

## Contents

**Back to basics 1 – when an inspector calls**

**Back to basics 2 – access to reportable injury and incident information**

**Back to basics 3 – UCU safety reps work is not assessed by managers**

**ECU dignity at work**

**Repetitive Strain Injuries (RSI)**

**Training**

**Health and Safety Advice Helpline**

# Back to Basics

## Back to basics 1 - when the inspector calls

*We have had a couple of recent inquiries seeking clarity as to what information should be provided to accredited health and safety reps about visits or contacts by the HSE with their employer.*

The position is as follows:

The Health & Safety at Work Act 1974, S28(8) says that inspectors must give information to safety reps for the purpose of keeping them adequately informed about matters affecting the health, safety and welfare of persons employed. It has to be factual information relating to the workplace and what is done there, [S28(8)(a)]; and information with respect to any action the inspector has taken or proposes to take in connection with the workplace [S28(8)(b)].

Two of the functions given to safety reps in the Safety Representatives & Safety Committee Regulations (SRSCR) Reg4(1) are – ‘to represent the employees (*the safety rep*) was appointed to represent in consultations at the workplace with inspectors of the HSE and any other enforcing authority’ (This would include local authority, environmental health, and fire service inspections) (SRSCR: 4(1)(f)).

To do this, an inspector needs to ask to meet the reps. Following a visit, the safety reps function is ‘to receive information from inspectors in accordance with section 28(8) of the 1974 Act’ [SRSCR: 4(1)(g)]. This means that where an HSE inspector makes a visit and then follows-up with a written communication to the employer, they should copy this to the union safety reps. Inspectors should not simply send a letter to the employer and ask the employer to copy it to the reps, that would be poor practice.

HSE inspectors have been issued (twice) with an operational memorandum pointing out their duty in

relation to safety reps – this includes advice that where an HSE inspector makes a workplace visit, they should ask to meet the safety representatives. The first time was just prior to the 1997 election, when it was pretty clear there would be a Labour government elected – so they were predicting that someone might look critically at their performance in these respects.

There is no requirement on an inspector to pre-announce a visit to anyone; and inspectors can make a visit in response to a safety rep making a complaint or request. They are also aware of the need for confidentiality – the HSE knows that employers can victimise workers or reps who complain to the HSE

## **Back to basics 2 - access to reportable incident forms**

*A health and safety rep has queried whether they should be automatically informed of reportable accidents.*

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) place a duty on employers to report certain injuries, diseases, incidents and dangerous occurrences by notifying the HSE's RIDDOR reporting centre, and by completing and returning a form to them. (Form F2508 to report an injury or dangerous occurrence; F2508A for a reportable disease). The completion of the form creates a document.

The Safety Representatives & Safety Committee Regulations Reg 7(1) says that safety reps are entitled to inspect and take a copy of any document relevant to the workplace that the employer is required by law to keep (and so by implication, create). When management at a workplace in Manchester tried to prevent safety reps seeing the RIDDOR Report form following a particularly nasty incident some years ago, the HSE inspector confirmed that the employer had a duty to disclose this form.

UCU safety reps should always check that the employer has made a RIDDOR report if a reportable injury, incident or disease occurs, and also check that it has been recorded in the workplace incident reporting procedure (the old accident book). The RIDDOR system is additional to the in-house reports, not a replacement for it.

## **Back to basics 3 - who 'manages' health and safety reps?**

*'Our management say it is their job to oversee what union safety reps do because the college doesn't get value for money from all the reps. Is this true?'*

Union health and safety reps are accountable to their branch or local association for their 'productivity', not to management. Management have a legal duty to permit safety representatives to take such time off during working hours as is necessary for them to undertake their functions and to undergo training approved by the UCU. [SRSCR Regulation 4(2)]

It is not management's job to oversee what our reps do, nor is it management's job to insist on knowing what they are 'doing during paid time-off'. We value our facilities time and if the local organisation (which appoints our reps) feels that a rep isn't pulling their weight, then our branch will take whatever action it determines to be necessary. Some employers think they can, by one means or

another, influence the choice of UCU safety reps. Again, this is not the case. The appointment of UCU safety reps is a UCU matter. This covers all aspects of the appointment process – who is appointed, how many reps are appointed, and the constituencies and members they represent. Part-time or associate staff can also be appointed as UCU safety reps.

As to 'value for money', employers should be referred to the HSE and other research that confirms that, in workplaces where trade union safety representatives are appointed, and where the employer adopts a co-operative approach to the reps, there is a consequent reduction in injuries and incidents, and a more general improvement in health & safety conditions. See HSE Worker Involvement research reports at [www.hse.gov.uk/involvement/research.htm](http://www.hse.gov.uk/involvement/research.htm) and for more information see the Hazards website resources at [www.hazards.org/unioneffect/resources.htm](http://www.hazards.org/unioneffect/resources.htm) and [www.hazards.org/safetyreps/training.htm](http://www.hazards.org/safetyreps/training.htm)

Health and safety reps should not suffer a detriment (in terms of teaching hours or anything else) because of their trade union activities. It should be perfectly possible to adjust or change a contract to allow for additional teaching **and** H&S facility time. Where staff don't work full-time, the employers must still permit paid time off for them to undertake their functions and be trained, and that can simply be on an hourly basis.

## **Bullying and harassment at work**

The Equality Challenge Unit has published an excellent guide on bullying and harassment, endorsed by higher education employers, and applicable across all sectors. The guide is on line at [www.ecu.ac.uk/publications/guidancepublications/200612-DAWGoodPracticeGuide.pdf](http://www.ecu.ac.uk/publications/guidancepublications/200612-DAWGoodPracticeGuide.pdf) and includes detailed advice on negotiating a local agreement.

Incidentally, Roger Kline is an ECU Board member.

## **Repetitive strain injuries (RSI)**

We continue to get inquiries about Repetitive Strain Injury (RSI). RSI is an umbrella term that covers about 20 different musculoskeletal injuries such as trigger finger, carpal tunnel syndrome, tennis elbow etc. A major cause of RSI is computer keyboard use. In the past, it was more likely to affect administrative and clerical staff, but is now common amongst academic staff, who word process lecture notes, student handouts, reports and publications, do online research, mark student work online, and deal with the huge increase in email and intranet use for institutional administration and communication. UCU wants to see all academic and related staff who regularly use keyboards for their work designated as users.

The best approach to Repetitive Strain Injuries is prevention, by ensuring that the system of work is safe. This is the primary legal duty on the employer. Under the Display Screen Equipment (DSE) Regulations, employers must identify DSE users, and designate them as such, and then undertake a work station assessment. These should begin with an employee questionnaire, followed by a formal assessment. Many employers try to claim that it is possible to allow workers to do their own assessment, but assessment is a skilled job and requires specific knowledge and some training - some employers even employ ergonomists with professional training to do these assessments.

The Regulations and guidance to help employers meet the standards required is produced by the HSE in *Work with display screen equipment* guidance on regulations: Code L26. ISBN 0-7176-2582-6; Price £8.85.

Two other HSE publications are essential information sources on the DSE standards: *The law on VDU's – an easy guide*, HSG90. ISBN 0-7176-2602-4 £8.50; and *Upper limb disorders in the workplace – A guide to prevention*, HSG60. ISBN 0-7176-1978-8; £9.50 from HSE books.

You should ask your employer for either (best option) a copy of these publications for the union's safety reps to use, or (worst option) ask them for open access to their copies of the booklets. There is a statutory duty on your employer under Regulation 4A(2) of the Safety Representatives and Safety Committee Regulations to provide you with this information, as it is assistance and a facility that you reasonably require.

**HSE Books contact is number is 01787 881165.**

Prospect, the union that recruits Health & Safety inspectors, has produced a particularly good pamphlet on the DSE Regulations and guidance. If you would like a copy, email [healthandsafety@ucu.org.uk](mailto:healthandsafety@ucu.org.uk) and we will send you one.

Until 2004, there was a national RSI Association; although it has now folded its website remains in existence and is a valuable source of information about a variety of conditions and other information about prevention and employment issues. Visit [www.rsi.org.uk](http://www.rsi.org.uk) to download information. A new national organisation, RSI Action was established in 2006, and also has a useful website at [www.RSIAction.org.uk](http://www.RSIAction.org.uk). There are a number of support groups around the country, and contact information for these is on the RSI Action website.

Students also suffer as they increasingly use keyboards for study. In the USA, Harvard University students have set up a website, which is also a useful source for staff. Try [www.rsi.deas.harvard.edu/](http://www.rsi.deas.harvard.edu/) for some good basic advice for keyboard use.

As you know, if members are suffering particular problems that are so disabling that they could lead to them losing their job, it may be possible for them to pursue a compensation claim, although the record of success in these is not good. There are around 150,000 new RSI cases a year, but only some 3000 successful civil compensation claims, and even fewer (about 1,300) Industrial Injury Disability Benefit claims. Of the 1,300 successful IIDB benefit claims, only about half get any money - because they are assessed at less than the 14% disablement threshold for benefit payment, so no payments are made (plus 14% assessment gets a payment of 20%). Interestingly, men get three times as many successful claims as women. This poor record of compensation partly reflects the fact that many sufferers are women, and women generally fare particularly badly in the compensation for work-related injury stakes. Clearly, RSI won't be defeated by letting members get damaged and then claim compensation.

Many RSI problems, like most of an iceberg, are often hidden from view. Our experience is that only a minority of those affected report problems, and then only when the symptoms have got really bad. They might be fearful for their job, they may think it is related to other things they do, (knitting, crocheting and playing a musical instrument have been causes blamed by employers who want to

avoid claims), or it's just a part of getting older. If you have cases in your institution, safety reps might consider conducting a confidential staff survey to establish the scale of the problem, and what may be causing it. Above all, the key to a successful strategy is an effective workplace organisation for H&S, with strong member support.

## UCU health and safety training

UCU provide a health and safety programme both nationally and regionally which includes H&S Induction, Understanding H&S Law, Tackling Stress and Bullying and Harassment. For further details of UCU health and safety training, please contact Linda Ball at [lbball@ucu.org.uk](mailto:lbball@ucu.org.uk)

## UCU Health and Safety Advice Line

UCU's Health and Safety Advice Line for safety reps and branch officers offers information about health and safety legal standards, and how they can be applied and advice on dealing with health and safety issues/problems.

The Health and Safety Advice Line is for branch officers and safety reps only, not for individual members. The advice line will be staffed two days a week only. When you phone the advice line you will be asked to leave a message. You will then be contacted as soon as possible.

The **advice line number** is **0161 636 7558**

**Email** [healthandsafety@ucu.org.uk](mailto:healthandsafety@ucu.org.uk)

**Or by post to John Bamford**

**UCU Health and Safety Advice Line**

Greater Manchester Hazards Centre, Unit 2.5 Windrush Millennium Centre,  
70 Alexandra Road, Manchester M16 7WD

### UCU's health and safety team

- **John Bamford**
- **Linda Ball**
- **Sharon Russell**
- **Roger Kline**