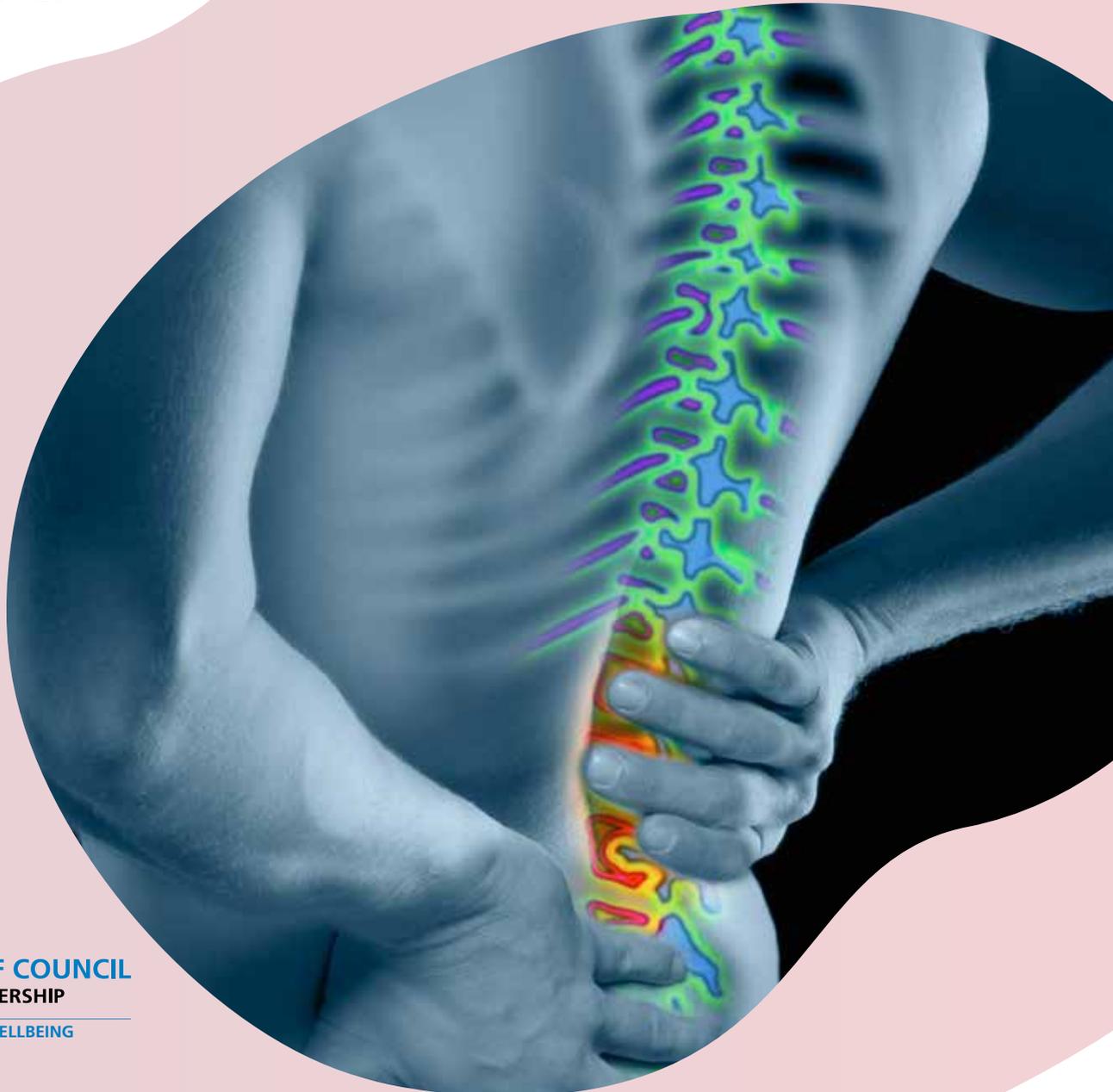

BACK IN WORK
THE SAFETY
REPRESENTATIVE'S
GUIDE

Part four of the
Back in work back pack

UPDATED MARCH 2014



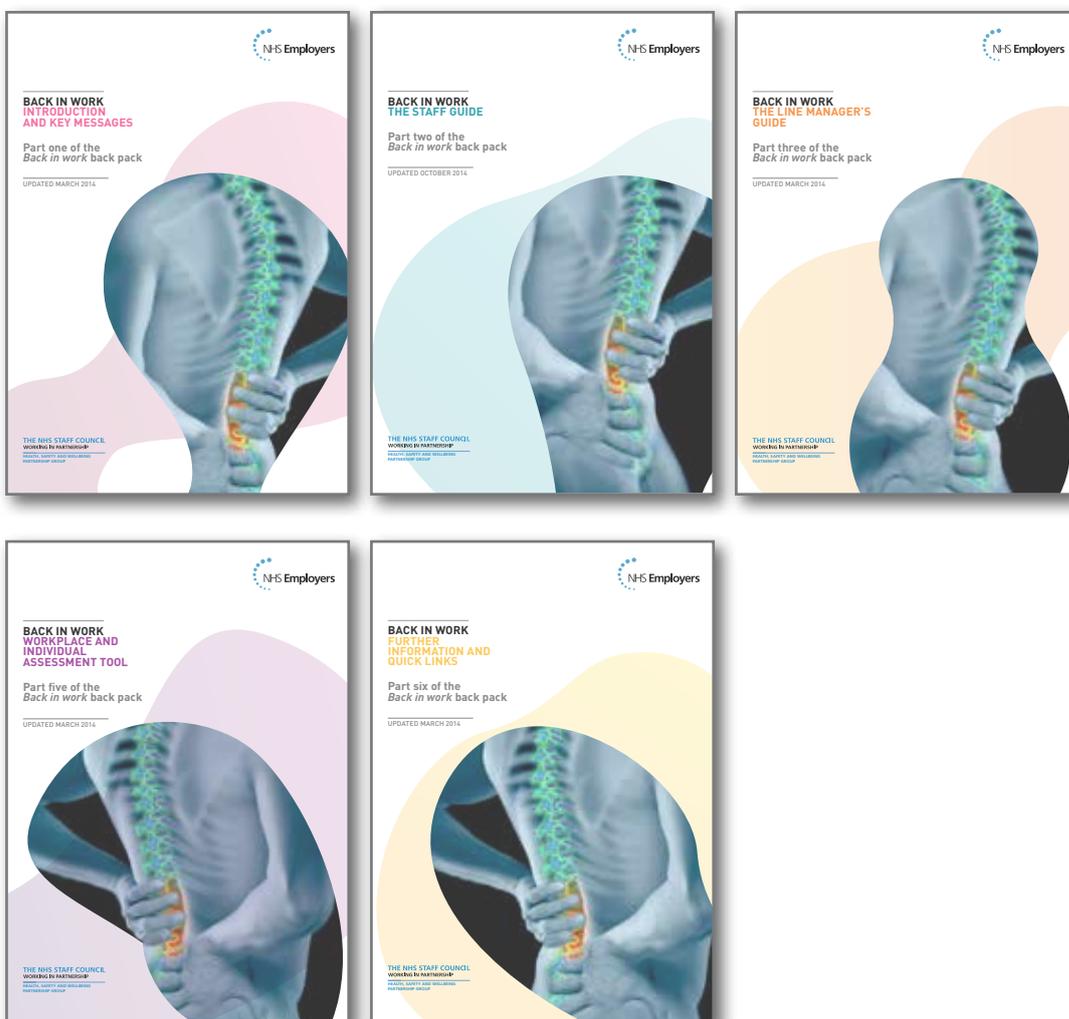
THE NHS STAFF COUNCIL
WORKING IN PARTNERSHIP

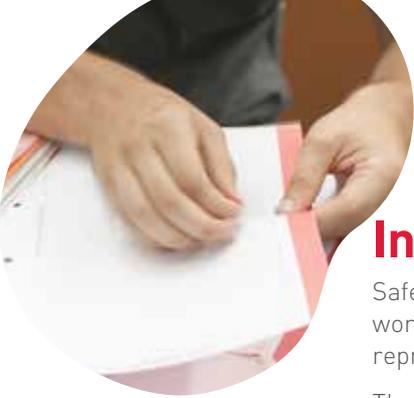
HEALTH, SAFETY AND WELLBEING
PARTNERSHIP GROUP

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Part four (of six) of the *Back in work* back pack.





Introduction

Safety representatives play a vital role in improving health and safety standards in the workplace. There is also a growing body of evidence to show the positive effects that safety representatives have on reducing injuries and improve work-related health.

The **Health and Safety Executive** (HSE) recognises the value that safety representatives bring to the workplace, stating that:

Trade union safety representatives, through their empowered role for purposes of consultation, often lead to higher levels of compliance and better health and safety performance than in non trade union systems. We recognise this, support the invaluable contribution they continue to make to health and safety and want dialogue between us to continue and where possible expand into new areas.

Dame Carol Black's **report** on the health of Britain's working age population also recognised the role that safety representatives have in preventing work-related ill health (see box below for findings).

The *Back in work* back pack supports a partnership approach to addressing musculoskeletal disorders and believes that nationally and locally employers and trade unions should work together to reduce the incidence of back injuries in the NHS.

Commenting on the findings, HSE chief executive Geoffrey Podger said:

"This is an effective way to raise health and safety management in the workplace. Training and exposing safety representatives to new ideas on how to manage various health and safety issues is a valuable way of enabling the workforce to take action and educate those around them."

The Safety Representatives and Safety Committee Regulations 1977 (SRSC 1977), also known as 'The Brown Book', provides a legal framework for safety representatives to carry out their role. The next section of this guidance outlines how safety representatives can use the functions outlined in SRSC Regulations 1977 to help prevent and reduce the risk of injuries.

Research for the Health and Safety Executive (HSE) has found that trade union safety representatives make workplace safety campaigns more effective. The study looked at the involvement of safety representatives in HSE's better backs campaign, examining the impact of the training and support provided by Unite's Amicus section.

After receiving the training:

- almost six out of every ten safety representatives (59 per cent) raised back safety issues with greater frequency with workmates
- 29 per cent increased the number of times they raised the issue with senior management – who were then likely to act on the recommendations
- almost a quarter of the representatives (24 per cent) questioned, recommended to their safety committee or senior management that new handling aids should be acquired, a proposal acted on within three months in every case
- more than nine out of ten (93 per cent) of safety representative requests for a new or updated training programme on manual handling techniques were acted on.

The role of safety representatives

The role of safety representatives in preventing work-related musculoskeletal disorders

Manual handling, repetitive strain injuries or work-related upper limb disorders are high on the list of issues that safety representatives deal with in the healthcare sector. Whether representing porters, catering staff, clinical or office based, staff safety representatives in healthcare are likely to encounter a variety of workplace hazards that can lead to musculoskeletal disorders.

"Manual handling, repetitive strain injuries or work-related upper limb disorders are high on the list of issues that safety representatives deal with in the healthcare sector"

“It is good practice to have a rolling programme of three monthly inspections”

Inspections

Under regulation five of the SRSC Regulations, safety representatives are entitled to inspect the workplace, or a part of it, if they have given the employer reasonable notice. Inspections can be carried out every three months, or more frequently. It is good practice to have a rolling programme of three monthly inspections. Employers must provide safety representatives with paid time off and facilities in order to carry out the inspection.

Inspections can be themed, for example, manual handling or ergonomic inspections are a good way of preventing injuries by checking whether risk assessments are in place and that the working environment is safe.

In their Manual handling inspection guide the Trades Union Congress and HSE give some examples of things to do when carrying out a manual handling inspection, including:

- talk to fellow workers to identify ‘difficult’ handling jobs needing a lot of effort or linked with symptoms or back pain
- look at work in progress to spot the use of adapted tools, furniture, wrist supports, bandages, back belts and so on, as this indicates possible handling risks; watch how the work is really done, don’t assume you know
- consider core and support activities, such as cleaning, maintenance goods receipt and so forth
- check the existing manual handling assessments and any action points
- look at the accident book, reports, near misses and absence records, results of body mapping.

At the end of an inspection, safety representatives should present their employer with an inspection report form highlighting any concerns identified during the inspection. This should be signed and any actions followed up by the employer.

In addition, where there is a substantial change in working conditions, for example, refurbishment, or new hazards have been introduced, for example, new technology such as computers, further inspections can be carried out.

Safety representatives should encourage staff to report accidents and near misses to the employer, and employers should provide safety representatives with information and data on the number of incidents and trends across departments.

A model report form can be found at:

<https://www.hse.gov.uk/forms/incident/index.htm>

Risk assessments

Risk assessments are part of the risk management process to identify hazards, evaluate the risks, record the findings, recommend precautions and review progress. It is understood that it is the employer’s responsibility to undertake risk assessments, not the safety representative’s.

However, safety representatives should be consulted as recognised under the **Management of Health and Safety at Work Regulations 1999 (as amended)** which state:

The risk assessment process needs to be practical and take account of the views of employees and their safety representatives who will have practical knowledge to contribute. (Approved code of conduct: paragraph 15)

In cases where manual handling cannot be avoided, the **Manual Handling Operations Regulations 1992 (as amended) (MHOR)** advise that suitable and sufficient assessment of manual handling operations should be carried out if there is a risk of injury. Having a safety representative actively involved throughout the risk assessment process can better ensure effective and safe practices are adopted and supported by staff.

“Body mapping is an excellent tool for safety representatives to use in identifying musculoskeletal hazards”

Health and safety committee

Most healthcare organisations will have established health and safety committees. However, under regulation nine of SRSC 1977, if no committee exists, employers must set up a committee within three months following a request by two or more safety representatives. The staff side committee membership should be representative of the groups of employees in the organisation and the different types of hazards or risks faced.

Health and safety committees provide a forum for safety representatives to raise concerns on issues relating to musculoskeletal disorders that have not been resolved locally. Inspection reports can be presented at the committee, particularly where concerns have not been satisfactorily addressed by the employer.

The committee should also look at incident statistics and anonymous sickness absence data related to musculoskeletal disorders across the organisation to see when and where injuries are occurring. Employer representatives on the committee should put in place an action plan to reduce the number of injuries in these areas, including a review of policies, procedures and risk assessments.

Moving and handling or musculoskeletal related policies, such as the display screen equipment policy, should be periodically reviewed by the committee and safety representatives consulted prior to any changes in policy and practice.

Reports and audits by competent persons, such as back care advisers or external specialists, should also be shared with committee members, and safety representatives should ensure that managers follow through any recommendations.

Body mapping

‘Body mapping’ is an excellent tool for safety representatives to use in identifying musculoskeletal hazards. Sometimes employees can be reluctant to report aches and pains. They may think that they are the only ones suffering and may not want to be identified or singled out. Body mapping with a group of employees doing the same job can help develop an understanding of shared risk factors, gives the workforce a voice and helps develop practical solutions.

There is nothing difficult about body mapping. A body map is simply a chart showing the front and back view of a body. Participants use pens or stickers to mark the parts of the chart where they feel aches and pains.

Under Regulation four of the SRSC Regulations 1977, safety representatives can investigate potential hazards, complaints by employees and the causes of accidents and ill health. Where employees are complaining of problems or where there are high levels of moving and handling injuries, a body mapping session is a good way of investigating complaints. Safety representatives may legitimately negotiate facilities time to meet with members, carry out a body mapping exercise and prepare feedback to the employer.

Further information on health and safety committees can be found on the [HSE website](#), and more information on body mapping and other resources can be found in part six of the *Back in work* back pack (further information).

Safety representatives are provided by their trade union with resources such as inspection checklists, accident investigation forms and safety representatives training.



NHS Employers

The NHS Employers organisation is the voice of employers in the NHS, supporting them to put patients first. Our vision is to be the authoritative voice of workforce leaders, experts in HR, negotiating fairly to get the best deal for patients.

We help employers make sense of current and emerging healthcare issues to ensure that their voice is front and centre of health policy and practice. We keep them up to date with the latest workforce thinking and expert opinion, providing practical advice and information, and generating opportunities to network and share knowledge and best practice.

We work with employers in the NHS to reflect their views and act on their behalf in four priority areas:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

The NHS Employers organisation is part of the NHS Confederation.

Contact us

For more information on how to get involved in our work, email Healthworkandwellbeing@nhsemployers.org
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