Back in work

The safety representative’s guide

Part four of the Back in work back pack
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>The role of the safety representative</td>
<td>4</td>
</tr>
<tr>
<td>Role of safety representatives in preventing work-related</td>
<td>4</td>
</tr>
<tr>
<td>musculoskeletal disorders</td>
<td></td>
</tr>
<tr>
<td>Inspections</td>
<td>4</td>
</tr>
<tr>
<td>Risk assessments</td>
<td>5</td>
</tr>
<tr>
<td>Health and safety committee</td>
<td>5</td>
</tr>
<tr>
<td>Link to other parts of the <em>Back in work</em> back pack</td>
<td>7</td>
</tr>
</tbody>
</table>
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) recognise 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 reps have in preventing work related ill health (see box below for findings).

The Back in work campaign supports a partnership approach to addressing musculoskeletal disorders and believes that nationally and locally employers and trade unions should work together in achieving the aims and objectives of the campaign.

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 reps make workplace safety campaigns more effective. The study looked at the involvement of safety reps 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 10 safety reps (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 reps (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 10 (93 per cent) of safety rep requests for a new or updated training programme on manual handling techniques were acted on.
The role of the safety representative

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.

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 reps with paid time off and facilities in order to carry out the inspection.

Inspections can be themed, for example manual handling or ergonomic inspections and 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/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 etc 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 reps 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 reps 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.
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.

However, safety reps should be consulted as recognised under the Management of Health and Safety at Work Regulations 1999 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 the case of where manual handling cannot be avoided, the Manual Handling Operations Regulations 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.

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

Further guidance and inspection checklists can be found at:

www.tuc.org.uk/h_and_s/manualhandlingchecklist.pdf

A model report form can be found at:

www.hse.gov.uk/forms/incident/index.htm
www.tuc.org.uk/extras/insbooklet30auglowres.pdf
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 reps should ensure that managers follow through any recommendations.

Body mapping is an excellent tool for safety reps 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 Health and Safety Executive website and more information of body mapping and other resources can be found in the further information section of this pack.

Safety representatives are provided by their trade union with resources such as inspection checklists and accident investigation forms and safety reps training.
This publication is part of the Back in work back pack. To view other sections in this pack, click on the links below.

- Introduction and key messages
- The staff guide
- The line manager’s guide
- Workplace individual assessment tool
- Further information and quick links

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