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## TUC Risks – 7 February 2009

### Are you too hot at work?

The TUC is stepping up its campaign for a regulation setting a maximum temperature at work. But the union body needs hard information to back its case. According to TUC head of safety Hugh Robertson, there are three key ways your information can help. 'Firstly any examples of where health or safety has been compromised by heat in an indoor setting. Secondly details of any union campaigns on the issue. Finally any examples of successful changes brought about as a result of union action.' He added: 'I would particularly welcome any information on examples of where workers health has been harmed by excessive temperatures'. The TUC will submit its dossier to HSE.

- Send information to [Hugh Robertson](#) at TUC.

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## TUC Risks – 14 February 2009

### Depression follows illness to work

Individuals returning to work following absence due to a physical condition such as back pain, cancer or heart disease are at risk of mild to moderate depression, researchers have found. But they say those who do become depressed worry about telling their employers. 'Returning to work, the role of depression', published by the Mental Health Foundation, details the findings of a research study carried out by Loughborough University. The researchers compared the return to work experiences of individuals with heart disease, back pain and cancer to individuals with depression and anxiety. They found almost half (45 per cent) of those with a physical condition experienced mild to moderate depression but

were more worried about telling their employer about their mental health issues than their cancer or heart disease. The study found that while most line managers were initially supportive when a person returned to work, they were not aware of the long-term effects of a serious physical illness or condition upon an employee's ability to work and on their mental health. There was a consistent lack of follow-up by occupational health, line managers and human resources on employees' general health and psychological well-being after returning to work. Andrew McCulloch, the chief executive of the Mental Health Foundation, commented: 'This research shows that managers are willing to help but they often lack the knowledge or skills required.' The report calls for managers, occupational health and employees to work together both before and after an employee returns to work. The government's welfare strategy calls employers to assist workers with mental health problems to return to work.

- Returning to work, the role of depression - [webpage](#), [full report](#) and [executive summary](#). [BBC News Online](#).

### **Slips, trips and falls are no joke**

A Health and Safety Executive (HSE) campaign is setting out to reduce the toll of slips, trips and falls at work. HSE says together they were responsible last year for 61 deaths and more than 14,000 serious injuries in British workplaces. Launching the second phase of the Shattered Lives campaign this week, the watchdog is encourage employers, in consultation with their employees, to 'take action'. Marcia Davies, head of HSE's injury reduction programme, said: 'People often view slips, trips and falls as trivial incidents, even comical but they are no joke to those who suffer major injuries, a lifetime of disability, time off work and in the worst cases death.' She added: 'We want to raise awareness of how these incidents can happen and how they can be easily avoided by taking common sense actions and precautions at no or little cost. If you spot a hazard in your workplace deal with it, don't assume that somebody else will. The lives of workers and their families are shattered by the serious consequences of these types of accidents. Simple measures introduced by businesses can make a positive difference to safety in the workplace.' HSE says fatalities and serious injuries arising from slips, trips and fall incidents cost British society an estimated £700 million last year. It has launched STEP, a free interactive learning package that provides practical guidance to help tackle slips, trips and falls at work.

- [HSE news release](#), [slips and trips tool](#) and [shattered lives campaign](#).

### **Employers must prove they did enough**

The Court of Appeal has said employers must not only undertake risk assessments, they must make sure they take the necessary action to reduce risks. It ruled that when hospital employee Donna Egan was injured using a mechanical hoist to move a patient, the burden was on the employer to prove that it had taken appropriate steps to reduce any risk to the lowest reasonably practicable level. This overturned an April 2008 decision at Salford County Court denying Ms Egan damages. In the original case the nurse had contended Central Manchester and Manchester Children's University Hospitals NHS Trust was responsible for the injuries she suffered in 2003 because it failed in its duties under the manual handling and work equipment regulations. She had been using the mechanical hoist to transport a disabled patient into a bath when the wheels jammed, causing the hoist to stop suddenly. Lady Justice Smith said it was clear the judge in the earlier case had failed to take proper account of the duty on employers under regulation 4(1)(b)(ii) of the manual handling regulations to reduce risk to 'the lowest level reasonably practicable.' She said the judge should have done so because the requirements of that regulation were separate from and additional to the requirement, under regulation 4(1)(b)(i), to carry out a suitable and sufficient risk assessment. No risk assessment had been carried out, so the judge ought to have focused on that regulation which imposed a duty to take positive action to reduce risk, the appeal court judge said. As the employer had been in breach of its duty to reduce the risk, it was primarily liable for the injury and should pay damages.

- Egan v Central Manchester and Manchester Children's University Hospitals NHS Trust before Lord Justice Sedley, Lord Justice Keene and Lady Justice Smith, Judgment December 15, 2008. [The Times](#). [WLR Daily](#). [Manual Handling Operations Regulations 1992](#).

### **Safety reps' guide to noise at work**

The TUC has published a safety reps' guide to noise at work. It provides information on the law and on what can be done to ensure employers do not put the hearing of their workers at risk. TUC warns that hearing problems caused by noise at work are an ongoing problem. Official estimates suggest 170,000 people in the UK suffer deafness, tinnitus or other ear conditions as a result of exposure to excessive noise at work. And over 1 million employees in Great Britain are still exposed to levels of noise that puts their hearing at risk.

- [Noise at work - a guide for health and safety representatives \[pdf\]](#).

Medical referrals in employment – Is the Doctor appropriately qualified? Many union representatives will wish to ensure that those who are giving medical advice to either employees or employers on occupational health

issues are suitable qualified. This short guide for employees and their representatives outlines the various qualifications that occupational health doctors may have and what they mean.

[http://www.tuc.org.uk/h\\_and\\_s/tuc-15982-f0.cfm](http://www.tuc.org.uk/h_and_s/tuc-15982-f0.cfm)

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## TUC Risks – 21 February 2009

### What does the work doc know?

So, you've been ill, you're injured, you're starting a new job, your job's made you sick - all reasons your employer might want a doctor to give you the once over. But is the doctor really qualified to make an assessment? A new TUC guide for safety reps gives pointers on what training and skills you should expect from any doctor undertaking pre-employment checks, health screening, change of job, rehabilitation, treatment or medical 'capability' to work assessments. The guide points out that just being on the medical register means any doctor can offer their services to employers as an expert or adviser. 'Many of those doctors who practice in occupational medicine, dealing with capability assessments, and other medical reports, have had no specialist training and may have only limited knowledge of many of the areas that they should be dealing with such as the health problems of hazards in the workplace, rehabilitation to work or adjustments at work,' the TUC guide says. It says a doctor can only claim to be a 'specialist' if they are listed on the General Medical Council's 'specialist register', something that can be checked online. The guide adds that many of the doctors who provide occupational health services are not 'specialists' either. It spells out the professional qualifications that the GMC says establishes a doctor is 'knowledgeable in occupational medicine theory practice and delivery.' Some GPs have the more basic diploma in occupational medicine, which would mean they are capable of providing some rudimentary health screening and advice. The Health and Safety Executive (HSE) recommends that, at a minimum, doctors working in occupational medicine should have this diploma. In most instances trade union safety reps will have had more detailed and workplace specific training than any general practitioner, combined with a practical knowledge of hazards and health risks in the workplace that surpasses that of many doctors, regardless of their qualifications.

- [Medical referrals in employment - Is the doctor appropriately qualified?](#) A short guide for employees and their representatives. [GMC specialist register](#).

## Clampdown call on deafening noise

Public sector union UNISON is calling on employers to take noise risks seriously after a highway worker was deafened on the job. The 52-year-old UNISON member, whose name has not been released, was awarded a 'substantial' amount in damages for hearing loss sustained as a result of working with noisy tools, including jackhammers and compressors. He had not been provided with adequate hearing protection until the mid-1980s, although he started working on the highways for Chesterfield Borough Council in the 1960s. UNISON national health and safety officer Hope Daley said 'once a worker loses their hearing it's gone forever. This lasting disability has a major effect on their lives, as they try to adapt to work, family, and a social life without hearing and have to develop new ways of communicating.' She added: 'More than 1 million employees in Great Britain are exposed to noise that puts their hearing at risk and, in 2007/08, an estimated 21,000 individuals were suffering hearing problems, which they believed to be work-related. Employers have a legal duty to prevent this from happening. Damage to hearing from exposure to loud noise at work is preventable and the risks can be controlled by the good management of health and safety.'

- [Thompsons Solicitors news release.](#)

## Call for work road risk action

There is 'massive scope' for co-ordinated global action to reduce the number of people killed and injured when they are driving for work, a UK safety charity has said. Roger Bibbings, the occupational safety adviser with the Royal Society for the Prevention of Accidents (RoSPA), told a conference in Washington DC this week, hosted by the US government's National Institute for Occupational Safety and Health, that work-related incidents account for 25 per cent of road crashes across the globe. The figure is 50 per cent if commuting is included. He said: "Some initial work on international comparisons by RoSPA suggests that there is much scope for sharing experiences and approaches to MORR [managing occupational road risk] between EU member states as well as more widely, with action taken in the USA, Canada, Australia, New Zealand and Japan to name but a few. Given the explosion of motorisation globally and the scale of the worldwide road casualty epidemic, the case for international co-operation in this vital area is unassailable.' He said in the UK between a quarter and a third of all road crashes are estimated to involve a person and/or a vehicle at work at the time. This means that every week about 200 people are killed or seriously injured in 'at-work' crashes. Mr Bibbings added 'those businesses which will not 'see the light' need to 'feel the heat' of firmer enforcement and, in this context, attention is now firmly fixed on

the first cases of corporate manslaughter to be taken in the wake of the Corporate Manslaughter and Corporate Homicide Act.'

- [RoSPA news release](#). [NIOSH conference webpages](#).

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## HSE Bulletin – 23 February 2009

### STRESS

++ New stress website coming soon ++

Help to identify possible work-related causes of stress so you can work together to prevent it.

<http://www.hse.gov.uk/stress/coming-soon.htm?ebul=hsegen/23-feb-2009&cr=6>

### EVENTS

++ IOSH 2009 conference and exhibition ++

17-18 March in Liverpool ? ?Health and safety: Fresh ideas, practical solutions?.

<http://www.hse.gov.uk/campaigns/conferences/iosh.htm?ebul=hsegen/23-feb-2009&cr=9>

### PUTTING THE RECORD STRAIGHT

++ HSE disbands nuclear body ++

HSE Chief Executive responds to article in The Guardian.

<http://www.hse.gov.uk/press/record/gua180209.htm?ebul=hsegen/23-feb-2009&cr=15>

### PRESS RELEASES

++ Latest from the Press Office ++

?Approved code of practice on confined spaces?,?HSE to launch new campaign??

<http://www.hse.gov.uk/press/press.htm?ebul=hsegen/23-feb-2009&cr=16>

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## TUC Risks – 28 February 2009

Fit-for-work moves not enough

Government-funding pilot schemes will aim to help people on sick leave back into work, ministers say. The TUC however has warned the limited measures are 'nowhere near' enough. Care services minister Phil Hope and Work and Pensions Minister Lord McKenzie said the £13 million 'Fit for work' pilot will test out how sickness absentees can be helped to recover and supported to get back to work more quickly. Each pilot will test personalised, back to work support for people off sick. These will go beyond health care, to incorporate elements including skills and employment advice, health and wellbeing services focused on vocational rehabilitation and wider social support covering issues like debt or housing advice. The government said there will also be 'conciliation to overcome escalated disputes between employees and employers.' The pilots are expected to begin later this year. Lord McKenzie said: 'Now more than ever it's important to help people who are sick to stay in work so that they can support themselves and their families. These Fit for Work pilots will help do just that. Everyone has the right to work and we want to design a fair system which supports people so they can work when they are able.' The TUC, however, believes a lot more needs to be done. 'These pilots go nowhere near what is needed,' said TUC head of safety Hugh Robertson. 'They are, at best, a substitute for good sickness absence procedures by employers. The solution is instead, access to comprehensive occupational health support, far more resources invested in prevention, and greater support for union safety and other representatives.' Physios' union CSP this week called for occupational health service provision by employers to be legal requirement.

- [Department of Health news release](#). [Fit for Work webpage](#).

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This document is for general guidance, information and research purposes only, and does not purport to give professional advice.