not a reduction in red tape, reduced burdens on business, or a diminishment in gold-plated regulations, but increasing injuries in the workplace, a rise in work related ill health and an upsurge in the number of people killed. Brian highlighted the tragic death of Council worker Alan Devenney. He also referred to the many workers who lost their livelihoods as a result of the highly politicised act of blacklisting trade unionists within the construction industry.

The keynote speaker was Keith Morrison, Chief Executive of the Health and Safety Executive for Northern Ireland. Keith expressed

his appreciation for all the vital work trade unions and workplace safety representatives undertake on a regular basis. He said "it was crucial that there continues to be effective co-operation between the enforcing bodies, the employers and trade unions to ensure that collectively we achieve a healthier and safer workplace, not only for today's workforce but also for future working generations".

The next speaker of the day was Hilda Palmer from Greater Manchester Hazards. Hilda presented passionate arguments against government cuts in health and safety. She argued that the UK's neoliberal government was waging war on health and safety and this was resulting in more deaths, injuries and ill health. She cited estimates that globally over 2-3 million people were killed by



& Safety Conference

work each year and claimed this was a gross under-estimation.

Following this, Carole Hagedorn presented a very personal and inspiring account of contracting mesothelioma as a school teacher and her work as a member of the Asbestos in Schools Group. In the afternoon breakout sessions were held on the following topics:

- Management of In-situ Asbestos
- Violence at Work
- Mental Health First Aid
- The case against deregulation

The presentations of some of these sessions can be found on the NIPSA website at <http://www.nipsa.org.uk/NIPSA-in-Action/Health-and-Safety/Latest-News-Events/Fourth-Annual-NIPSA-Health-and-Safety-Conference>

Finally a new NIPSA publication *A Guide on Tackling Violence at Work* was formally launched at the Conference and a copy can be accessed from the NIPSA website at <http://www.nipsa.org.uk/NIPSA-in-Action/Health-and-Safety/Useful-Resources/NIPSA-Guide-on-Domestic-Violence>



Carole Hagedorn, Member of the Asbestos in Schools Group.



Gary Kane, Action Mental Health Works.



John Wright, HSENI.



What is work space

The Workplace (Health, Safety and Welfare) Regulations (NI) 1993, Regulation 10, do accommodate adequate personal equipment, free space and be safe to work in. The ACOP person. The ACOP however also states that this may be insufficient depending on the a

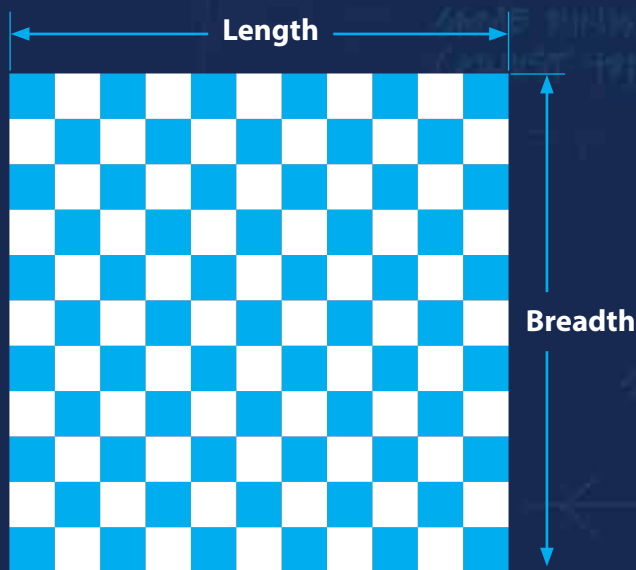
But we must be clear; the legal requirements are those in the Regulations, the ACOP is Regulations and therefore management regularly challenge the Code of Practice by gen Regulations and these policies are what we need to challenge.

Before any section moves to a new location it is important for the Safety Rep to inspect the new accommodation and carry out an assessment to determine how many staff can safely be accommodated.

So how do we calculate the workspace within a room?

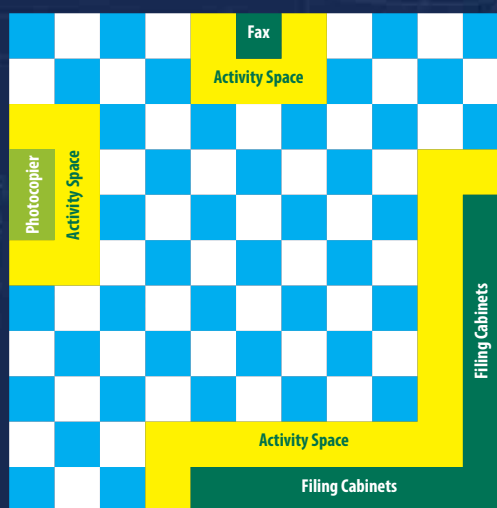
This is quite simple but may take a bit of time depending on the size of the room and the furniture and equipment contained within it.

First of all we need the overall floor space in the room by multiplying the length (in metres) by the breadth (in metres)



The next thing is to deduct all that floor space that cannot be used,

Space taken up by filing cabinets, and remember it is not just the space the cabinet takes up, it is also the length of the drawer when it is pulled out and another 600mm beyond that, after all you have to be able to stand in front of the drawer. This additional space in front of the drawer is called "activity space".



Then do the same for all the other furniture or equipment including printers, photocopiers, desks that printers, fax machines etc. sit on, coat racks, recycling boxes and so on. (The above list is not exhaustive, different offices have different requirements and remember to add the "activity space" around the printers, cupboards, cabinets etc.)



concerns room sizes and states that every work area must be large enough to accepted Code of Practice (ACoP) goes on to set a minimum of 11 cubic metres per amount of furniture, equipment etc. within the room.

a quasi legal document that provides direction as to what is required to meet the generating such policies as “Workplace 2010” and try to dictate that these meet the

Then deduct any through or escape routes, these are usually distinguished somehow, e.g. may have a different coloured floor tile or a line picked out on the existing floor.

This leaves the actual floor space that can be used by staff.

Now you will have noticed that the calculations used so far have been in square meters, therefore we must multiply the remaining space by the height of the room, this will vary from building to building or even from one floor to another

The ACoP also states that the maximum height to be used in this calculation is 3.00m. Therefore for anything below 3.00m you use the actual height, for anything higher than 3.00m, multiply the floor space by 3.

We now have our cubic metre space, we divide that by eleven and this gives us the number of staff who may comfortably use that room.

As mentioned at the start of this piece depending on the type of work being carried out or the types of equipment being used additional space may be required. For example where the work is of a technical

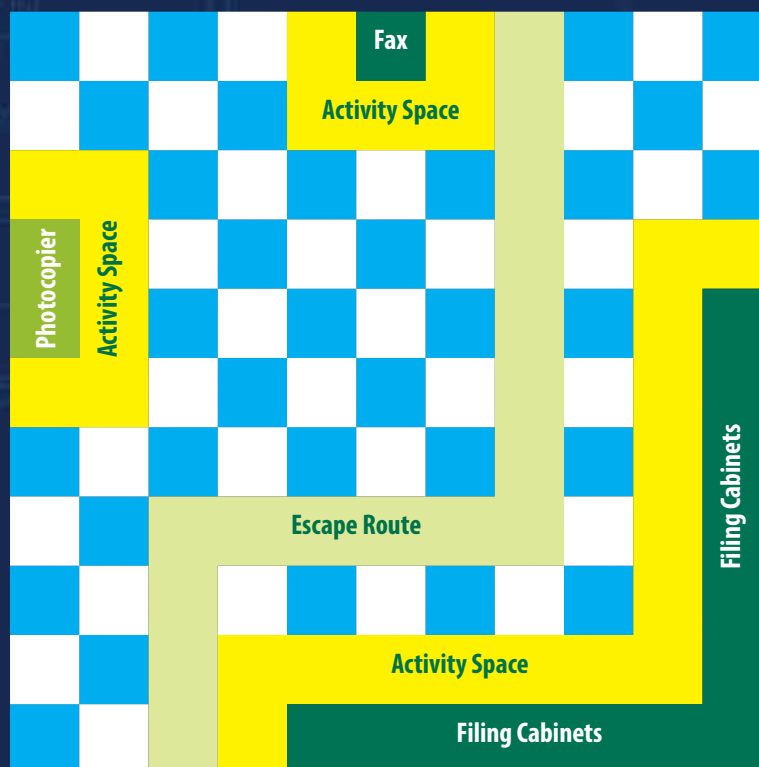
nature and the staff need a “lay off” desk to set drawings or schematic diagrams the personal space rises to 13m³, in an IT department servers can be noisy and produce a lot of heat and should be separated as much as possible from the staff in the room and therefore would need more space.

An overcrowded office can be noisy, hot, feel airless and all of these can affect your work, they are also recognised as “Stressors” and can affect the health and wellbeing of staff.

As in all these cases

the people who can tell you if they need more space are the people doing the job. The above areas are a minimum guideline.

It is in members’ interests, including the employer, to ensure that adequate work space is provided.



Women still at greater health and safety risk at work

The report *'New risks and trends in the safety and health of women at work'* presents an update to the European Agency for Safety and Health at Work previous research on gender issues at work, which found that inequality both inside and outside the workplace can have an effect on the health and safety of women at work.

It provides a policy perspective and is meant to contribute to the task outlined by the European strategy on health and safety at work for EU-OSHA's European Risk Observatory, "examining the specific challenges in terms of health and safety posed by the more extensive integration of women in the labour market".

It provides a statistical overview of the trends in employment and working conditions, hazard exposure and work-related accidents and health problems for women at work. It explores selected issues (combined exposures, occupational cancer, access to rehabilitation, women and informal work, and "emerging" female professions such as home care and domestic work). The research highlights the type of work carried out by women, issues faced by younger and older women, the growth of the service sector, violence and harassment, and increasingly diversified working time patterns as major risk factors.



Checklist Lone Working

- ✓ Resist cost-cutting exercises that result in lone working.
- ✓ Staff should work in pairs at difficult or remote sites including home/community visits.
- ✓ Safe completion of jobs should be reported.
- ✓ Information on high-risk geographical areas or jobs should be given to staff, particularly new employees.
- ✓ Forms should be provided to staff to record incidents and key information.
- ✓ Where necessary, jobs should be reorganised to provide a safer system of work.
- ✓ The necessity for handling cash or dangerous materials should be reassessed.
- ✓ Mobile phones/two-way radios/personal alarms should be provided if necessary.
- ✓ Procedures should be regularly reviewed to make sure that they are working.
- ✓ All accidents, near misses and incidents of violence should be recorded and studied at regular intervals to prevent further occurrences.



Take a break...

Under the Working Time Regulations 1998 every worker is entitled to a break during their working day dependant on their hours.

1. An adult worker who works six hours a day is entitled to an uninterrupted break of at least 20 minutes.
2. A young worker is entitled to a 30 minute uninterrupted break if they work four and a half hours per day.

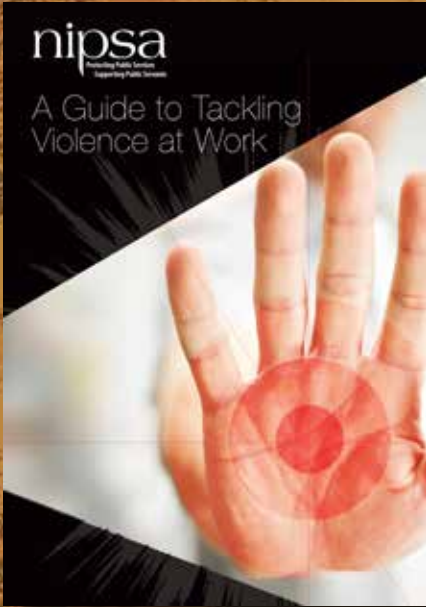
This is what the law says you're entitled to. These laws aren't there to make employers take it easy on their workers; they are there because taking breaks during work is very important to the employee's physical and mental health. If a person pushes himself or herself for too long without giving the brain a rest, he or she could suffer from adverse side effects. Irritability, distraction, confusion, nervousness, anxiety and fatigue can occur

from not giving the brain a rest. Resting the brain or stimulating it with another activity can reduce these types of side effects.

However the decision to not take regular breaks is often taken by employees themselves. Many workers do not take these breaks because of workloads and the belief that taking these breaks will reduce their productivity. But is this really the case? Studies have shown that even a 30 second micro break can increase a workers' productivity by up to 13% and a 10 second break every 10 minutes from looking at a computer screen can reduce fatigue by up to 50%. It has also been shown that a worker who remains in one position for long periods of time can be more prone to diabetes and heart disease and that getting up and walking around every 20 minutes will almost eliminate this risk.

Don't forget it's time to...

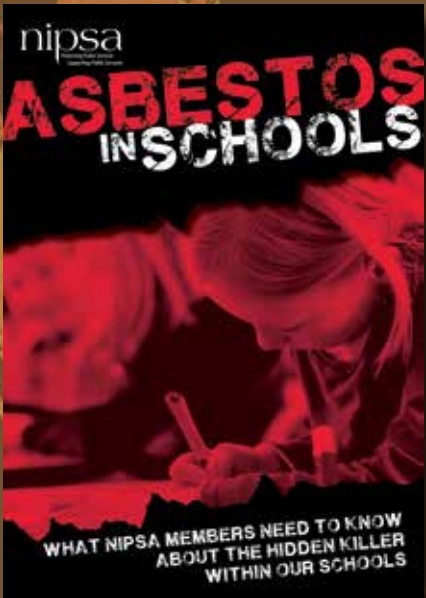




nipsa Health & Safety PUBLICATIONS

The latest publications from NIPSA Health and Safety Committee are available in print from NIPSA Headquarters and also available to download from the NIPSA website.

www.nipsa.org.uk



Back issues of Spotlight and Spotlight eZines are also available from the NIPSA website:

www.nipsa.org.uk/NIPSA-in-Action/Health-and-Safety/Newsletters

