

The role of safety reps

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The health and social work sector has the second highest incidence of work-related musculoskeletal and upper limb disorders in Great Britain. The areas of the body reported as most affected are the upper limbs or neck and the back.

Manual handling, repetitive strain injuries or work-related upper limb disorders are key issues that safety representatives can help to tackle in the health and social care sector. Whether representing porters, catering staff, clinical or office-based, staff safety representatives in health and social care are likely to encounter a variety of workplace hazards that can lead to musculoskeletal disorders.

Safety representatives play a vital role in improving health and safety standards in the workplace. Safety reps have an important role in encouraging members in their workplace to follow agreed protocols and procedures to minimise the risk of personal injury or ill health. The proactive and positive engagement of safety representatives in the planning and reviewing of key risk control measures can reduce the incidence of injuries and work-related health in the workforce.

Employer consultation with employees and safety representatives is an important part of building a good health and safety culture and is a duty under regulation 4 of The Safety Representatives and Safety Committee Regulations 1977 (SRSC 1977)/the Safety Representatives and Safety Committee Regulations (Northern Ireland) 1979. Consultation can help strengthen relationships, as employees feel valued, are able to contribute their ideas, raise concerns and discuss issues which can result in improved performance, raise standards, and make the workplace healthier and safer.

Employers should consult and communicate with employees and safety representatives on: The introduction of any measure at the workplace which may substantially affect the health and safety of employees e.g. new technology, new equipment, new premises, ways of working (e.g. new shift patterns).

Information they must give their employees on risks to health and safety, and preventative measures, including information they are already required by other regulations to give their employees e.g. risks identified in risk assessments and the preventative and protective measures, emergency procedures.

Planning and organising of health and safety training that they must provide.

Health and safety consequences of new technology being planned for the workplace and if there could be implications for employees' health and safety e.g. new equipment, substances, processes, machinery, etc.

Arrangements for ensuring access to competent people to help meet employer obligations under health and safety laws, for example, appointing a health and safety manager.

Inspections

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Under regulation 5 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.

It is good practice to have a rolling programme of three-monthly inspections, and for formal inspections to be jointly carried out by safety representatives and the employer. Inspections may be carried out more frequently:

in agreement with the employer

where there has been a substantial change in the conditions of work e.g. new equipment or new information has been published by the HSC/HSE/HSENI relevant to the hazards in the workplace

following notifiable accidents, occurrences and diseases.

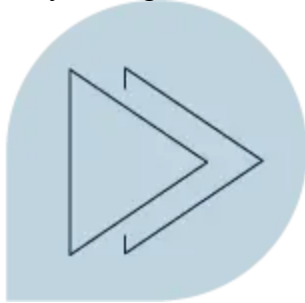
Inspections can be themed; for example, manual handling or ergonomic inspections are a good way of preventing injuries by checking whether risk assessments are in place and that the

working environment is safe.

Following an inspection, safety representatives should discuss the findings with the employer and identify and record what further action (if any) is required.

Musculoskeletal inspection sample questions

Download our handy checklist of sample questions to help you develop an inspection template for your organisation.



MSK inspection sample questions

Health and safety committee

Health and safety committee

Most health and social care organisations will have established health and safety committees.

However, under regulation nine of the SRSC 1977, if no committee exists, employers must set up a committee within three months following a request by two or more safety representatives.

Membership of the committee should represent the groups of employees in the organisation and the types of hazards and risks faced.