

Legislation WATCH

THE No.1 RESOURCE FOR WORKPLACE LAW AND HEALTH AND SAFETY

Winter Disruption

77% of organisations are affected by bad weather. Have you assessed the risk to your business and staff? See pages 8-18.

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Changes to RIDDOR

Unnecessary Health & Safety Checks Banned

Pollution Prevention Pays

Health & Safety Management Update

Accident Statistics

Hot Desking...

and much more!



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Letter FROM THE EDITOR



Welcome to your first **FREE** edition of Legislation Watch magazine. This edition is packed full of the latest news, legislation updates and important workplace information to help you keep your staff and premises safe and compliant.

Now that the cold, dark winter months are upon us, we're confronted with extreme weather conditions that cause havoc for so many businesses. Snow and ice cause the most disruption but we also have to be mindful of other weather conditions that bring many risks to employees, such as strong winds and cold temperatures. We've covered everything from assessing the risks, contingency planning and how to deal with cold weather in the workplace. See pages 8-17 for our winter related articles. We've also created a handy downloadable training tool on how to keep your employees safe throughout the winter months, go to page 18 and follow the details to download your **FREE** training presentation.

Just over a year after previous changes to RIDDOR, the HSE has published details of proposed changes that are designed to "clarify and simplify" the reporting requirements – take a look at our article on pages 20-21 to familiarise yourself with these changes.

As always, we would love to hear your feedback and suggestions on Legislation Watch – you can email us at legislationwatch@seton.co.uk.

Happy reading!

Cheryl Peacock
Editor

P.S. Don't forget to look out for your next magazine in February 2014.

Legal UPDATE

HSE Launches Further Consultations

Following recommendations contained in the independent review of health and safety legislation carried out by Professor Ragnar Löfstedt published in 2011, HSE recently ran a number of consultations focusing on the Approved Codes of Practice (ACoP) regarding Asbestos, Control of Substances Hazardous to Health (COSHH) and Dangerous Substances and Explosive Atmospheres (DSEAR) and the Construction, Design and Management Regulations (CDM).

Asbestos ACoP

The consultation, CD255 Consultation on Draft Revised Approved Code of Practice (ACoP) Managing and Working with Asbestos, sought views on HSE's proposed consolidated version of the ACoP L143 Work with Materials Containing Asbestos, Control of Asbestos Regulations 2006 and the ACoP L127 The Management of Asbestos in Non-domestic Premises.

The consultation aimed to establish whether the changes in the new ACoP, Managing and Working with Asbestos, would make it easier for employers to understand and meet their legal obligations.



The significant revisions and other changes of note that have been made are as follows.

- Material supporting regulations 2, 3, 9 and 22 of the legislation has been revised to reflect changes to the law on the notification of certain non-licensed work with asbestos and the arrangements for segregation of asbestos work areas, medical examinations for employees and keeping health records.
- Material supporting regulation 10 has been reviewed and updated to help employers understand what they need to do to provide information, instruction and training for employees.
- Revisions have been made to reflect changes made by the Control of Asbestos Regulations 2012 which came into force in 2012.

The consultation closed on 30th September.

COSHH ACoP

The revised and updated ACoP to the COSHH Regulations proposed by HSE would eventually replace the fifth edition of the COSHH ACoP. The key changes include:

- Revision of the text to make it easier for duty holders to understand and comply with their legal duties
- Revision of the text to take account of the introduction of the EU Classification, Labelling and Packaging of Substances and Mixtures Regulation (CLP)
- Moving information on the principles of good control practice from an annex to the guidance, associated with regulation 7 of COSHH
- Clarification of the requirements of regulation 9 of COSHH, relating to thorough examination and test of control measures.



The consultation began on 3rd June and closed on 23rd August 2013.

DSEAR ACoP

The DSEAR consultative document sought views on HSE's proposed consolidated version of certain parts of five ACoPs related to DSEAR. The five existing ACoPs are:

- L134 Design of Plant, Equipment and Workplaces
- L135 Storage of Dangerous Substances
- L136 Control and Mitigation Measures
- L137 Safe Maintenance, Repair and Cleaning Procedures
- L138 Dangerous Substances and Explosive Atmospheres.

Stakeholder organisations have contributed to the consultation exercise resulting in the five existing ACoPs being consolidated into a revised L138, which would update the contents and features. The HSE says the new ACoP would offer:

- Greater clarity and increased use of "at-a-glance" lists as well as a reduction in the use of large blocks of text
- The promotion of guidance text on regulation 7 to ACoP status, and demotion or removal of repetitious ACoP text

- An emphasis on proportionality and the avoidance of overlapping risk assessments
- Moving, for convenience, the schedules relating to regulations 6 and 7 from the end of the document to accompany the relevant regulation
- Updated regulatory sections of text (to include minor changes made since 2002).

The HSE has pointed out that the Regulations themselves remain unchanged and so there are no new requirements for compliance.

The consultation, CD254: Consultation on Dangerous Substances and Explosive Atmospheres Regulations 2002, began on 3rd June and closed on 23rd August 2013.

CDM

The Health and Safety Executive (HSE) confirmed that the review of the Construction (Design and Management) Regulations 2007 will result in more extensive changes than originally thought.

According to the Association for Project Safety (APS), the HSE has indicated that it is considering introducing:



- Duties for domestic premises
- Applying the CDM requirements to all projects where more than one contractor operates
- Removing certain requirements regarding competence in Regulation 4
- Replacing the Approved Code of Practice (ACoP) with a series of guidance notes
- Replacing the ("up front") design-phase duties of the current CDM co-ordinator with a new "project preparation manager".

These proposals were revealed at an HSE presentation in late February 2013. The HSE has stressed that the review needs to be seen as part of a wider examination of health and safety regulation by the government. The HSE reaffirmed that it is committed to maintaining, or improving standards of worker protection and that it will be considering further stakeholder views before the official consultation period is launched.

At its meeting on the 17th July 2013, the HSE Construction Industry Advisory

Committee (CONIAC) agreed on the process for the consultation period regarding the proposed changes to regulations. The HSE has a draft set of regulations, an impact assessment and a consultation document.

The CONIAC also agreed that they would have a major role in developing the proposals; they would use their respective organisations and contacts to inform the construction industry of the changes, and they would provide a number of workgroups to develop detailed guidance to support the new regulations.

Consultation on the new proposed regulations is still due to take place in the late autumn.

A set of regulations and an implementation plan would then go to the HSE Board in February 2014.

The aim is to then get the new construction regulations on the statute books during October 2014.

UNNECESSARY HEALTH AND SAFETY Checks Banned

A new code which came into effect at the end of May effectively bans local authorities from carrying out “unnecessary” health and safety inspections.

The Health and Safety Executive’s statutory National Enforcement Code for local authorities will instead require proactive council inspections on higher risk activities in specified sectors, or when there is intelligence of workplaces putting employees or the public at risk.

Employment Minister Mark Hoban explained: “We need health and safety that protects people where there are real risks but

doesn’t stifle businesses. There are too many examples of local councils imposing unnecessary burdens by inspecting low risk businesses.” He further stated that the new code should put a stop to this by putting common sense back into the system.

While tens of thousands of businesses will be removed from health and safety inspections which are not justified on a risk basis – including most shops and offices – checks will continue on poor performers and at sites where there are higher risk activities.

HSE list ten activities/sectors than local authorities must concentrate on:

| Hazards | Sectors | Activities |
|--|---|---|
| Legionella infection | Premises with cooling towers/ evaporative condensers | Lack of suitable legionella control measures |
| Explosion caused by leaking LPG | Premises (including caravan parks) with buried metal LPG pipework | Buried metal LPG pipework (For caravan parks to communal/ amenity blocks only) |
| E.coli/cryptosporidium infection especially in children | Open Farms/Animal Visitor Attractions | Lack of suitable micro-organism control measures |
| Fatalities/injuries resulting from being struck by vehicles | Tyre fitters*/ MVR* (as part of Car Sales) High volume Warehousing/Distribution | Use of two-post vehicle lifts Workplace transport |
| Fatalities/injuries resulting from falls from height/ amputation and crushing injuries | Industrial retail/wholesale premises e.g. steel stockholders, builders/timber merchants | Workplace transport/work at height/ cutting machinery/lifting equipment |
| Industrial diseases (occupational asthma/deafness) | Motor Vehicle Repair (as part of Car Sales) Industrial retail/wholesale premises e.g. steel stockholders, builders/timber merchants | Use of Isocyanate paints Noise and dust |
| Falls from height | High volume Warehousing/Distribution | Work at height |
| Crowd control & injuries/fatalities to the public | Large scale public events/sports/leisure facilities e.g. motorised leisure pursuits including off road vehicles and track days | Inadequate consideration of public safety e.g. poor organisation and/or supervision of high speed or off-road vehicle movements |
| Carbon monoxide poisoning | Commercial catering premises using solid fuel cooking equipment | Lack of suitable ventilation and/or unsafe appliances |
| Violence at work | Premises with vulnerable working conditions (lone/night working/cash handling e.g. betting shops/off-licences/ care settings) and where intelligence indicates that risks are not being effectively managed | Lack of suitable security measures/procedures |



The new code has been backed by the Federation of Small Businesses which stressed that low-risk, compliant businesses should be able to concentrate on growth.

If such businesses believe they are being unreasonably targeted, they will, the HSE said, be able to complain to an independent panel, which will investigate and issue a public judgment.

These changes are part of HSE’s business plan for 2012-2015 whereby HSE aims to:

- Reduce and simplify the stock of regulation without reducing levels of protection
- Make it easier for people to understand what is required, leading to increased levels of compliance
- Devote a greater proportion of effort where risks are highest and where it can have greatest impact

- Continue to hold to account those who expose their employees and others to unnecessary risk
- Draw a clearer distinction between real health and safety and the bureaucratic over-interpretation that gets in the way.

The HSE says these aspects should in turn lead to better leadership and implementation by employers, as well as greater engagement of employees.

The plan emphasises the HSE’s intention to “target and conduct inspections of those sectors and activities which give rise to the most serious risks or where risks are least well controlled”.

The code can be viewed at www.hse.gov.uk/lau/publications/national-la-code.pdf.

RISK ASSESSMENT FOR Cold Weather Work

Main health issues

The human body has a core temperature of 37°C. Unconsciousness can occur at 31°C, and death below 26°C. Early indications of being affected by the cold include slower reaction times and a lengthening of the time it takes to complete tasks. Manual dexterity also decreases and more mistakes can be made.

Symptoms of a dangerous decrease in body temperature include:

- persistent, severe shivering
- fatigue, lack of co-ordination, drowsiness or apathy
- hallucinations
- a resistance to help
- skin turning blue and then becoming pale and dry

If nothing is done to warm up the sufferer at this point, things become very serious and the following occurs:

- shivering stops and muscles turn rigid
- breathing and heart rates slow
- loss of consciousness

According to the Health and Safety Executive's (HSE) Construction Industry Advisory Committee, workers are particularly at risk from cold when the ambient temperature is below 10°C. When the air temperature is 10°C, and the wind speed is 20 miles per hour, the effective temperature, so far as the body is concerned, drops to 0°C. A temperature of about -1°C drops to about -9°C with a wind speed of 10 miles per hour.

When the body is exposed to cold temperatures, effects can include dehydration, numbness, shivering, frostbite, immersion foot and hypothermia. In very cold weather, workers can face two major health problems: hypothermia and frostbite.

Frostbite

Frostbite can be caused by exposure to very cold weather, as well as through contact with extremely cold objects, such as metal tools. It commonly affects the face, ears, fingers and toes. When tissue freezes, blood vessels are injured, making the area more susceptible to frostbite in the future.

Frostbite freezes and crystallises the fluids in the body tissues and cellular spaces. This can damage blood vessels, causing blood clotting and lack of oxygen to the affected area and deeper tissues. In severe cases, frostbite can damage tissue to the extent that amputation is required.

Mild frostbite affects the outer skin layer and appears as a blanching or whitening of the skin. These symptoms usually disappear as the affected area warms, although the skin may appear red for several hours.

Deep frostbite is the most serious. Usually, sensation is absent in the affected area and blistering does not occur. The blood vessels, muscles, tendons, nerves and bone may be frozen. This can lead to permanent damage, blood clots and gangrene, which ultimately can lead to amputation and even death if medical attention is not obtained.

Hypothermia

Hypothermia develops when the body can no longer maintain its core temperature. The body first attempts to reduce heat loss by shutting down blood flow to the skin, arms and legs, increasing internal heat production by shivering. While severe cases of hypothermia can be fatal, the effects of even mild hypothermia, such as poor co-ordination, irrational or confused behaviour, can seriously impede workers' safety.

Older employees and those who are wet, tired, dehydrated or suffering from malnutrition are at greater risk. As alcohol makes blood vessels dilate, providing a larger surface area through which heat can be lost, those who consume alcohol are also more vulnerable.

Other hazards

Workers with cardiovascular problems and those with respiratory diseases or on certain medication need to be especially careful when working in very cold temperatures as the conditions can exacerbate their health problems. Nose and ears, fingers and toes are the body parts that are most likely to be affected by the cold, with the first

Continued... ➔



symptoms often manifested as chilblains (itchy swellings on the skin). Employees may suffer from more colds, attacks of bronchitis and asthma, or painful, stiff joints and fatigue as they use more energy in an attempt to keep warm. Cold workers are also more likely to develop hand-arm vibration syndrome when using pneumatic or vibrating tools.

There is evidence that cold weather conditions can affect manual handling operations.

Risk assessment

According to the HSE, assessment of the risk to workers' health from working in a cold environment needs to consider both personal and environmental factors. Personal factors include: level of activity, the amount and type of clothing and duration of exposure. Environmental factors include ambient

temperature and radiant heat and, if the work is outside, sunlight, wind velocity and the presence of rain or snow.

However, carrying out a risk assessment in winter means taking more than just cold temperatures into account. The most dangerous and rapid heat loss occurs when wind chill comes into play and clothing gets wet, as the body loses 25–30 times more heat when in contact with cold, wet objects compared with dry conditions. Snow and ice on site should also be taken into account.

Controls

As with other health and safety problems, the best method of dealing with the hazards related to cold-weather working is elimination. However, this is not always practical when working outside and so measures are required to reduce exposure. These will include the provision and wearing of appropriate clothing and the best advice suggests that layering clothes is most effective, as these layers can be added to or removed depending on each individual's metabolism.

There should be an inner layer of clothing that is capable of absorbing moisture and transporting it from the body's surface, followed by a shirt or sweater, again with insulation and moisture transportation properties. Finally, an outer layer is required that is waterproof, windproof and durable.

Proper insulated headgear should also be provided as up to half the body's heat can be lost through the head. It is also important to protect the feet and toes through wearing two layers of socks, cotton beneath wool for example, and a pair of well-fitted boots that come above the ankle. Hand protection is vital and mittens are warmer than gloves, although they can limit dexterity.

Wearing a pair of gloves under a pair of mittens can help keep fingers warm and the mittens can be removed when extra dexterity is required.

Along with proper clothing, regular breaks being taken in a warm building, with access to warm drinks, is an effective method of ensuring better recovery and efficiency. Food containing plenty of carbohydrates and fats for energy and warmth prior to beginning work can also help. Wet clothing should be removed as quickly as possible as it can cause both accelerated heat loss and impair movement.

Wind speeds should be measured and recorded in order to help assess dangerous cold weather conditions. Work in high winds should be avoided whenever possible. Wind and rain shielding should be provided when an option, and working practices should cover the measures to be taken in poor weather conditions. These might include:

- allowing more time for each task and for the negative effect of protective clothing on performance
- a plan to reduce the cooling effect of sweaty clothing
- regular checks on the health and safety of people working in cold conditions
- preparations for vehicle breakdowns, with warm clothing, gloves and blankets as well as a hot drink and normal emergency supplies
- training workers to recognise the symptoms of overexposure in themselves and their colleagues
- ensuring metal handles are insulated and that controls are capable of being operated with gloves on
- ensuring cold metal surfaces are, where possible, labelled
- shelter, welfare facilities and regular breaks in a heated cabin, including warm water for washing and to help warm up cold hands
- first-aid facilities
- facilities for changing, drying and storing protective clothing
- ensuring that, where fine work is performed with bare hands at 16°C or less for more than 10–20 minutes, measures to keep hands warm, such as warm air jets, are provided.

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WEATHER IS TOP CAUSE OF DISRUPTION TO UK Businesses

A huge 77% of organisations admit to having been affected by bad weather, in particular heavy snow, in the last 12 months, according to research from the Chartered Management Institute in March this year.

In their report, it was revealed that the most common snow-related disruptions were travel and childcare issues which stopped staff from getting to work.

As a result, some three in five organisations suffered financially, with managers estimating the average cost to be in excess of £52,000, and some going as high as over £1 million.

Weathering the storm examines how prepared businesses are for disruption and the steps they are taking to mitigate those risks. It shows that extreme weather is increasingly hampering organisations: 10 years ago it interfered with just 15% of businesses over a year, rising to 29% five years ago and 49% last year.

It is a matter of concern that many businesses still underestimate the risk that extreme weather conditions can pose. Despite being the top cause of business disruption for three years running, the weather barely makes the top 10 when managers are asked to

predict which threats are most likely to disrupt them in the future.

However, it is apparent that business continuity arrangements help reduce snow disruption; 90% of organisations with plans were ready for this year's snowfall, compared with 68% of those without.

When faced with the threat of adverse weather conditions, employers are best advised to be prepared for the worst. Contingency plans for employees, such as home or flexible working, time off in lieu, taking of holidays and making up any time lost, will all minimise the

“Contingency plans for employees, such as home or flexible working, time off in lieu, taking of holidays and making up any time lost, will all minimise the disruption to the business and reduce risk to the employee.”

disruption to the business and reduce risk to the employee.

It is advisable for employers to have a formal policy in the event that bad weather strikes and employees cannot get into work. Any policy should cover the importance of employees advising their line manager at the earliest opportunity of delays caused by severe weather or disruptions to public transport and childcare. In the same policy, employees should be advised about how lost time will be handled. For example, employees who work fixed hours should be advised that they are expected to make up the time and over

what period, such as in the next month or payroll period.

In general terms, driving to and from work is not part of an employer's duty of care under health and safety legislation. How employees get to work is a matter for them, but it is a matter which can affect employers considerably. They need to consider the effects of bad weather on their employee's journeys to and from work. They need to liaise

with their HR departments or advisors to establish guidelines which minimise those risks. Guidelines may include allowing employees to work from home during bad winter weather, allowing employees to leave for home early in light of bad weather forecasts, and issuing guidelines for safe driving techniques in snow and ice.



Cold Weather

AND THE WORKPLACE

Central to dealing with cold weather Health and Safety issues are the requirements of the Management of Health and Safety at Work Regulations 1992. Regulation 3 requires a risk assessment of all work activities and this will include considering the issue and effects of cold weather. The risk assessment should encompass all work-related risks which are caused or increased by winter weather. As always the amount of effort spent on such risk assessments should be in proportion to the likely risks and outcomes and this should prevent unnecessary paperwork and bureaucracy.

Low temperatures in the workplace can increase a number of risks that need to be assessed. The cold can cause discomfort, and in extreme circumstances, hypothermia. Low temperatures can also affect dexterity which can increase risks for some activities. For example, those operating woodworking machines are at a higher risk of accidents when working at low temperatures.

The Health and Safety (Workplace) Regulations 1992 with its associated code of practice (ACOP) require the temperature inside workplaces to be reasonable. What is a reasonable temperature is dependent on the work activities and circumstances and guidelines are given in the ACOP. For workrooms where there is no work

which involves severe physical effort e.g. an office, then the temperature should not drop below 16°C.

Local heating e.g. portable heaters may be needed during very cold spells to maintain the minimum temperature. However it is important that these are safe for use as they can present a significant fire hazard. For instance if the heater has not been used for some time, it may be covered in flammable dust. Portable electrical heaters should be subject to visual inspection prior to use and be included in the company's portable appliance testing regime.

There are many situations where this minimum temperature cannot be achieved, for example where food is handled or in cold stores. In these situations, warm clothing, time limitation in the cold areas, rest areas and similar measures should be taken.

One of the most common consequences of wintery weather is the risk of slips as the result of snow and ice on walkways and paths. Employers have a duty not just to their own staff, but also to non-employees such as the public and other visitors. Serious injuries can result from slipping on ice



and while prosecutions do occasionally take place following slipping accidents, potentially expensive civil claims are more likely.

Employers therefore need to be prepared for bad weather and take reasonable action to keep paths and walkways free from ice and snow. This is not an exact science and it is sometimes impossible to keep all accesses free from snow and ice, all of the time. The risk assessment process should have identified priority walkways and take appropriate action to keep them safe. This will include the use of salt and grit as well as warning signs.

Employers need to be able to show that they have properly considered the issue and have spent an appropriate amount of resources commensurate with the risk.

Key cold weather tips for employees

- Always dress properly for cold weather. Put on warm clothes before you go outside. Carry extra dry clothing if you are likely to get wet.
- Keep your skin dry. Wet skin freezes quicker than dry skin.
- Drink plenty of water to prevent dehydration.
- If possible, do outdoor work during the warmest part of the day.
- Avoid sitting still outdoors for long periods of time. Take adequate breaks from the cold.
- Do not touch metal or wear metal jewellery outdoors in the cold. Metal conducts cold, thus increasing your chances of frostbite.
- Avoid alcohol, cigarettes and too much coffee and other drinks with caffeine. Smoking decreases circulation and alcohol increases the rate at which your body cools. Caffeine also decreases circulation, its diuretic effect speeds dehydration and its stimulant effect can hasten hypothermia.
- Stay in good physical shape.

PREVENTING WINTER Slips & Trips

The most common causes of winter work accidents are slips and trips, accounting for 38% of major injuries at work. Employers should take all reasonably practicable steps that are necessary to prevent slips and trips on ice and snow by carrying out a risk assessment and effectively managing that risk.

Risk assessment

Ice frost and snow:

It's vital to keep up-to-date with the weather by using a weather service such as www.metoffice.gov.uk/index.html. This will ensure you are aware when ice, frost and snow are predicted.

Identifying affected areas:

Identify the outdoor pedestrian areas that are most likely to be affected by ice. Some examples include car parks, building entrances, pedestrian walkways/paths, sloped areas and areas in constant shade or wet.

Minimise the risk

Gritting:

Prevent ice from forming by using salt or grit on areas prone to be slippery in frosty, icy conditions.

Gritting should be carried out when frost, ice or snow is forecast or when walkways are likely to be damp or wet and the floor temperatures are at, or below, freezing. Because salt doesn't work immediately, needing time to dissolve, gritting is best done early in the evening before the frost settles and/or early in the morning before employees arrive. It's advisable to pre-order bags of de-icing salt to ensure you're ready for a cold snap.

Top tip: Don't forget to protect your salt stock. If de-icing salt is left outside or even in the warehouse, there is a risk that your salt can become damp and not suitable for purpose. Purchase a grit bin which will protect your salt stocks as well as making the task of salt spreading easier.

Cover walkways and building entrances:

Consider covering walkways e.g. by an arbour high enough for people to walk through, or use an insulating material on smaller areas overnight.

Where it isn't possible to fit a canopy over a building entrance to help keep the ground dry, install large, absorbent mats or change the entrance flooring to one that is non-slip.

Install signage inside and out:

Install outdoor signage to divert pedestrians to less slippery walkways and barrier off existing ones. Melting snow on the bottom of shoes causes wet slippery floors, so locate highly-visible floor stands (A-boards) in high risk indoor areas.

Lighting:

Is there enough lighting around your workplace for you and your workers to be able to see and avoid hazards that might be on the ground?

Wet and decaying leaves:

Wet or decaying fallen leaves can create slip risks in two ways; they hide any hazard that may be on the path and in themselves create a slip risk. Either remove leaves at regular intervals or consider removing the offending bushes or trees altogether.

Rain:

When fitting external paved areas ensure that the material used will be slip resistant when wet and use signage to warn people of areas that become slippery when wet.

"Because salt doesn't work immediately, needing time to dissolve, gritting is best done early in the evening before the frost settles and/or early in the morning before employees arrive."



Regulations

The Health and Safety at Work Act 1974 (HSWA) requires employers to take all reasonably practicable steps to ensure the health, safety and welfare of employees at work.

A number of different health and safety regulations impose more specific duties, including:

Regulation 7 of the Workplace (Health, Safety and Welfare) Regulations requires that the temperature of all indoor workplaces is 'reasonable' during work hours.

The relevant ACoP goes on to explain that, subject to practicability, the temperature 'should provide reasonable comfort without the need for special clothing' and that the minimum temperature should be 16°C or, if much of the work is physical, 13°C.

Regulation 11 provides that all outdoor workstations should, so far as is reasonably practicable, provide protection from adverse weather conditions.

Training TOOLS

This edition... Keeping Staff Safe throughout Winter

Training Tools are a quick and useful way of giving employees up-to-date health and safety information on a particular subject. A training tool can be delivered by a health and safety expert or even a line manager or responsible person. They should last no longer than 10-15 minutes and can comfortably take place in the office, staff room or canteen. Tools should be conducted regularly (weekly/monthly) or after an incident.

Download Your **FREE** Presentation **NOW!**

The winter months bring us rain, wind, ice, snow and frost and these extreme conditions can cause major hazards for your staff. Regardless of the size of your business, or how many employees you have, it is essential that you assess and minimise these risks so far as is reasonably practicable.

This downloadable presentation covers:

- Regulations
- Effects of cold weather
- Risk assessment
- Minimum working temperatures
- Health issues
- Correct clothing and PPE
- Key tips for employers and employees



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DETAILS OF PROPOSED RIDDOR Changes

The Health and Safety Executive (HSE) has published details of the proposed changes that are intended to simplify the mandatory reporting of workplace injuries for businesses under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) in October 2013.

The reform of RIDDOR came out of recommendations in the Young Review in 2010 which were endorsed by the Löfstedt Review in 2011. As a result, a public consultation exercise on RIDDOR started in August and ended in November 2012.

The changes to RIDDOR 1995 are designed to “clarify and simplify” the reporting requirements, while ensuring that the data collected gives an accurate and useful picture of workplace incidents.

The main changes will be in the following areas:

- The classification of “major injuries” to workers will be replaced with a shorter list of “specified injuries”.
- The existing schedule detailing 47 types of industrial disease will be replaced with 8 categories of reportable work-related illness.
- Fewer types of “dangerous occurrence” will require reporting.

However, there will not be any significant changes to the reporting requirements for:

- Fatal accidents
- Accidents to non-workers (members of the public)

- Accidents resulting in a worker being unable to perform their normal range of duties for more than seven days.

The HSE says the changes will require fewer incidents to be reported overall and it is estimated that they will result in a net benefit to business of £5.9 million over a 10-year period.

They will not alter the current ways to report an incident at work and the criteria that determine whether an incident should be investigated will remain the same.

To allow businesses time to familiarise themselves with the changes, HSE has published information to support dutyholders with the requirements which, although on track for implementation from October 2013, at the time of writing remain subject to parliamentary approval.

Response

The Trades Union Congress (TUC) and the construction trade union UCATT have slammed the proposed changes, arguing that they will lead to a further downgrading in safety reporting.

Trade unions have criticised the changes for reducing the number of major injuries which require an automatic RIDDOR report.

A trade union source listed the following injuries as examples of those which will no longer require an automatic report:

- An electrical shock leading to unconsciousness, resuscitation or admittance to hospital

- A temporary loss of eyesight
- Dislocation of the shoulder, hip, knee or spine
- Unconsciousness or acute illness caused by a biological agent its toxins or infected material
- An acute illness requiring medical treatment
- Loss of consciousness due to absorbing or inhaling a substance.

The latest proposed changes come just over a year after previous changes to RIDDOR.

As of 6th April 2012, RIDDOR’s over-three-day injury reporting requirement changed. The trigger point has increased from over three days to over seven days

incapacitation (not counting the day on which the accident happened).

Steve Murphy, General Secretary of UCATT, said, “The reduction in the requirement to report major injuries is dangerous. Many of these type of injury are potentially life changing for those involved. If companies no longer have to report them then they are less likely to take preventive measures to stop them reoccurring.”

Silicosis

The British Occupational Hygiene Society (BOHS), the Chartered Society for worker health protection, has expressed

concern about the lack of data being collected on long latency diseases such as silicosis and called for a new category of “Pneumoconiosis, including silicosis” to be included under RIDDOR.

During the HSE consultation between August and November 2012, BOHS argued strongly against the original plan to remove the requirement for the reporting of occupational cancers, diseases attributable to biological agents and six short-latency diseases (hand-arm vibration syndrome, dermatitis, carpal tunnel syndrome, severe cramp of the arm, tendonitis and occupational asthma) in the workplace.

The HSE decided to retain this requirement, considering the

implications for intelligence gathering. The BOHS’s President, David O’Malley, said, “Even with its limitations, without RIDDOR disease data, fighting for healthier working environments, which all workers deserve, is harder.”

However, while the Society is supportive of rationalising the list of diseases from 47 to 8, the Society is calling for the inclusion of a ninth category of “Pneumoconiosis, including silicosis”.

Silicosis is an irreversible lung disease that can take years to develop and is caused by fine particles. Affected occupations include quarrying, slate works, foundries, potteries, stonemasonry, construction, and industries using silica flour to manufacture goods.

Commenting on the issue, David O’Malley said, “Silicosis is an important occupational disease and area of concern. There is still debate about whether the limit used and the controls recommended are acceptable. Including this in the list sends out the message that this is important and that as a nation, we need to take action.”



Safe Work Experience

The risk assessment process forms the basis of the health and safety protection of trainees, work experience placements and volunteers. A risk assessment begins with an initial assessment and, if necessary, is followed by a full risk assessment.

Initial assessment

The purpose of an initial assessment is to identify:

- The presence of any trainees, work experience placements and/or volunteers among the workforce
- Any of these groups who might be vulnerable:
 - young people
 - children
 - new or expectant mothers
 - disabled
 - older workers
- Which work activities and/or areas in the workplace may pose them a risk of harm and therefore warrant a full risk assessment taking place.

The initial risk assessment, and any actions taken because of it, should be recorded.

Full risk assessments

There are no specific risk assessment requirements or formats for work experience therefore risk assessments will need to be tailored to specific instances as appropriate. The control

measures identified as necessary by the particular risk assessment should be applied accordingly.

Review of assessment

Review, and possibly revision, of the risk assessment will be required if:

- Any relevant health and safety issues arise during the training, placement or employment period
- There is reason to believe that the previous assessment is no longer valid (e.g. following a change in work activities and/or equipment)
- An injury or accident occurs.

Specific considerations

While there are no specific requirements relating to the risk assessment process, there might be relevant considerations that need to be taken into account in relation to managing the health and safety work experience placements.

Employers considering accepting work experience placements will need to ensure effective communication with the organisation making the placement. Employers should ensure that there is:

- A formal written application process (if placements from one organisation are regularly made, this can be agreed on by the employer and organisation placing the staff)
- A completed risk assessment for the tasks intended to be undertaken by the work experience placement
- An induction session at the start of the placement to cover:
 - introduction to departmental manager

and colleagues or, if appropriate, the designated supervisor or mentor

- an overview of the general hazards associated with the organisation's activities
- emergency arrangements, such as fire evacuation procedures and first-aid facilities
- accident reporting
- welfare arrangements, such as toilets, meal facilities and rest areas
- housekeeping arrangements, such as smoking policies, signing in and out, reporting sick leave, etc
- An evaluation of the effectiveness of the placement after it is completed.

Application

In most cases, the employer will be approached to accept a placement and it is important to establish some preliminary facts at the application stage, including the:

- Number of placement positions required
- Aims and objectives of the placement (e.g. what is the desired outcome?)
- Nature of the placement (e.g. is there any specific work activity or training required?)
- Previous experience of work and/or the activity
- Duration of the placement
- Time (days and hours) proposed to be worked
- Any special needs or circumstances associated with the person undertaking the placement, e.g. under 18 years, pregnancy, disabilities, existing health or medical conditions.

An employer must also consider whether any exceptional circumstances are associated with the employer's work



activities or workplace that work placements could come into contact with. Exceptional circumstances can include bereavement in a care home setting or people with profound disabilities, etc. Such circumstances are likely to have a significant adverse effect on the person undertaking the placement.

How the person undertaking the placement will travel to the workplace, particularly if public transport is limited, the employer's workplace is in a remote area and/or the placement involves unsociable hours, is another issue to consider.

Before an application is finally granted, employers may wish to invite the person undertaking the placement to visit the workplace in order to confirm both the agreed work arrangements and that the placement is what that person wants.

If young people are involved, a representative from the school or college may accompany them or if it is a child (a young person of mandatory school age) they may be accompanied by a parent or guardian.

Training

Training, including the provision of relevant information and instruction, is important in ensuring that placements are aware of:

- Their own duties and responsibilities
- Any changes, revisions, etc to work activities.

Training should cover the following specific areas:

- Risks identified and why they are significant
- Control measures needed and how these will be implemented
- What is expected from the person undertaking the training or work
- Fire evacuation, first aid and accident-reporting procedures.

All training should be:

- Understood by the people it is intended for — this may mean adapting the training format, content, delivery, etc for different groups
- Evaluated to ensure its effectiveness
- Refreshed regularly, e.g. update sessions to re-emphasise key points.



POLLUTION PREVENTION PAYS

Incidents such as spills, accidents, negligence and vandalism happen every day. All industrial and commercial sites have the potential to damage the environment, and both human health and habitats can be harmed.

Based on 2013 guidance from the Environmental Agency (EA), Environmental Consultant Mubin Chowdhury discusses general pollution prevention from industrial and commercial premises.

Definition of Pollution

Pollution is defined as pollution of the environment due to the release of substances from any process which are capable of causing harm to humans or any other living organisms. The environment includes all media such as land, air and water.

Harm means harm to health of living organisms or other interference with their ecological systems. In the case of humans, it includes offence caused to any of his senses or harm to property.

Legislation and Costs

You will breach many laws if pollution is caused or allowed. For example, the Environmental Protection Act 1990, Environment Act 1995, Environmental Permitting Regulations 2010 and 2013, Environmental Damage (Prevention and Remediation) Regulations 2009 and so on.

Civil sanctions can be used by the EA and other enforcement bodies as an alternative to court cases.

In addition, if you are a serious offender you can be prosecuted through the courts. The lower Magistrates' Courts can impose fines up to £50,000 for pollution offences. If a case goes to Crown Court, there is no limit to the fine. Imprisonment is also possible. As the polluter you would have to pay clean-up and court costs as well.

A pollution incident costs an average of £30,000 for businesses in fines, clean-up charges and production losses. Additionally, remediation costs (e.g. fish restocking, removing contaminated land or cleaning up groundwater) can cost tens of thousands or even millions of pounds. Specialist environmental liability insurance may be required to cover the cost.

The effects of an incident also go beyond direct financial fines and costs. They can include:

- Damage to your business reputation and the ability to win or keep contracts
- Loss or damage to materials and assets and
- Interruption to your daily business.

Continued... →



Case Law 1

In mid-2013, a chemicals firm was fined £50,000 and ordered to pay £42,000 costs. Their chemicals (insecticide, fungicide and disinfectant) leaked into the River Nene. It resulted in the death of thousands of fish, crustaceans and other animals up to 10 miles along the river. The chemical containers had been vandalised, allowing them to enter the river through surface water drains. It illustrates that companies must ensure their premises are not vulnerable to vandals, especially if there have been previous incidents. For example, use secure, bunded areas for chemical storage.

Further Benefits

Preventing pollution is good environmental practice and can be part of your sustainable business planning. Apart from avoiding pollution clean-up costs, higher insurance premiums, enforcement action and fines, it can also help you:

- Gain a competitive business advantage
- Maintain business reputation and project a positive social image
- Avoid negative publicity that surrounds a pollution incident
- Reduce operating costs, including waste-disposal costs
- Not lose valuable materials

References:

- 1) Pollution prevention pays, Environment Agency (January 2013)
- 2) Based on definition in the Environmental Protection Act 1990
- 3) Is your site right? Environment Agency (August 2012)

Case Law 2

In early 2013, a waste firm was fined £105,000 for site pollution and over £26,000 in costs. Leachate escaped from their landfill site and they failed to notify the incident to the EA. The site is situated on an aquifer that feeds into the drinking water supply. This case illustrates that serious environmental pollution does not have to be deliberate and can be due to management failings.



HOW TO MAKE YOUR SITE RIGHT

For environmental protection, it is useful if you address the following questions and implement actions from it:

- ✔ **Site drainage** – a good knowledge of all the drainage systems on your site is basic to preventing pollution. Only clean water, such as roof drainage should go to surface water drains. All contaminated water, such as sewage and trade effluent must go to foul drains. So do you know where your drains go and which are foul and surface water drains? Do you have an up to date drainage plan of your site? Make sure your site drainage plan includes trade effluent drains, gullies and discharge points.
- ✔ **Deliveries and handling materials** – delivering and handling materials, such as oils, chemicals and food stuffs, around your site is always a high-risk activity. Good working practices are essential. Do you have procedures for safe delivery and handling of materials?
- ✔ **Storage** – poor storage of oils, chemicals and other materials is a major risk to the environment. Are storage containers fit for purpose, regularly inspected and maintained? Are storage areas and containers sited away from watercourses, surface water drains and un-surfaced areas? Do storage containers have secondary containment, such as a bund, to contain any leaks or spills?
- ✔ **Managing waste** – you should use resources carefully and reduce the amount of waste produced to save money and resources. Legally storing and disposing of waste is an essential measure to preventing pollution. Are you reducing and recycling your waste? Is your storage and handling of waste safe and comply with the law? Do you know where your waste goes? Can you prove it is disposed of correctly in line with the Waste Duty of Care?
- ✔ **Trade effluent** – this means any liquid effluents produced by a commercial or industrial process. Examples include compressor blow down, dirty water from washing and cleaning and air-conditioning condensates. Make sure all your treatment plants, including storage vessels and chemical storage areas, are isolated from surface water drains. Put management systems in place to maintain treatment plants and trade effluent drainage systems. Check them regularly for leaks. All your trade effluents must be correctly connected to the foul sewer. Have you reduced the volume of trade effluent you produce? Is effluent discharged to public foul sewers with the permission of the sewerage provider and a written 'consent to discharge'? Otherwise, do you have a permit from the EA for any treated trade effluent discharges to the environment?
- ✔ **Protecting groundwater** – groundwater is fresh underground water contained in rocks. Large rock beds form aquifers. As a supply of drinking water, groundwater must be protected from pollution. You must make sure you allow only clean uncontaminated rainwater to discharge to soakaways. Do you know if your site is in a sensitive groundwater area? Do your management procedures prevent pollutants like oils and chemicals from being disposed of onto the ground?
- ✔ **Training, emergency planning and response** – effective emergency response comes from good planning and training. This plays a crucial role in protecting the environment. Trained and knowledgeable staff can help prevent or reduce the effects of a pollution incident saving both money and time. Do you have a plan, equipment and training to deal with pollution and fire emergencies which is regularly tested? Does your incident response plan include groundwater protection?

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Health and Safety

MANAGEMENT UPDATE

Management Regulations ACOP withdrawn

The Approved Code of Practice (ACOP) L21 Management of Health and Safety at Work Regulations 1999 Approved Code of Practice and Guidance was withdrawn on 31st July 2013. This ACOP accompanied the Management of Health and Safety at Work Regulations 1999 (MHSWR). However its removal has caused some ripples of unease in the safety world.

Consultation

In January 2013 the Health and Safety Executive (HSE) published the responses to its consultation CD241, Proposals to Review HSE's Approved Codes of Practice. The consultative document related to proposals to revise, consolidate or withdraw 15 Approved Codes of Practice (ACOPs) by the end of 2013.

Of particular interest was the proposal to withdraw HSE document L21, the Approved Code of Practice to the Management of Health and Safety at Work Regulations 1999 and replace it

with more specific guidance. What will the change make? Is it significant?

The public response

The response to CD241 indicated support for most of the HSE's proposals. A huge 93% of respondents supported revision of L24, with 88% of respondents agreeing to the consolidation of L127 and L143 and 90% supporting the proposed changes to the DSEAR ACOPs.

However, there was not majority support for the removal of L21, the ACOP that accompanies the Management of Health and Safety at Work Regulations 1999 ("the Management Regulations"). In fact, 52% of respondents opposed the removal of L21. Those who raised objections were mostly concerned about the change in legal status from an ACOP to guidance. Despite this, the HSE went ahead with the removal of L21, stating:

"No new issues have been raised by the consultation responses. The negative impacts raised by the respondents will be addressed by the actions taken to replace the ACOP with the suite of guidance. A communications handling plan will be drawn up to ensure that the information/guidance provided by the ACOP will not be lost and will be covered by guidance which is easier to use. It will also be made clear that the legal requirements have not and are not changing; these changes will make the requirements easier to understand and therefore assist compliance."

The nature of ACOPs

ACOPs are introduced by virtue of s.16 of the Health and Safety at Work, etc Act 1974 (HSWA), which conferred the right for the HSE to introduce Codes of

Practice for the purpose of providing practical guidance with respect to the general requirements of the HSWA and regulations made under the Act.

ACOPs have a special legal status. They require the approval of the Secretary of State before they can be introduced. ACOPs are not a legal requirement themselves, but in criminal proceedings they are admissible as evidence, and failure to observe an ACOP can be used to prove a breach of those regulations it supports. This special legal status works both ways. It helps enforcers to secure conviction in court but it also helps those trying to comply with the regulations, since they know that if they comply with the ACOP they will "automatically" comply with the regulations.

Published guidance does not have the same legal status as an ACOP. Evidence of adherence to such guidance is not necessarily admissible in criminal proceedings and compliance with guidance does not mean compliance with the regulations.

Continued... →

A dilution of the law

Few people would argue with the general principle of simplification and rationalisation of legal requirements along with ACOPs. It makes sense to make it as easy as possible to comply with the law, and for practical guidance such as ACOPs to be as easy to follow as possible. However, the removal of ACOP L21 may have a significant and insidious impact.

In a hierarchical sense, the Management Regulations are the most significant and important health and safety legal requirements after the HSWA. ACOP L21, which supported the Management Regulations, gave important practical guidance on key health and safety issues including risk assessment, arrangements for the effective management of health and safety, the appointment of a competent person (safety advisor) and other issues that are fundamental to effective health and safety management. While the new guidance to be published by the HSE to replace the ACOP may be comprehensive, it simply will not have the same legal status as an ACOP. To that extent, we are seeing a dilution of the law.

L21 not only gives practical advice on how to comply with the Management Regulations, it also gives peace of mind and a clear direction to those responsible for compliance. The removal of L21 will also remove this surety.

The loss of L21 may also be a hindrance to the enforcing agencies. The legal status of L21 works for them in helping to prove non-compliance with the Management Regulations. The use of guidance notes in criminal proceedings is less clear-cut and may make convictions more difficult.

ACOP L21 was fundamental to health and safety management, providing critical guidance to employers and others and had a clear legal status. As such, its removal is a potentially negative and detrimental step.

Revised guidance for safety management systems

The HSE has already launched newly revised guidance which it says will make it easier for larger organisations

and businesses to understand how to manage health and safety.

The guidance in Successful Health and Safety Management (HSG65), which is aimed at business leaders, owners, directors, trustees and line managers, has "completely refreshed and enhanced" and the information is now available on its microsite on 'Managing for health and safety'.

The guidance is split into four key sections as follows:

- Core elements of managing for health and safety
- Doing what is needed
- Delivering effective arrangements
- Resources

The HSE says the information will also be of value to workers and their representatives while the third section will be of great help to those responsible for putting in place or overseeing their organisation's arrangements for health and safety, including health and safety practitioners and training providers.

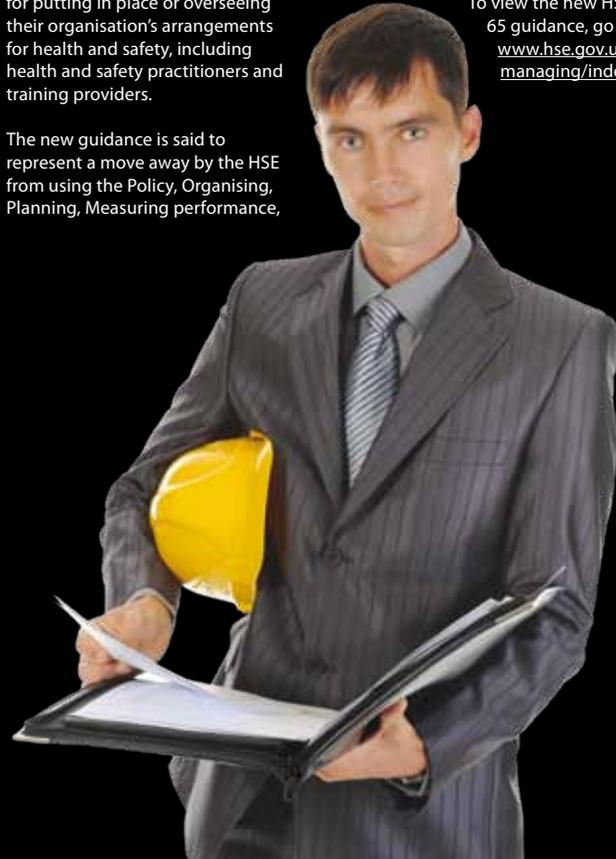
The new guidance is said to represent a move away by the HSE from using the Policy, Organising, Planning, Measuring performance,

Auditing and Review (POP/MAR) model of managing health and safety to a "Plan, Do, Check, Act" approach. The latter approach is intended to achieve a better balance between the systems and behavioural aspects of management, as well as treat health and safety management as an integral part of good management, rather than as a stand-alone system.

Clarifying the legal status of the guidance, Andrew Cottam, HSE's lead author of Managing for Health and Safety said, "Following the guidance is not compulsory, unless specifically stated, and businesses are free to take other action, but if they do follow the guidance they will normally be doing enough to comply with the law."

A new PDF/hard copy edition of the publication HSG65 on health and safety management is currently being prepared.

To view the new HSG 65 guidance, go to www.hse.gov.uk/managing/index.htm.



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ACCIDENT STATISTICS

Update

The Health and Safety Executive (HSE) has published its latest official statistics, indicating a significant decline in the number of workers killed in Britain last year.

The provisional data released by the safety watchdog reveals that 148 workers were fatally injured between April 2012 and March 2013, compared with 172 in the previous year.

In addition, the overall rate of fatal injury has dropped to 0.5 per 100,000 workers, below the five-year average of 0.6.

The new figures also show the rate of fatal injuries in several key industrial sectors, with a total of 39 fatal injuries to construction workers being recorded. This equates to a rate of 1.9 deaths per 100,000 workers, and is a decrease on the 48 deaths recorded in 2011/12. In the case of the waste and recycling sector, 10 fatal injuries to workers were recorded, a rate of 8.2 deaths per 100,000 workers, and an increase from the 5 deaths recorded in 2011/12.

Across Great Britain, there were interesting differences too, as follows.

- In England, 118 fatal injuries were recorded – a rate of 0.5 deaths per 100,000 workers, and a decrease from the 131 deaths recorded in 2011/12.
- In Scotland, 22 fatal injuries were recorded – a rate of 0.9 deaths per 100,000 workers, and an increase from the 19 deaths recorded in 2011/12.
- In Wales, 8 fatal injuries were recorded – a rate of 0.6 deaths per 100,000 workers, and less than half the 19 deaths recorded in 2011/12.

Announcing the figures, Judith Hackitt, the HSE Chair, said, "These figures are being published in the same week as the 25th anniversary of the Piper Alpha disaster, and are a reminder to us all of why health and safety is so important. Although the number of people killed at work has dropped significantly, last year 148 people failed to return home to their loved ones."

The Trades Union Congress (TUC) has welcomed the fall in the number of workplace fatalities but urged the

authorities and employers against complacency.

Responding to the statistics, Frances O'Grady, the General Secretary of the TUC, said, "The drop in number of people killed while at work is welcome but any death is one too many and today's figures will be of no comfort to the families of the 148 people who died last year."

The General Secretary also highlighted the issue of occupational diseases which are not represented in the fatality figures: "It's also worth remembering that the number of immediate fatalities is less than one per cent of the total number of people who are killed as a result of their jobs — mainly as a result of diseases such as mesothelioma and other cancers. Many occupational diseases are still on the increase and much more needs to be done to protect workers

from the long-term effects of their work. Every year more than 20,000 people die as a result of ill-health brought on by their working conditions."

She added, "More worryingly, cuts to inspection budgets mean that fewer workplaces will receive a visit from the safety inspector this year. This risks creating an environment where some employers will pay less attention to workplace safety, content in the knowledge that any safety corners cut are unlikely ever to come to light."

A separate report by a firm of lawyers has found that the average person in Britain suffers an "astonishing" 10,787 injuries, illnesses or accidents in their lifetime, with the workplace qualifying as a top hot spot for injuries.

From regular headaches or constant back pain to never ending bumps, bruises and accidents, the report by the law firm Slater & Gordon claims that sickly Brits

experience 134 incidents of ill health each and every year.

The study, based on a survey of 2000 people, also found that the average person suffers at least 4 sore throats, 6 cuts and 2 nose bleeds every 12 months, with a wide range of various ailments listed across the average 80.5 year lifespan.

In addition, four shaving cuts, two cases of toothache and four cricked necks mean the average person experiences a bout of pain at least once every three days.

The study found the average person has suffered 7 accidents in the past 12 months.

Accidents were most commonly suffered at home, but over a third of people have been injured at work.

A fifth of people said their workplace currently has an obvious hazard or danger that isn't being dealt with in the right way, whilst worryingly, nearly a quarter of Brits felt their employer

actually cuts corners when it comes to health and safety.

Simon Allen, Personal Injury Lawyer at Slater & Gordon said, "It is disturbing that in 2013 so many accidents happen in the workplace. Whilst we do of course spend most of our day at work, if followed, health and safety legislation should protect us."

He said, "Health and safety can be seen as inconvenient and bureaucratic by some but it is designed to ensure that when we go to work we return home to our families unharmed. Identifying risks to health and safety and then addressing them to prevent accidents at work is the key."



H&S ISSUES WITH Hot Desking

“Hot-desking” is now a common feature in many office-based environments. The principle is that workstations are used to their maximum potential, particularly where an organisation has employees who are often away from the office, thereby leaving workstations empty for considerable periods of time.

There can be a number of health and safety issues related to the introduction of a hot-desking system. These may include:

- Employees failing to complete a workstation analysis and not setting up the workstation for their particular needs
- Not providing the most appropriate equipment or equipment that can

be adjusted to each individual’s requirements

- Hygiene and cleanliness issues, with multiple users using the same pieces of equipment (such as telephones and keyboards)
- Psychological issues, such as isolation from work colleagues or supervisors, difficulties with adapting to the new regime, or problems associated with the above points.

Increased occurrence of musculoskeletal disorders, stress and other health-related problems may occur in the workforce as a result of the points outline above. One solution is to provide workstations that are adaptable to as great a number of users as is reasonably practicable,

through good procurement and purchasing processes.

There may be occasions when specialist equipment is required for a particular individual, either due to the work undertaken or due to individual medical or ergonomic requirements. In such circumstances, consideration will have to be given as to how this may be accommodated into the hot-desking regime.

A system must be introduced that enables users to undertake self-analysis of the workstation, which should be reinforced by initial instruction and training, as well as by making available user-friendly information and guidance on analysis and good posture.

In respect of cleanliness and hygiene, a clear desk policy should be introduced. It may be advisable to introduce local hygiene procedures by providing antiseptic wipes/gel sprays for staff to use on telephones and keyboards.

To alleviate the potential psychological issues associated with hot-desking, employers can:

- Make employees aware of how to utilise any systems, such as telephone pre-booking of the hot desk, fault reporting procedures, etc
- Introduce “team zones” that allows teamwork and continuing knowledge sharing, so employees can work with others familiar to them
- Design-in quiet areas or cubicles to allow employees to work on confidential items or concentrate on pieces of work.

Union claims hot desking results in higher sickness rates

A trade union has slammed what it says are increasing levels of hot desking across various sectors as organisations make cuts, warning that any money saved will be lost in higher sickness rates and lower morale.

The issue was recently discussed at a conference held by the trade union, Unison, in Liverpool.

A source at the union said, “Forcing workers into a Ryanair-style dash for a seat in the office lowers morale and hits workers’ health. As utility companies and councils strive to make cuts, many call centre operations allocate desks on a first-come first-served basis, dehumanising workers. Packing up their space each evening and hot desking every morning, is the human equivalent of ‘battery hens’”

The union says that staff in call centres come under greater pressure because

they are constantly monitored when they leave their desks — even to take toilet breaks. The union’s call centre charter calls on employers to ensure staff are always allowed to take toilet breaks when needed without docking pay and a rest room be provided for use during breaks.

Speakers at the union’s conference warned that any money saved from cutting office space may be counterproductive as hot desking can lead to higher sickness rates and lower morale.

The union also pointed out that workstations should be adapted for the height and reach of individual workers but in practice it is claimed that this rarely happens when hot desking. Neglecting this increases the risk of repetitive strain injury as well as back and lower limb problems.

In addition, call centre workers complain about the risk of infections, such as flu and other viruses, spreading by constantly sharing telephone equipment, keyboards and desk space.



OCCUPATIONAL Health Research

Work-related illness under many people's radar

Few people are aware that some 12,000 workers die each year from health conditions related to work and, according to YouGov research for health and safety expert Croner, most severely under-estimate the impact of work-related illness.

Croner commissioned the research to test public understanding of occupational health issues and found one problem where general awareness is high, with 59% recognising stress as the work-related ill health issue that has the most new cases each year.

What tends to cloud people's perception is that only about 170 fatalities occur each year from injuries sustained while working.

After being given the above figure, very few (7%) taking part in the survey opted for the correct number of deaths in Britain which are due to illness arising from past exposure at work, mostly to chemicals and dusts.

As the Health and Safety Executive (HSE) has revealed, this averages around 12,000 per year.

More than one in three (36%) said fewer than 500 deaths are caused by work-related illness each year. Half (50%) opted for fewer than a thousand fatalities while 16% confessed ignorance.

While most correctly identified stress as the major problem, a similar number of people opted for cancer (12%) or musculoskeletal disorders (11%) as the most frequently diagnosed health problems that arise in the workplace.

In fact, with some 141,000 new cases each year, musculoskeletal disorders are

just over 10 times more common than cancer and both are well behind stress which records 350,000 cases.

The HSE has promised this year to make occupational health one of its priority campaign themes – an initiative welcomed by Safety Technical Consultant at Croner, Stephen Thomas.

"Although workplace injuries can be tragic, life-changing events," he said, "occupational illness is a much bigger threat to UK business and its workforce. This research demonstrates that the true scale of the problem is largely

underestimated and illustrates why employers need to be more proactive in protecting the health of their workers."

Employers could do better with occupational health

A sizable number of employers are missing out on the chance to demonstrate commitment to their employees' wellbeing. Almost one-third (31%) of workers surveyed by YouGov said that their employers did not provide occupational health services, such as health information,

counselling, wellbeing programmes or health checks.

The answers also revealed something of a gender gap, with 34% of women saying that their employers did not offer any occupational health services, compared with 28% of men. There was some disparity when it came to assessing where responsibility lies for preventing ill health in the workplace.

While 61% of respondents agreed that it should be shared equally, a sizeable minority (24%) argued that the employer was mainly responsible.

Of those able to access occupational health services, information is mentioned by 36% and counselling by 32% with well-being programmes the next most popular service (22%), followed by general health checks (such as blood pressure and flu jabs) with 21%.

More specific health surveillance targeted at certain occupational

health hazards (including hearing/lung function tests, etc) is least common: only 13% of workers say they benefit from this type of testing.

Stephen Thomas said that, despite the benefits that offering such services could bring, the survey demonstrates that their distribution is uneven at best, with significant variance between gender and age.

"While specific health surveillance such as hearing or lung function testing is more relevant in certain industries," he concluded, "universal services such as counselling and wellbeing health checks can make a huge difference not just to employees' physical and mental health, but also to the morale of the whole workforce."

Part-time workers left feeling sick

Recent research has shown that part-time workers feel increasingly trapped in their jobs – they miss out

on promotion and there are few similar level jobs available – but now it seems that they also lose out when it comes to protecting their health.

Despite employers having an identical duty of care to all employees, Croner's research has revealed a clear divide in the health benefits enjoyed by full-time workers and their part-time colleagues.

YouGov asked the sample of adults what their employers did to prevent ill-health in the workplace. Typical occupational health programmes include providing relevant health information, counselling, wellbeing initiatives and health checks.

Of those working full time, more than one in four (28%) say they do not receive such services, while this figure rises to 42% among part-timers.

According to Croner, the disparity may reflect a lack of knowledge or commitment to occupational health among employers in sectors that rely more on part-time working.

Alternatively, employers may be less effective in promoting occupational health programmes to their part-time staff or may see health benefits more as a perk than a duty.

Whatever the reason, sizeable minorities within both groups disapprove of their employers' approach to occupational health: nearly one in three (31%) full-time employees says their employer is not proactive, even more than part-timers (28%).

Stephen Thomas, said that the findings on occupational health provision raised several concerns.

As well as having a duty of care to ensure, to a reasonable extent, the health and safety of all their employees, employers needed to consider whether their workforce would benefit from more diverse services by consulting with the people concerned, both full- and part-time.

"And occupational health is a business benefit too," he concluded. "Investing in useful, proactive health surveillance, monitoring and support can not only help individuals but also prevent lost working time and productivity."



2013 Heatwave: LESSONS TO BE LEARNED

While many people enjoy warm conditions, the death of two soldiers on a training exercise in Wales in July threw the issue of workplace temperatures into the spotlight again.

TUC briefing

The heat seen this summer prompted the TUC to publish a new briefing on temperature in the workplace calling for better controls around the issue.

The briefing, Heat – The Case for a Maximum Temperature at Work, said, “When the workplace gets too hot it is more than just an issue about comfort. If the temperature goes too high then it can become a health and safety issue. If people get too hot, they risk dizziness, fainting, or even heat cramps. In very hot conditions the body’s blood temperature rises. If the blood temperature rises above 39°C, there is a risk of heat stroke or collapse... Blood temperatures at this level can prove fatal and even if a worker does recover, they may suffer irreparable organ damage.”

The publication of the briefing was followed by the death of two soldiers

during a Ministry of Defence (MOD) training exercise on the Brecon Beacons on Saturday 13th July 2013.

According to media reports, six men on the training course collapsed with heat exhaustion, and were airlifted to hospital where two were pronounced dead and a third was fighting for his life.

The TUC briefing argued that the lack of a legal maximum is “a major omission” and also calls for a legal duty on employers to protect outside workers by providing sun protection, water, and organising work so that employees are not outside during the hottest part of the day.

IOSH response

Furthermore IOSH warned employers and workers that heat stress is “a common, yet often ignored hazard in the workplace”.

A statement from the health and safety professional body said, “While it is widely acknowledged that high temperatures can pose a considerable health risk, employers may not appreciate that toiling in hot environments also escalates safety risks.”

Phil Bates, Senior Policy and Technical Adviser at IOSH, said, “Working in very hot conditions is linked with lower mental alertness and physical performance, and consequently more injuries. Factor in raised body temperature and physical discomfort and it’s easy to see how employees can divert their attention from tasks and overlook everyday safety procedures.”

He added, “Many people are exposed to heat in some jobs, outdoors or in sweltering indoor environments. Operations involving soaring air temperatures, radiant heat sources,

elevated humidity, direct physical contact with hot objects, or demanding physical activities have a high potential for causing heat-related illness. While often considered a summer problem, many companies need to take preventative measures throughout the year, regardless of where they are located.”

Public Health England, part of the Department of Health, also published advice for coping with the heat in its Heatwave Plan for England 2013. The Met Office’s Heat Health warning system can be found on the Met Office website.

HSE guidance

The HSE has previously defined thermal comfort in the workplace by noting that, “An acceptable zone of thermal comfort for most people in the UK lies roughly between 13°C (56°F) and 30°C (86°F), with acceptable temperatures for more strenuous work activities concentrated towards the bottom end of the range, and more sedentary activities towards the higher end.”

The HSE warns on its website that people working in uncomfortably hot (and cold) environments are more likely to behave unsafely. For example, workers might not wear personal protective equipment properly in hot environments, or the ability to concentrate on a task may decline, increasing the risk of errors.

The HSE says the term “thermal comfort” describes a person’s state of mind in terms of whether they feel too hot or too cold.

However, the guidelines from the HSE on the issue of thermal comfort in workplaces note that “there’s more to it than just room temperature”. Factors such as humidity and sources of heat in the workplace, as well as what employees are wearing and how strenuous the work is, all come into play.

Finally, the safety watchdog recommends managers conduct a thermal comfort risk assessment, noting that thermal comfort is important for morale and productivity, as well as health and safety.

Tips for managing temperature issues indoors

- Measure temperature, airflow and relative humidity in different parts of the workplace, either regularly or continuously, and record the results.
- Monitor temperatures, ventilation rates and relative humidity over a period of time and adjust building services accordingly.
- Set thermostats at appropriate levels and check them regularly.
- Regularly inspect, maintain and clean heating, cooling, ventilation, humidifying and dehumidifying equipment and ducts.
- Provide drinking water, free from contamination, easily accessible by all workers, clearly labelled, either in a fountain or with cups.
- Where extreme weather conditions affect the internal environment, adjust settings on building services, and make individual fans and heaters available.
- Respond promptly to reports of health problems.

Tips for outdoor workers

HSE recommends that outdoor workers should:

- Try to work and take breaks in the shade.
- Cover up, wearing ordinary clothing made from close-woven fabric.
- Wear a hat – safety helmets can provide protection.
- Keep their shirt or other top on.
- Use sunscreen with a sun protection factor (SPF) rating of 15 or more and check their skin for changed or newly-formed moles.



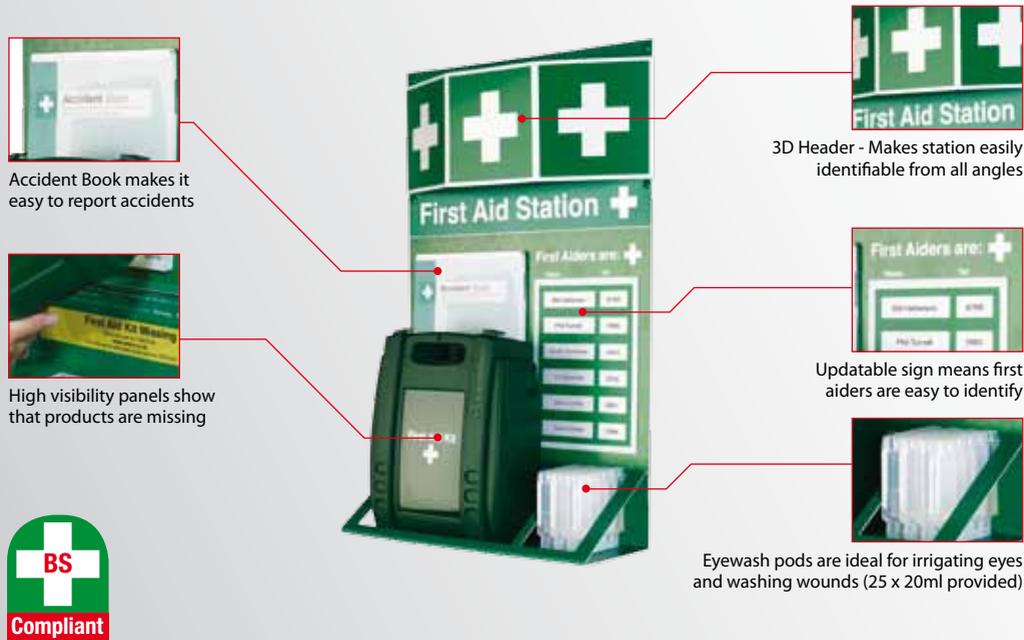
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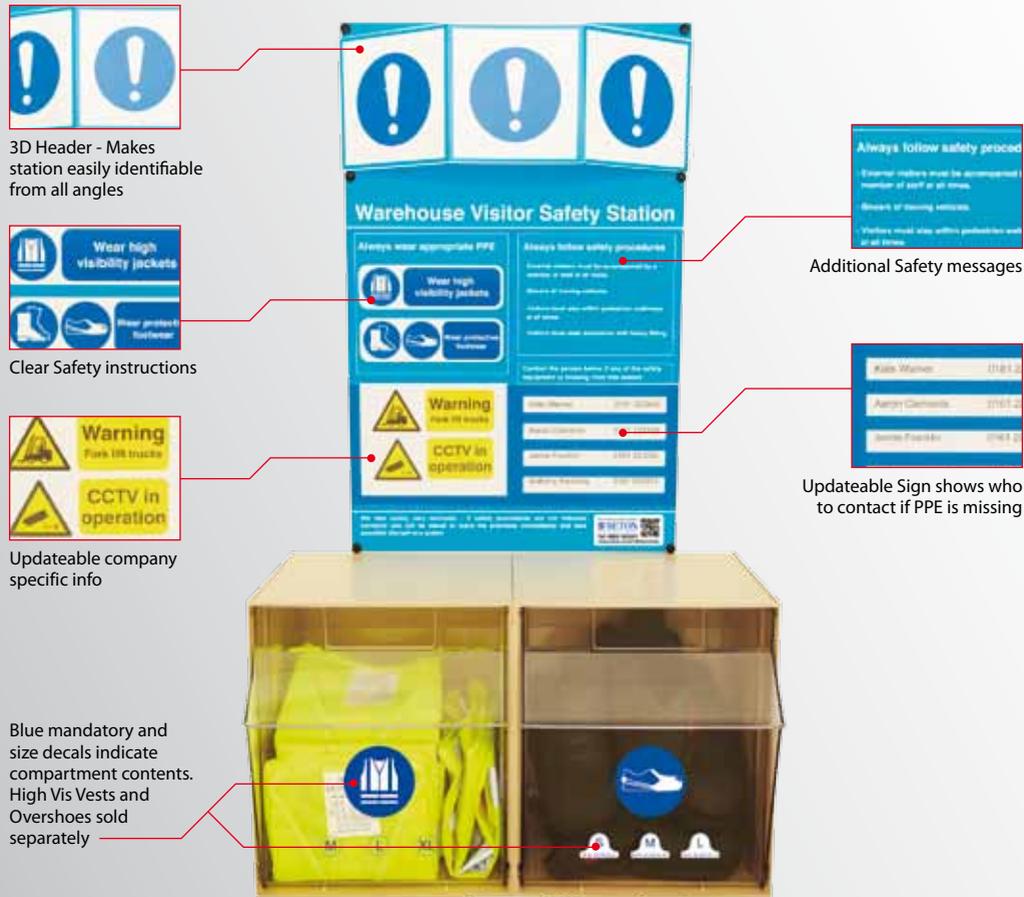
Paul Ingleby
Director of Innovation

“As a leader in health and safety, it is crucial for us to listen to our customers to drive innovation and help meet their ever-growing health and safety challenges. Understanding the issues our customers are facing and the value we can design into products to make their tasks easier and more efficient is at the heart of each product development. Our best ideas come from our customers.”



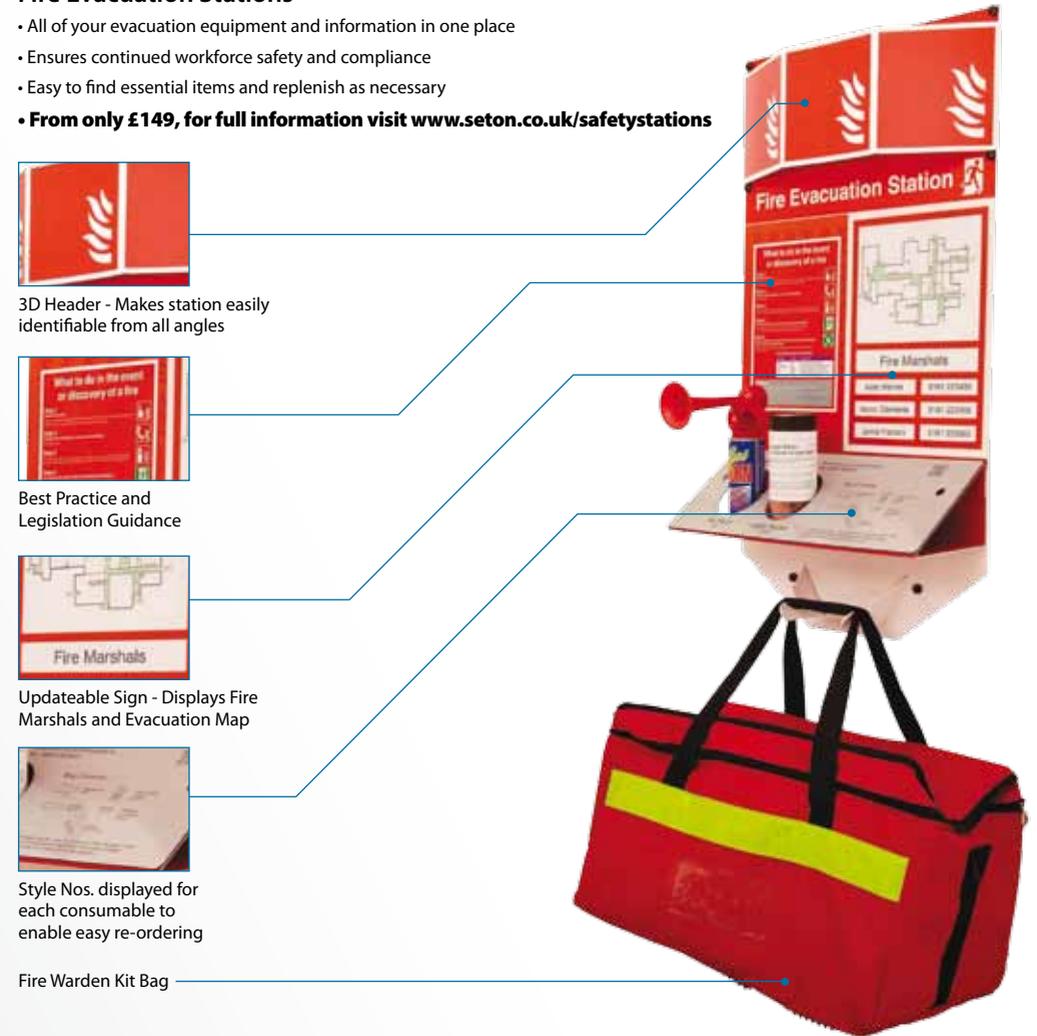
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Q&A'S

Q&A'S



Health Threats from Rodents

Q. Our building has a mouse infestation. Employees are concerned about the health implications of this. What are they and what can we do to reduce the problem?

A. Rodents pose a known threat to people's health. Some of the organisms associated with rodents include salmonella, listeria, campylobacter and E coli. Rats also carry the bacteria that cause the illness leptospirosis (Weil's disease). Mice, in particular, urinate and defecate randomly, which can also cause serious contamination risks to food and non-food items alike.

Those most at risk are normally seen as those who can come in direct contact with rodents, for example those working near canals, rivers and other watercourses such as drainage ditches and sewers. There is little documented evidence to suggest other persons are at any significant risk. Although the risk may be relatively low in other environments, the thought of having rodents in around the place of work can cause genuine concern for employees.

The employer or building owner can employ a number of measures to first deter entry, to make the premises less attractive and finally to treat the problem.

Broken air-bricks or vents should be repaired or have galvanised wire mesh fitted. Gaps around pipe-work or redundant pipe holes passing through external walls should be sealed with mortar. Rats and mice can climb and it may be necessary to proof any holes at height where they might be able to gain access.

Reducing cover (or harbourage) will make premises less attractive. Vegetation growth on or close to external walls will provide cover for rodents and should be cut back. Also, vegetation such as ivy growing on external walls may allow rodents to climb and enter buildings.

Good waste management procedures should be adopted. Refuse areas should be kept clean and any spillage of food material cleaned up promptly and thoroughly. All refuse bins should be fitted with securely fitting lids to deny rodents access. Refuse should not be left out in plastic sacks as rodents will tear the sacks to forage on the refuse inside.

The standard of cleanliness inside the building must be kept very high. Accumulations of food debris under and behind equipment and around refuse storage areas provide an attractive food source to rats and mice.

Treatment is the third factor to consider either through traps or baiting. Extreme care and knowledge is required to prevent the inappropriate use of poisonous baits. Such baits could present a health and safety risks to employees and members of the public.

Calling in the services of a professional pest contractor at an early stage may well save time and money in the long term. A competent contractor will assess the infestation risks and plan treatment accordingly.

Occupational Driving and Eyesight Tests

Q. Do I have to provide eyesight tests for my company drivers?

A. According to the Transport Research Laboratory, company car drivers have 50% more road traffic accidents (RTAs) than those driving for domestic purposes. It is therefore worrying that road safety charity Brake estimates that at least one in six UK drivers would fail an eyesight test.

Duty of care

Where a business employs people to drive as part of their work, the employer has a clear "duty of care" to ensure that employees are safe to drive and that they meet the strict requirements of the Highway Code, relevant road traffic laws and the general requirements of the Health and Safety at Work, etc Act 1974. This applies for both company vehicle and private care used for business purposes (though not for the daily commute). Part of this "duty of care" is ensuring drivers are medically fit to drive.

The Health and Safety Executive's (HSE) guidance document, Driving at Work (INDG382), makes clear that it is the employer's responsibility to ensure, so far as is practical, the health and safety of all employees while driving for work. They must also ensure that there is no risk to the public from the organisation's work-related activities.

Eye tests

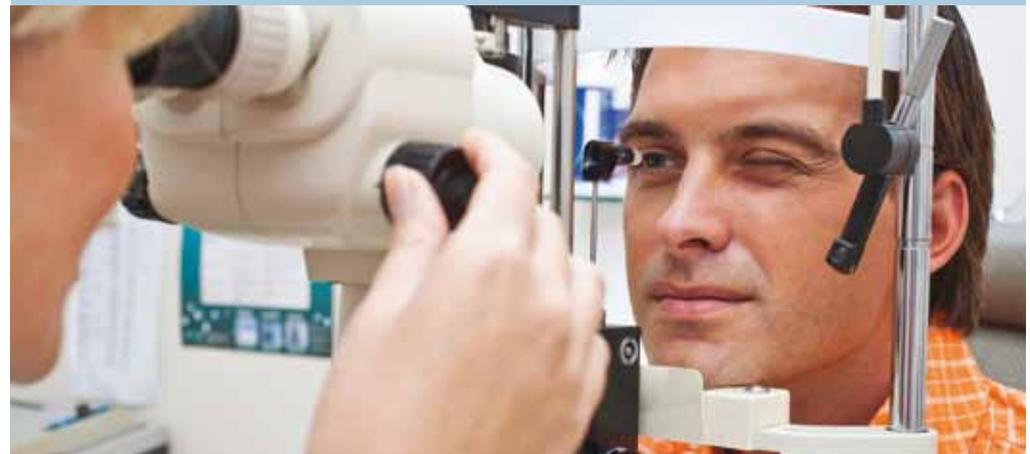
The HSE suggests that proper occupational driving risk

assessments should include reminding all occupational drivers that they must be able to satisfy requirements relating to eyesight as set out in the Highway Code. However, it should be noted that the employer is not legally obliged to pay for eyesight tests for drivers.

In order to meet the requirements of the Highway Code occupational drivers should regularly undergo a full eye examination carried out by a qualified optometrist. If the optician states that eyesight correction is necessary for safe driving, then it is vital that the prescribed eyewear is always worn when the employee is driving in line with their working responsibilities.

Minimum medical standards

The Driver and Vehicle Licensing Agency (DVLA) recently considered amending the minimum medical standards for eyesight and epilepsy in relation to driving. The consultation concluded that there will be no additional requirement for routine eyesight checks and no requirement for a professional opinion when applying for a licence other than that already in place, i.e. the existing number plate test. Nevertheless, it is important that when developing and implementing occupational road risk policies and risk assessments employers include a requirement for workers to undergo regular eyesight tests, both as a proactive measure to help prevent RTAs and to provide defence if the organisation's handling of occupational drivers is called into question following an RTA.



News ROUND UP

November 2013

Consultation on COMAH changes

The Health and Safety Executive (HSE) has launched a new public consultation on amendments to the Control of Major Accident Hazards Regulations 1999 (COMAH), in order to implement Article 30 of the Seveso III Directive (2012/18/EU), which amends the Seveso II Directive (96/82/EC). The consultation closes on 18th October 2013.



HSE deals with slippery issue

An HSE panel considered the case of a fishmonger's supervisor at a well-known supermarket who refused to let his counter assistant fillet a trout for a customer on the grounds that it was a Health and Safety hazard because it was too slippery, despite the store advertising that customers can "just ask if you'd like your fish skinned or filleted". HSE's Mythbusters panel stated that it was an example of "poor customer service hiding behind the health and safety excuse" and that "slippery fish are a fact of life."



Top secret health and safety job

In July, MI5 announced it was looking for a Head of Health and Safety, to fill a £60,000 role, based in London. The cryptic job advertisement said "We can't show you the buildings. We can't talk about the people you'll work with. We can't tell you much about the job. We can't give you the exact locations. We can't mention the kind of technology involved. Is it still a risk worth taking?" "What we can tell you is that whatever your role at MI5 you'll be contributing to protecting the UK from threats to national security including terrorism and espionage."



New fixed penalty notices for careless driving in force

Fixed penalty notices for careless driving offences such as middle lane hogging have now come into effect. As of 16th August 2013, a £100 fine will be introduced for a wide range of careless driving offences, including tailgating and middle lane hogging.



HSE announces senior management changes

The Health and Safety Executive (HSE) has recently confirmed a number of changes to its senior management team on an interim basis, as the safety watchdog is current the subject of a triennial review by the Government. In a statement, the HSE announced that Kevin Myers will become Acting Chief Executive following the departure of Geoffrey Podger on 31st August 2013. Kevin Myers is currently HSE's Deputy Chief Executive.

Revised guidance for big organisations

The Health and Safety Executive (HSE) has launched newly revised guidance to help make it easier for larger organisations and businesses to understand how to manage health and safety. The safety watchdog says it has "completely refreshed and enhanced" the guidance in Successful Health and Safety Management (HSG65), which is aimed at business leaders, owners, directors, trustees and line managers.



One in the eye for antisocial customers

Ten years of using DNA "spit kits" to identify perpetrators who have spat at Tube staff has contributed to a reduction in such behaviour by 75% according to the latest figures from London Underground's (LU's) workplace violence unit. The kits were first introduced on LU Zone 1 stations in the summer of 2003 as part of a programme to tackle violent and antisocial behaviour towards staff. Distributed to all LU stations by October that year, they have helped to track down and convict more than 400 offenders during the past decade.



Guide for SMEs on employers' liability insurance

The Association of British Insurers (ABI) has published a guide, Health and Safety for Small/Medium Sized Businesses, in order to clarify what businesses need to do, from a health and safety perspective, when obtaining employers' liability cover. The guide explains the difference between employers' liability and public liability insurance, and the requirements of the Health and Safety at Work Act 1974, and includes a simple table designed to address common concerns relating to adherence to health and safety guidelines.

Road Safety Week 2013

Road safety charity Brake is urging employers to get involved in plans for Road Safety Week 2013, which will run from 18th to 24th November 2013, focusing on the theme of "tuning in to road safety and avoiding distractions". For more information go to <http://www.roadsafetyweek.org.uk/>.



Health linked to better productivity and output

A Canadian health and labour economist has presented the results of several international studies which he says indicate that investing in employees' health increases productivity and output. This, said Dr Emile Tompa, is because several international studies have demonstrated the positive effects of health promotion programmes on a company's bottom line, with 65-85% of programmes evaluated showing positive returns within a few years of their implementation.



Over 60% of drivers admit speeding

A new research survey has concluded that over 60% of drivers break speeding laws, even though a similar proportion think traffic is too fast in built-up areas for pedestrians and cyclists. The research, conducted by the road safety charity Brake and the insurance company Direct Line, was based on a survey of 1000 drivers from across the UK.



Research on reproductive hazards

The Health and Safety Executive (HSE) has published a new research report on hazards that can affect reproductive health. The aim of the report, RR979 Reproductive Hazards Literature Search: Summary, was to establish a "current picture" of the main, documented factors that may be associated with reproductive health, relevant to UK workers.

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