

# Health and Safety for Supervisors and Managers (Level 3)

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Date of update:

**March 2019**

The following updates have been made to the 8<sup>th</sup> edition of this handbook.

Page No	Update comments
10	<p><b>Current text reads:</b> Approximately 1.3 million people are suffering from an illness or condition they believe was caused or made worse by their work, or work they have carried out in the past. It is estimated that in excess of 30.4 million days are lost due to work-related ill health and workplace injuries, with an estimated cost of £14.1 billion (<a href="http://www.hse.gov.uk/statistics/overall/hssh1516.pdf">http://www.hse.gov.uk/statistics/overall/hssh1516.pdf</a>).</p> <p><b>Updated to:</b> Approximately 1.4 million people are suffering from an illness or condition they believe was caused or made worse by their work, or work they have carried out in the past. It is estimated that in excess of 30.7 million working days are lost due to work-related ill health and workplace injuries, with an estimated cost of £15 billion.</p>
12	<p><b>Current text reads:</b> We must report quickly, by telephone, any fatality or specified injury arising from or in connection with work. This includes accidents to a person who does not work on the premises (customer, patient, visitor etc.).</p> <p><b>Updated to:</b> We must report quickly, by telephone, any fatality or specified injury arising from or in connection with work. This includes Non-fatal accidents to non-workers (e.g. members of the public, customers, patients, visitors, etc.). Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury.</p>
14	<p><b>Current text reads:</b> There has been a downward trend in the rate of fatal injuries, although this has shown signs of levelling off with 144 fatalities reported in 2015/2016. There were 72,702 non-fatal injuries reported by employers under RIDDOR. The most common causes of injuries are handling, lifting or carrying, slips, trips or falls, and being struck/hit by moving objects. Common causes of occupational ill health result from work-related stress, 0.5 million cases, and musculoskeletal disorders (new or long standing), 0.5 million cases. Estimates are based on the Labour Force Survey. <b>Source:</b> <a href="http://www.hse.gov.uk/statistics/overall/hssh1516.pdf">http://www.hse.gov.uk/statistics/overall/hssh1516.pdf</a></p> <p><b>Updated to:</b> There has been a downward trend in the rate of fatal injuries, although this has shown signs of leveling off with 144 fatalities reported in 2017/2018. There were 71,062 non-fatal injuries reported by employers under RIDDOR. The most common causes of injuries are slips, trips or falls, handling/lifting/carrying, and being struck/hit by moving objects. Common causes of occupational ill health result from work-related stress (595,000 cases), and musculoskeletal disorders, new or long standing (239,000 cases). Estimates are based on the Labour Force Survey. <b>Source:</b> <a href="http://www.hse.gov.uk/statistics/overall/hssh1718.pdf">www.hse.gov.uk/statistics/overall/hssh1718.pdf</a></p>

15	<p><b>Current text reads:</b></p> <ol style="list-style-type: none"> <li>1. Human factors – behaviour and ability, what we do and why we do it;</li> </ol> <p><b>Updated to:</b></p> <ol style="list-style-type: none"> <li>1. Human factors – behaviour and ability, what we do and why we do it, and the culture of the organisation</li> </ol>
15	<p><b>Current text reads:</b></p> <p>These are associated with the area in which we work and include:</p> <ul style="list-style-type: none"> <li>• safe entry and exit;</li> <li>• safe floors;</li> <li>• adequate space to do the job safely;</li> <li>• noise;</li> <li>• heating, lighting and ventilation; and</li> <li>• somewhere to change, eat and rest.</li> </ul> <p><b>Updated to:</b></p> <p>These are associated with the area in which we work and include:</p> <ul style="list-style-type: none"> <li>• access and egress;</li> <li>• flooring;</li> <li>• noise;</li> <li>• space; and</li> <li>• heating, lighting and ventilation.</li> </ul>
20	<p><b>Current text reads:</b></p> <p><b>Approved Codes of Practice</b></p> <p>Regulations are usually published with advice and guidance on how to implement and better understand them within the workplace. Sometimes this is known as an ‘Approved Code of Practice’ (ACOP). This means that the advice within it has been accepted by the Health and Safety Executive. If the employer does not do what is advised in the ACOP, if prosecuted the employer would have to prove that he has done something equally as effective or he will be found guilty of an offence. The ACOP is not law, but it is accepted as being very near to it.</p> <p><b>Updated to:</b></p> <p><b>Approved Codes of Practice</b></p> <p>Regulations are usually published with advice and guidance on how to implement and better understand them within the workplace. Sometimes these are an ‘Approved Code of Practice’ (ACOP). This means that the advice within it has been accepted by the Health and Safety Executive. If the employer does not do what is advised in the ACOP, if prosecuted the employer would have to prove that he has done something equally as effective or he will be found guilty of an offence. The ACOP is not law, but it is accepted as being very near to it.</p>
35	<p><b>Current text reads:</b></p> <p>Employers must undertake a systematic general examination of their workplace and work activities and they should record the significant findings of that risk assessment.</p> <p><b>Updated to:</b></p> <p>Employers must undertake a systematic general examination of their workplaces and work activities as part of the risk assessment process.</p>
37	<p><b>Current text reads:</b></p> <p>An important part of a risk assessment is that the evaluation of risk is carried out using this matrix. The level of risk before and after the implementation of control measures must be clearly marked. The decision on the level of risk is usually taken after consultation with those staff at risk – they will have a clear idea of the risks and what can be done to reduce risk to an acceptable level.</p> <p><b>Updated to:</b></p> <p>An important part of a risk assessment is that the evaluation of risk is carried out using a matrix. The level of risk before and after the implementation of control measures must be clearly marked. The decision on the level of risk is usually taken after consultation with those staff at risk – they will have a clear idea of the risks and what can be done to reduce risk to an acceptable level.</p>

37	<p><b>Current text reads:</b> Level of harm Consequence can be classified by the degree of harm. Slightly harmful can be taken as superficial injuries requiring a first-aid treatment, a nuisance, irritation or temporary discomfort; harmful as lacerations, burns, concussion, sprains, minor fractures, dermatitis etc. and resulting in lost time from work: extremely harmful as resulting in death, amputations, major fractures, significant life shortening illness or major injury to one or more people.</p> <p><b>Updated to:</b> Consequence can be classified by the severity of harm. Slightly harmful can be taken as superficial injuries requiring a first-aid treatment, a nuisance, irritation or temporary discomfort; harmful as lacerations, burns, concussion, sprains, minor fractures, dermatitis etc. and resulting in lost time from work: extremely harmful as resulting in death, amputations, major fractures, significant life shortening illness or major injury to one or more people.</p>
39	<p><b>Additional text has been added to this page as follows:</b></p> <p>Qualitative risk assessment In most organisations the 5-step approach to undertaking a risk assessment is sufficient. This is generally known as a qualitative risk assessment, a subjective assessment using personal judgement backed up by risk information.</p> <p>Quantitative risk assessment In workplaces that are especially high risk, or where the consequences of an accident would be large and widespread, for example, offshore oil and gas works, than a quantitative risk assessment would be used. This incorporates techniques such as a hazard and operability study (HAZOP) and fault tree analysis.</p> <p>Dynamic risk assessment A dynamic risk assessment is practised by employees in rapidly changing situations. It is the continuous process of identifying hazards, assessing risk and putting in appropriate control measures. A dynamic risk assessment does not replace the generic risk assessment for that situation but is used as an additional tool by a competent employee to enable them to make quick decisions that deal with a particular situation. It is typically used by the emergency services.</p>
42	<p><b>Current text reads:</b> Eliminate the hazard.</p> <ul style="list-style-type: none"> <li>• Substitute with less hazardous materials, processes, operations or equipment.</li> <li>• Use engineering controls; isolating, insulating and ventilating.</li> <li>• Use safety signs, marking and warning devices and administrative controls; reduced time exposure, isolation/segregation, safe systems of work, training, information, welfare, and monitoring and supervision.</li> <li>• Personal protective equipment (PPE) should only be used if there is no other way of protecting the employees against the risk (see Chapter 15).</li> </ul> <p><b>Updated to:</b> Eliminate the hazard.</p> <ul style="list-style-type: none"> <li>• Substitute with less hazardous materials, processes, operations or equipment.</li> <li>• Use engineering controls: isolating, guarding, insulating and ventilating.</li> <li>• Use administrative controls; safe systems of work, training, information, monitoring and supervision. Welfare facilities, safety signs, marking and warning devices, reduced time exposure, isolation/segregation.</li> <li>• Personal protective equipment (PPE) should only be used if there is no other way of protecting the employees against the risk (see Chapter 15).</li> </ul>

54	<p><b>Current text reads:</b></p> <p><b>Asbestos</b></p> <p>Around 3,000 people die each year from asbestos-related diseases, e.g. asbestosis and mesothelioma. This number is rising but why? It can take up to 30-40 years to show symptoms. Asbestos was used extensively as a building material from the 1950s to the 1980s. Cases will still be increasing into the future. Asbestos is a fibrous material (like fibreglass), which when broken or damaged will release fibres into the air. Asbestos-containing materials only present a risk to your health when the fibres become airborne. This happens if you cut, drill or otherwise break asbestos-containing materials during the refurbishment, repair or the maintenance of buildings. Research undertaken in 1995 by Professor Peto and HSE epidemiologists showed that 25% of the asbestos related deaths each year are people who have worked in the building industry at some point in their working lives. Although some of this material has been removed over the years, there are many thousands of tonnes of asbestos still present in buildings. It is estimated that over half a million non-domestic premises currently have some form of asbestos in them. There is extensive repair and removal work, which will continue for the foreseeable future.</p> <p><b>Updated to:</b></p> <p><b>Asbestos</b></p> <p>Around 5,000 people die each year from asbestos-related diseases, e.g. asbestosis and mesothelioma. This number is rising but why? It can take up to 30-40 years to show symptoms. Asbestos was used extensively as a building material from the 1950s to the 1980s. Cases will still be increasing into the future. Asbestos is a fibrous material (like fibreglass), which when broken or damaged will release fibres into the air. Asbestos-containing materials only present a risk to your health when the fibres become airborne. This happens if you cut, drill or otherwise break asbestos-containing materials during the refurbishment, repair or the maintenance of buildings. Research undertaken in 1995 by Professor Peto and HSE epidemiologists showed that 25% of the asbestos related deaths each year are people who have worked in the building industry at some point in their working lives. Although some of this material has been removed over the years, there are many thousands of tonnes of asbestos still present in buildings. It is estimated that over half a million non-domestic premises currently have some form of asbestos in them. There is extensive repair and removal work, which will continue for the foreseeable future.</p>
68	<p><b>Current text reads:</b></p> <p>The construction industry has a very poor health and safety record with 43 deaths in 2015/2016.</p> <p><b>Updated to:</b></p> <p>The construction industry has a very poor health and safety record with 38 deaths in 2017/18.</p>
84	<p><b>Current text reads:</b></p> <p>It is now universally accepted that work affects people’s health. HSE statistics for 2015/16 claim that 1.3 million people in Great Britain suffer from an illness caused or made worse by work. Around 80% of the cases were musculoskeletal disorders, stress, depression or anxiety. In the year 2015/16 there were 30.4 million working days lost due to work-related ill health and injury. Work-related ill health is by far the largest cause of lost working days, which stands at 25.9 million, and statistics reveal that 4.5 million days were also lost to workplace injuries.</p> <p><b>Updated to:</b></p> <p>It is now universally accepted that work affects people’s health. The HSE’s statistics for 2017/18 claim that 1.3 million people in Great Britain suffer from an illness caused or made worse by work. Around 80% of the cases were musculoskeletal disorders, stress, depression or anxiety. In the year 2015/16 there were 30.4 million working days lost due to work-related ill health and injury. Work-related ill health is by far the largest cause of lost working days, which stands at 25.9 million, and statistics reveal that 4.5 million days were also lost to workplace injuries.</p>
87	<p><b>Current text reads:</b></p> <p>The total number of working days lost due to this condition in 2014/15 was 9.9 million days.</p> <p><b>Updated to:</b></p> <p>The total number of working days lost due to this condition in 2017/18 was 15.4 million days.</p>

91	<p><b>Current text reads:</b></p> <ul style="list-style-type: none"><li>• Over 8.8 million working days are lost due to musculoskeletal disorders.</li><li>• Over 40% of disorders affect the back and 40% affect the upper limbs.</li></ul> <p><b>Updated to:</b></p> <ul style="list-style-type: none"><li>• Over 6.6 million working days are lost due to musculoskeletal disorders.</li><li>• Over 40% of disorders affect the back and 42% affect the upper limbs.</li></ul>
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*End of update*

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