

National Irish Safety Organisation

Update!



*NISO is a not-for-profit voluntary body,
dedicated to the promotion of health
and safety in Irish workplaces*

SPRING 2010

INSIDE

OCCUPATIONAL
SAFETY AND HEALTH
– WHAT NOW?

OCCUPATIONAL
SAFETY AWARDS
2010

ALL IRELAND 2010
TABLE QUIZ

**HAZARD
SURVEILLANCE
AND HEALTH
SURVEILLANCE
– CREATING
THE LINK**



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Update!

IN THIS ISSUE

Editorial/
 President's Message2
 NISO/National News3

FEATURES

Occupational Safety and Health – What Now?5
 Hazard Surveillance and Health Surveillance – Creating the Link.....6
 NISO/NISG Occupational Safety Awards 20107
 Safety & General Knowledge Table Quiz All Ireland 2010 ...7

FORUM

Update from the Health and Safety Authority.....8
 Helping our nation back to health9
 Drug and alcohol testing in the work place10
 Accreditation – What Does it Mean?12
 Helpline13
 Regional Focus – Northern Ireland Safety Group15
 Upcoming Events16

NISO President Reports

As reported in the last edition of the Update, NISO has made a submission on the Bord Snip Nua recommendations regarding the merging of health and safety with the National Employment Rights.

Although we have received acknowledgement for our submission, everything seems to be quiet regarding the recommended merger. The concerns of the safety community need to be heard before decisions are made, which could be damaging to the standards of health and safety established since the inception of the 1989 Act.

These standards must be maintained in light of the recent published figures by an international risk intelligence rating agency, which places Ireland seventh in the world as being the safest and healthiest country in which to work.

The Autumn NISO Occupational Health and Safety Certificate Course in the regions have been completed with a large number of attendees. This reflects the high level of interest in health and safety. Certificates are being presented in the regions to the successful candidates. Well done to all.

A number of Institute of Technologies (IT) in the regions have expressed an interest in running the HETAC Level 6 Health and Safety Course. Regions will be meeting with their respective IT centres over the coming months to discuss the commencement of the HETAC Level 6 course in the Autumn.

Regional heats of the annual NISO / NISG safety quiz are currently taking place and will be completed by the end

of March. The successful previous entrants and novice team from the regional heats will go forward to represent their companies and region in the All Ireland Safety Quiz Final in Belfast on Saturday 24th April 2010. This year's final will consist of a table quiz format which will be less stressful on participants as there will be no individual questions.

Preparations for our Annual General Meeting to be held on the 17th April 2010 in NISO Head Office Calmount Park are under way. Nominations have been sent out for two ordinary members to be elected from the membership. I look forward to seeing many members at our Annual General Meeting as this is an important meeting on the NISO calendar. It is the meeting where all members can come together, and listen to reports on the work of NISO over the preceding year and voice their views going forward.

The feedback from the safety award workshops that took place has been positive, along with the identification of areas requiring more supporting information for participants. Work is well under way for the 2010 safety awards with applications being posted out to members. The brochure is also available from the NISO web site.

While reviewing a pre-qualifying questionnaire recently, I was pleased to see that one of the accepted



Pauric Corrigan, President, National Irish Safety Organisation

means of health and safety auditing was the NISO health and safety award. This should encourage more submissions for the awards as it justifies the auditing of members' safety and health procedures.

The NISO annual conference and safety awards will be hosted by the Midland Region. This will take place in the Radisson Blu Hotel, Athlone, on Friday 1st October 2010 followed by the gala dinner and awards ceremony. The theme of this year's conference will be "Maintenance of Health and Safety through Prevention". It will coincide with the European Agency for Safety and Health at Work, healthy workplaces campaign on safe maintenance in 2010.

Pauric Corrigan, President National Irish Safety Organisation.



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Editorial enquiries to: The Editor, NISO, A11 Calmount Park, Calmount Avenue, Ballymount, Dublin 12. Tel: 01 465 9760 Fax: 01 465 9765 Email: info@niso.ie

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Obituary – Kevin Harty R.I.P.

Kevin Harty served as honorary secretary of the southern regional committee of NISO for almost all of the past 20 years. His recent unexpected death has been a shock to all in NISO.

Kevin was well known throughout all the NISO regions. Over many years he was a regular at annual conferences and at regional and all Ireland quiz finals. He dedicated an enormous amount of time and energy into the organisation. It is difficult to put into a few short sentences all that he managed to do for NISO.

One of Kevin's first involvements in NISO was with the safety quiz, when he helped to prepare a team in his then workplace - Youghal Carpet (Yarns) Ltd, Cork. This team went on to win the All Ireland final in the seventies. He joined the regional committee in 1982. He served in various positions, including chairman, and served on the National Executive of the organisation. But he is best remembered as honorary secretary, a position he filled with extraordinary dedication and diligence. His administration and organisational skills were remarkable.



In 1995, Kevin wrote the first book of questions for the safety quiz and over the years has had a huge input in updating and amending the publication. For a period of over 20 years, Kevin was involved in regional and All Ireland quiz finals as question master, adjudicator, timekeeper, etc., and he carried out all these duties with the attention and diligence that was his trademark.

Kevin will be greatly missed by the organisation, especially the members of the Southern Regional Committee. His sudden passing leaves an enormous gap in the lives of Breeda, his wife and constant companion at all NISO functions, and his children Kevin, Miriam, Sandra and Angela. To all of them we pass our condolences.

Online Farm Safety Code of Practice

The Health and Safety Authority has launched a new online version of its Farm Safety Code of Practice Risk Assessment. The free online tool is designed to assist farmers in preventing accidents on farms and was developed with the support of FBD Insurance.

The HSA's launch of the innovative farm safety risk assessment tool is timely given the nine farming deaths so far this year in agriculture. Through the system, users can generate risk assessments, with customised

controls tailored to their farms. Pat Griffin, Senior Inspector with the Health and Safety Authority, believes that farmers will embrace this new system.

The major causes of death on farms over the last 10 years have been; Machinery (49%), Livestock (15%), Drowning / Gas (14%) and Falls (10%).

The online risk assessment tool can be accessed at www.hsa.ie or www.farmsafely.com.



Workplace Safety Programme for Transition Year Students

Minister for Labour Affairs, Dara Calleary, T.D., has launched the Health and Safety Authority Transition Year programme for students, following formal ratification by the National Council for Curriculum and Assessment (NCCA). The transition unit includes free teacher and student workbooks, a DVD and e-learning module. It aims to provide students with safety and health awareness for work experience, part time work and as preparation for the working world.

Around 27,000 students complete transition year in Ireland every year and work experience plays an integral part of the year. Estimates of work-related accidents in Ireland indicate that the injury rate for 15-19 year olds was higher than any other age category for 2007, while across Europe, 18 to 24-year-olds are at least 50% more likely to be hurt at work than older people.

The Health and Safety Authority believes that through education at an early age, a culture of safety and health can be developed which young people can then carry forward into their future working lives.

For further information please view the Health and Safety Authority website, www.hsa.ie.

Minister Convenes Farm Bodies for Safety Talks

At the launch of the Health and Safety Authority's Strategy Statement 2010 - 2012 on 23 March 2010, Minister for Labour Affairs, Dara Calleary, T.D., expressed his concern at the number of farming fatalities which currently stands at nine since the start of the year. The Minister announced that he has convened a meeting of farming associations such as Macra na Feirme and Teagasc to engage with them on how they can propagate the safety message throughout the farming community.

Advisory Commission on Stress, Bullying and Violence

ICTU has established an advisory commission to examine the effectiveness of measures relating to the prevention of bullying, stress and violence in the workplace.

The commission, which will be chaired by the National Union of Journalist's Irish secretary, Seamus Dooley,

has been established on the initiative of Congress' legal and social affairs officer Esther Lynch, who is a member of the HSA board. SIPTU's health and safety officer, Sylvester Cronin will also be amongst the members.

The commission will be inviting submissions from trade unions and will also be

inviting experts in various fields to make presentations. One of the issues around bullying that the commission will be looking at is how unions deal with cases in which they represent both the person who alleges he/she is bullied and the alleged perpetrator. The commission will be looking at the support trade unions give staff dealing with

bullying cases. Another aspect in relation to both stress and bullying that the commission will be looking at is the training given to managers.

The commission will also look at two types of violence: third party violence and violence within the workplace.

Awards For Good Practice In Maintenance



The European Agency for Safety and Health at Work has announced details of its maintenance good practice awards for 2010-2011. The awards will recognise companies that have made outstanding and innovative contributions to promote an integrated approach to safe maintenance. The European campaign is organised by EU-OSHA in cooperation with the Member States and the Presidency of the European Union. The awards will be given in two categories – for workplaces employing less than 100 workers, and those with 100 or more workers.

Details of the awards scheme are available on the Agency's website, www.osha.europa.eu.

Work Related Crashes



Up to one third of all road collisions involve drivers who are using their vehicle for work. This means that around 76 people die in work related road crashes in Ireland each year.

The Road Safety Authority (RSA) and the Health and Safety Authority (HSA) have started a road safety campaign designed to make employers aware of

their responsibility to ensure the safety of their staff on the roads. The campaign, which is being backed by a national radio advertisement, is asking employers to use the RSA's and HSA's 'Driving for Work Guidelines' to assist in implementing safe driving policies in the workplace.

According to Noel Brett, CEO, Road Safety Authority, "The driving for work guidelines will assist

employers manage their staff's road safety. It provides an overview of legislation, how to carry out risk assessments and highlights the significant benefits for businesses and the wider community when work related road safety is managed effectively."

The guidelines, published in CD Rom format are available free of charge and can be downloaded from the www.rsa.ie and www.hsa.ie

Occupational Safety and Health – What Now?



David Mullarkey, Course Leader for the M.Sc. in Environmental Health and Safety Management at Sligo IT

The landscape surrounding occupational safety and health (OSH), in Ireland, has changed dramatically over the last twenty years.

Huge progress has been made since the Barrington Commission Enquiry report, the interim board on OSH and the enactment of the ‘framework’ 1989 Act. I stumbled upon this, hugely interesting, area in 1986 and had to look to the UK for professional qualifications. Now, third level institutions provide ordinary level, honours level and masters, degree programmes in OSH, not to mention the number of consultants and trainers providing professional advice and assistance.

The OSH message

Stakeholders can be pleased with their efforts and commitment which has achieved so much but we must not rest on our laurels. We need to push the OSH message even harder, during this severe economic downturn, when businesses, legitimately, have to prioritise spending.

OSH professionals must challenge the negative ‘regulatory straight jacket’ image that OSH has unjustly attracted and emphasise the business and social benefits that can accrue. While uncertainty abounds as experts disagree on how best to drag Ireland Inc. towards recovery, we can’t afford to become complacent because of past achievements or fearful of keeping OSH on the business

agenda. If the Celtic Tiger gave OSH momentum, to remain static now is to lose ground.

Statistics

It is salutary to note, during this period of great success and improvement in OSH, more than 1,200 people were killed while at work in Ireland. It is estimated that in 2007 alone, there were more than 64,000 injuries in Irish workplaces and 59,000 work related illnesses.

Statistics mask the tears, trauma and tragedy, while the economic consequences remain hidden. Conservative estimates put the cost to the Irish economy of poor OSH management at an annual €3.3 billion. The annual workdays lost due to work-related accidents, diseases and illness reached a staggering 1.9 million in 2007.

There is clearly a need for further improvement. Even modest gains can have huge personal and societal benefits. How can we characterise the challenge to improve?

At a macro level, the vision of the Health and Safety Authority is, ‘A national culture of excellence where every person will commit to the provision of safety, health and welfare at work and the safe and sustainable management of chemicals’. At a micro level, this vision is relevant to individual OSH professionals, to OSH at company level and how we frame the challenges going forward.

In this context, real and lasting progress on workplace safety and health is not possible without the agreement of those affected and the co-operation and commitment of those playing a role in implementing decisions. Management commitment and employee participation in an environment of transparency and accountability is vital if organisations are to gain control of safety and health risks.

Safety culture

This won’t happen by

providing safe equipment, systems and procedures if the ‘culture’ is not conducive to safe and healthy working. It is insufficient to focus, only, on the ‘traditional safety programme’ of engineering, education, enforcement, hierarchy of controls, fault finding and progressive discipline. OSH issues may seem well considered and comprehensive, even displaying an aura of control but this may well disguise sullen scepticism with co-operation grudgingly obtained.

Whatever is done, physically and technically, can be a waste of resources unless effort is made to inculcate the correct attitude to work, enliven interest and co-ordinate objectives. There is a natural tendency for individuals to align with organisational norms. Where there are inconsistencies between what is said and what is done, suggesting insincerity, workers will quickly recognise what management regard as important and act accordingly.

The characteristics of organisations displaying a positive safety culture demand that OSH is not a priority that can be re-ordered; it is value associated with every priority and intrinsic to all activities. The organisational norm promotes a work environment based on employee involvement, ownership and teamwork where all persons feel responsible for safety and health continuously. Communications are founded on mutual trust. There is a shared perception of the importance of OSH and there is confidence in the effectiveness of control measures.

Corporate social responsibility

It is an inescapable fact of life that we are surrounded by hazards, all with the potential to give rise to unwanted consequences but, paradoxically, there is an increased expectation for a society free of involuntary risk. Companies have made

corporate social responsibility (CSR) an intrinsic part of their business strategy to reflect this societal expectation. OSH is an essential component of CSR, presenting OSH professionals with opportunities and challenges.

The concept of corporate social responsibility means going beyond the fulfilment of legal requirements by investing ‘more’ in human capital, the environment, and relations with stakeholders. With increasing globalisation, greater environmental and social awareness and more efficient communication, the concept of companies’ responsibilities beyond the purely legal or profit-related has gained impetus. Businesses need to be seen acting responsibly towards ‘people, planet and profit’.

Controlling risk

Success in controlling risk is always going to be the aggregate of a lot of effort rather than one thing or one aspect. The aim is to manage OSH risk, rather than eliminate it in all circumstances. The process should not be seen as a burden on business or service provision, but rather the means by which opportunities and services provided can be maximised and unwanted, unnecessary loss controlled.

OSH professionals have a simple goal of protecting workers and others from harm caused by a failure to take reasonable control measures. Simple, I hear you say!

David Mullarkey lectures on the OSH Programme in IT Sligo. He is course leader for the M.Sc. in Environmental Health and Safety Management.

He is co-founder of the website www.quenshsolutions.com, the searchable directory for quality, environmental, safety and health professionals and service providers.

Hazard Surveillance and Health Surveillance – Creating the Link



Siobhan Byrne, Consultant and Lecturer

Most workplaces have embraced the fact that it is the statutory obligation of every employer to carry out hazard risk assessment, or hazard surveillance, in order to control the potential harmful health effects of work.

But how do employers develop a systematic and comprehensive method of linking hazard surveillance and health surveillance?

Where workplace hazard exposure is known to have an effect on health, primary prevention is the preferred ethical option over screening or treatment of workers post-exposure.

The primary prevention of occupational diseases and injuries therefore depends more directly on hazard surveillance, rather than on health surveillance. This is due to the identification of hazards and the assessment of any associated risk to workers' health, enabling the elimination, reduction or control prior to the onset of illness or injury.

Health surveillance

Health surveillance has become more established as research develops a broader knowledge of workplace illness and injury causation. The objective of health surveillance therefore is not a form of risk control for an identified hazard but to identify:

- If workplace risk controls are effective,
- Individuals who, at an early stage, may be at increased risk to the harmful effects of an identified workplace hazard, and,
- A forum to allow workers to discuss concerns about workplace risks and their health.

Where to begin?

In deciding whether or not a health surveillance programme is necessary, a good place to start is with the safety statement. Health surveillance is not required where the hazard surveillance demonstrates there is no risk to workers from a hazard or where the potential for exposure is so limited that the risk to workers' health is negligible.

While industry sectors and organisational injury and illness statistics may provide a guide to the scope of a surveillance programme, the following factors must be given consideration:

- Workers have the potential to be exposed to a specified hazard due to faulty equipment, poor compliance with procedures, etc.,
- Exposures to the specified hazard have been shown to cause adverse health effects e.g. cancer, asthma, allergy, eyestrain, etc.,
- Specific surveillance requirements for employees requiring statutory health surveillance,
- Adverse health effects to the specified hazard can be detected through early implementation of valid methods of health surveillance,
- The employee will benefit from the surveillance programme.

If a systematic survey of

workplace hazards has been undertaken, and a risk assessment completed by a competent person, it should identify where health surveillance is required. Surveillance is essential where specific hazards cannot be removed, and where risk controls are limited and often procedural, e.g. employees are required to wear hearing protection to reduce the risk of noise exposure. If possible all potential routes of exposure should be identified, and exposures in working conditions including worst-case scenarios, measured. Industrial hygiene monitoring results will help identify possible sources of exposure or exposure trends. In addition individuals or worker groups at risk from a specified hazard should be identified.

Programme content

When it has been established that a health surveillance programme is required it may be necessary to seek the assistance of a health professional. This person may advise on programme requirements, for instance the type and frequency of surveillance, or develop and manage the programme. Programmes can vary in complexity from a requirement to simply perform a visual check for a skin rash, to having employees complete a questionnaire, or to require identified employees to undergo a full medical assessment. Any surveillance programme should include the following criteria:

- The rationale for results of any testing and any required follow-up to be explained to the individual involved,
- Aggregate results of medical surveillance to be made available to the safety

representative(s),

- All personal information to be held in confidence, for the duration specified by regulation, and in compliance with the Data Protection Act,
- Reassessment of existing control measures and any actions required where results of health surveillance are found to be outside normal limits,
- Corrective action to be undertaken in accordance with the hierarchy of controls,
- Programme to be subjected to audit to ensure compliance with legislation and best practices.

Conclusion

Hazard surveillance when linked with health surveillance is an integral part of good management practice. It is a logical, systematic way of establishing a comprehensive and legally compliant health and safety programme. Ongoing management, monitoring and analysis of the programme should be a shared activity and involve all stakeholders including management, worker representation and health professionals.

All occupational related illnesses and diseases are preventable. Where there is a clearly defined, understandable and systematic approach taken to the development of programme content, it can be demonstrated that consistent and sustained efforts are being made to eliminate workplace hazards. This creates a workplace culture which recognizes that workplace illnesses and injuries are unacceptable.

*Siobhan Byrne BScN, DOHS, MSc, CMIOSH
Consultant and Lecturer*

NISO/NISG Occupational Safety Awards 2010



ENTER THE 2010 AWARDS

Entry to the competition is open to all companies and organisations throughout the 32 counties whether providing a product or service in either the private, public or not for profit sector. Entries will be accepted from the company or organisation as a whole, a particular branch, plant, department or site.

Reasons for entering

- Award headings capture the latest standards and practices in modern day health and safety management.
- The Awards allow organisations the opportunity to include in their submissions areas where they can demonstrate "Superior Performance".

- For successful entrants, it promotes a positive message to suppliers, contractors, visitors, etc.
- Increases the organisational profile and puts your business to the forefront of health and safety
- Acts as a reminder for unresolved and forgotten duties!



PSE Kinsale Energy Ltd; Supreme Award Winner 2009

Entry to the NISO/NISG Awards offers organisations the opportunity to focus on health and safety performance by involving everybody in the organisation in the positive effort of seeking to achieve an award.

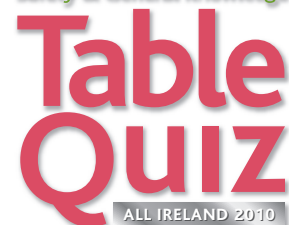
As Denis Toomey, health environment and safety manager at PSE Kinsale Energy, winners of last year's Supreme Award puts it, "This is due recognition for the dedication to safety shown by all our management, staff and our contractors. The company's health, environment and safety management system, based on a "continuous improvement cycle" is the backbone of this success."

Safety & General Knowledge Table Quiz All Ireland 2010

February – April 2010. Both NISO and NISG encourage organisations to participate in the Annual All Ireland Safety and General Knowledge quizzes.

These quizzes are seen as an innovative way of promoting health and safety in the workplace. Participants who enter are more likely to retain more information on health and safety than from other sources and heighten the safety awareness culture within their own organisations.

Safety & General Knowledge



Regional Quiz: Dates & Venues

<p>All Ireland Finals 24 April, 2010 Wellington Park Hotel, Belfast</p>	<p>Midland Region 25 March, 2010, 20.00hrs, Bridge House Hotel, Tullamore, Co. Offaly</p>	<p>Northern Ireland Quiz held</p>	<p>For further information on the Quiz and Awards, please contact NISO on 01 465 9760 or email info@niso.ie.</p> <p>Supported by the HSA and HSENI</p>  
<p>Southern Region 9 April, 2010, 19.30hrs; Oriel House Hotel, Ballincollig, Co Cork</p>	<p>North East Region 24 March, 2010, 20.00hrs, Fairways Hotel, Dundalk, Co. Louth</p>	<p>North West Region Quiz held</p>	
<p>East Region 25 March, 2010, 19.30hrs, Green Isle Hotel, Newland's Cross, Dublin 22</p>	<p>Mid West Region Quiz held</p>	<p>South East Region Quiz held</p>	
		<p>West Region Quiz held</p>	



Update from the Health and Safety Authority

Gavin Lonergan, Head of Communications with the Health and Safety Authority, writes about the Authority's new five year plan for the healthcare sector

A new five year plan for the healthcare sector has recently been launched by the Authority. The development of the plan follows the commissioning by the HSA of a review of health and safety in the healthcare sector, which was carried out between December 2008 and April 2009. The review included a wide-ranging consultation process with key stakeholders.

The overall aim of the HSA plan is to work with the sector in developing a culture of safety and in reducing injuries and illness among its workforce, through both initiating and supporting strategies and related actions which will enhance employee safety and wellbeing throughout the sector.

Six objectives are targeted to be achieved over the five year timeframe:

1. To engage with key stakeholders to ensure a complementary, coordinated and consistent approach to occupational safety, health and welfare at work in the healthcare sector.

Table 1: Incidents in the Healthcare Sector (NACE Code Q) Reported to the HSA, 2008

Type	No.	%
Manual handling	378	36.6
Fall of person	224	21.7
Shock, fright, violence	144	13.9
Other triggers not listed	93	9.0
Body movement no physical stress	72	7.0
Loss of control of an item	63	6.1
Break, fall or collapse of material	28	2.7
Overflow, leak, emission	26	2.5
Electrical problem, explosion, fire	6	0.6
Total	1034	100.0

2. To ensure continued improvements in safety, health and welfare in the healthcare sector through the provision of targeted inspections, investigations and enforcement action, as appropriate.

3. To influence the content and uptake of education and training in relation to safety, health and welfare both within the healthcare sector and in education courses which prepare entrants to the sector.

4. To produce guidance and implement appropriate intervention tools to assist in assessing and controlling risk associated with the healthcare sector.

5. To improve the quality of information and intelligence available on workforce safety, health and welfare in the healthcare sector to ensure effective interventions and the most appropriate use of resources.

6. To raise awareness of occupational hazards, legal obligations and the importance of occupational safety, health and welfare in increasing productivity and reducing lost time at work.

7. The healthcare sector in Ireland is a significant employment sector, accounting for 10 per cent of all

employed persons in 2007. Indicative data on the numbers employed in the sector can be gleaned from the Central Statistics Office (CSO) Quarterly National Household Survey (QNHS). QNHS data for the third quarter of 2008 indicate that 226,600 persons were employed in health and social work: 153,900 (68%) were employed full time and 72,700 (32%) were employed part time.

The healthcare sector accounts for over 10 per cent of all workplace injuries reported to the HSA each year. Reported data from employers in 2008 indicate three main accident triggers in the healthcare sector: manual handling; slips, trips and falls; and shock, fright and violence (see Table 1).

Given the increasing complexity of the healthcare sector, a strategic and multi-pronged approach to achieve improvements in workforce health and safety performance is required. This will involve a range of actions and interventions by the HSA focused on both prevention and compliance across the sector.

A copy of the new five year plan can be downloaded for free from www.hsa.ie. For further information contact gavin_lonergan@hsa.ie.



Helping our nation back to health

For many years, occupational health has been an area that's been neglected by many health and safety professionals.

The focus for many of us has been on preventing accidents from happening. We've seen injury and death as the things that need to be stopped, but that's meant we've often ignored other problems that take longer to develop or might be seen as a 'bit of an ache'.

Diseases like mesothelioma and occupational asthma, musculoskeletal disorders and stress have caused misery and human suffering for a long time. However, it is only recently that these have become major concerns for health and safety professionals.

Every year in Northern Ireland, 70,000 people suffer some form of health problem that was either caused or made worse by their work. This costs an estimated £330 million per year – which is a huge sum however you look at it. Separate figures for the Republic of Ireland are not available. What is clear from research north of the border and in the UK, is that work-related ill-health is something that makes sense to try and prevent from occurring in the first place.

IOSH's health agenda

IOSH has been very active in trying to raise awareness of occupational health issues. We recently published a new UK manifesto, much of which is also relevant to us here in Ireland, and we also run a campaign called 'Back to health, back to work'.

One of the interesting things the manifesto points out is that often, once a person has a health issue, they are simply written off and thrown onto the scrapheap. They get put 'on the sick' and not allowed to do any work. The reality is that this could be doing more harm than good because we know that 'good work' is good for health.

For instance, if a worker suffers a musculoskeletal disorder, what needs to happen is for this worker to be seen by an occupational health expert as soon as possible. This occupational health expert can help the individual and the employer to manage the problem. However, the difficulty is that too

few employees have access to this sort of professional, and that's where IOSH believes health and safety professionals can help – by acting as an advocate in the workplace.

Work shifts

In the future there is likely to be a big shift in the way we work and in who is doing the work. Getting competent advice on health and safety is going to be essential, as is a flexible and sensible approach to adapting workplaces and work arrangements.

Look at the demographics of Ireland and it's fairly apparent that we have an ageing workforce. That brings with it numerous challenges. It means we will have to accommodate more workers who may have specific health issues that need considering when creating a working environment. An employer has to help the person manage their health issue, and being flexible from the start allows this to happen. Writing someone off because they're not 100 per cent fit doesn't help the individual, the employer or the country.

As the workplace changes, so too should the employer. Many employers are still stuck in the past. This shows that although workplaces have changed, many employers haven't kept up. IOSH is concerned that, in addition to the low provision of rehabilitation support, when rehabilitation services are provided, they are often too late to help the employee.

Having a healthy workplace is good for both employees and employer. A healthy workplace is linked to higher productivity, profitability and staff retention – so there's a clear business case for looking after the health of your workers, particularly given the tough economic times we've recently endured.

Help and advice at your fingertips

If you need help and advice on health, then IOSH has many guides and tools which can point you in the right direction. The Occupational Health Toolkit, www.ohtoolkit.co.uk, is an online database and resource which brings together information, guidance, factsheets, case studies, training material and presentations to help you tackle occupational

health problems.

The tool kit is absolutely free to access and deals with .four of the biggest occupational health issues – stress, musculoskeletal disorders, skin disorders and inhalation disorders . It can help support you, whether you just want to learn the background to a health condition, through to identifying and dealing with the problem and getting a person back into the workplace after illness.

IOSH also has a number of guides which provide advice on promoting a healthy workplace where you work. 'A healthy return – good practice guide to rehabilitating people at work' helps give health and safety professionals a grounding in rehabilitation. It uses a number of case studies that demonstrate rehabilitation in practice, and explains the benefits of using a 'work adjustment assessment' to help assess employees with impairments or medical conditions.

'Working well – guidance on promoting health and wellbeing at work' demonstrates how you can promote employee health in your workplace and ways to cut down on sickness absence. It aims to encourage health and safety professionals to work with others to improve employees' work performance and how you can help make the workplace a healthier place to be.

Both guides can be downloaded free of charge from www.iosh.co.uk/information_and_resources/guidance_and_tools.aspx

Conference calls

That brings me to the IOSH Ireland Branch Annual Conference, which this year takes place at the Radisson Hotel in Galway on the 23 June. This is a great opportunity for health and safety professionals from across Ireland, and beyond, to come together, share best practice and hear from some top international speakers.

The conference focuses on the theme 'Occupational health – the hidden risks' and will help draw attention to the need for health and safety professionals to become more active in the field of health and well being. Our conference will also highlight



Bruce Phillips, Chair IOSH Ireland

how a health issue won't always be obvious on the surface – because employees won't just 'fess up' to their health issues.

Dara Calleary TD, the Minister for Labour Affairs, will be giving the opening address at the conference. Also speaking is:

- Ray Agius, from the University of Manchester, on the topic 'The incidence of work related ill-health in Ireland'.
- Bernadette Jackson, vice president of the Federation of Occupational Health Nurses in Europe, on 'Delivering occupational health services in the workplace – what are the principles and practices required to meet contemporary business needs'.
- David Evans, IOSH's international group chair, on 'Handling risks in multidisciplinary teams'
- Ros Seal, health and safety adviser at the Olympic Delivery Authority, will talk about the preparations for the London 2012 Olympics
- Dr Leonard O'Sullivan, from the University of Limerick, on 'Stress, a risk factor for musculoskeletal disorders'
- John Holden, president of IOSH, who will give the closing address.

As you can see, it really is going to be a great event that you shouldn't miss. Tickets cost €140 for IOSH members, €180 for non members and €100 for students and retired members. For more information please contact Norita Robinson at norita.robinson@iosh.co.uk or visit www.iosh.co.uk/branches/ireland.aspx

Drug and alcohol testing in the work place



George Maybury

George Maybury, Assistant General Secretary with the Public Service Executive Union, discusses drug and alcohol testing in the work place, from a trade union perspective.

The Safety, Health and Welfare at Work Act, 2005 was signed into law on 22 June 2005, consolidating and updating the Safety, Health and Welfare at Work Act 1989 (the 1989 Act). The 2005 Act includes relevant provisions of the Safety, Health and Welfare at Work (General Application) Regulations, 1993 which implement, in part, requirements of Directive No. 89/391/EEC of 12 June, 1989 of the Council of the European Union on the introduction of measures to encourage improvements in the health and safety of workers in the workplace and of Council Directive 91/383/EEC of the 25th June, 1991 or measures to improve the safety and health at work of workers with a fixed-duration or temporary employment relationship.

Section 13 of the 2005 Act made provisions for the testing of employees for alcohol and drugs as it relates to their safety at the place of employment. The Minister agreed that this section of the Act would not be commenced prior to further discussions with the social partners and that regulations would only be brought forward where it is absolutely necessary in the interests of safety. The Health and Safety Authority has now been tasked with bringing forward the necessary proposals for the implementation of this section.

Benefits of a policy

There are undoubtedly benefits to such a policy, which would include:

- All staffs are clear as to what will or will not be tolerated. (Communication of policy and training),
- Raises awareness,
- Structures, procedures and rights of employees and employers are addressed,
- Key staff will have to deal with an employee with such a problem. They will need to have an understanding of the issues, and will need to have the skills and confidence to raise the subject with a staff member. (Training and communication skills),
- Rehabilitative Structures will have to provide support for people to resolve problems rather than be totally disciplinary orientated.

Issues

- Alcohol consumption is legal whereas drug consumption depending on the circumstances may be illegal,
- Drugs legislation and misuse may be a factor,
- The type of testing that may be introduced. There are three types of testing that can arise. These are pre-employment testing, random testing and with-cause testing. The Irish Congress of Trade Unions would consider with cause testing as the most appropriate, in respect of safety critical workers in safety critical employments.
- There are other considerations such as the decision of the Labour Court in March 2006 upholding the principle that alcoholism is a disability under the Employment Equality Acts 1998-2004, coupled with existing case law, such as in the case of *Trevor Kennedy v Veolia Transport Ireland and Alstom Ireland Ltd v A Worker*.

Aims of policy

The aims should be four-fold.

- To recognise that alcohol/drug abuse is a health problem,
- To prevent drug/alcohol misuse by developing awareness programmes,
- To identify employees with a problem at an early stage,
- To provide assistance to employees with drug/alcohol related problems.

Scope of workplace policy

The policy should apply to all management and employees who are safety critical staff in safety critical employments, with equal opportunities for referrals and counselling, and must set out who has overall responsibility for implementation.

It must clearly set out procedures for dealing with drug and alcohol related problems, including referral for testing. In this respect, the Irish Congress of Trade Unions supports the adoption of the European Workplace Drug Testing Society (EWDTS) guidelines in regard to testing procedures and standards to be adhered to.

Procedures around relapse and review on their merits must be provided for.

The policy must be very clear as to when disciplinary procedures will be invoked, e.g. an individual denies a problem, refuses assistance, or discontinues a course of treatment and reverts to unsatisfactory levels of performance and conduct. Where certain tasks are agreed as 'safety critical', being under the influence of drugs or alcohol becomes an immediate disciplinary offence.

Legitimate medication

There are people in work who are on methadone programmes and prescribed drugs. In these cases, is the person fit for work is all the

employer needs to know. It is acknowledged however, that the policy needs to cover the circumstances in which the employee should inform their employer that they are taking prescribed medication, and how that might affect the way they are able to carry out their work.

Confidentiality

The policy must provide for strict confidentiality. No disclosures without the employee's written permission. An employer should not enter details of the problem or the treatment on an employee's personal file or employment record. It should also guarantee a no-blame, non-judgemental approach so that employees are encouraged to come forward.

The policy must guarantee job security, pension rights and all other benefits and employment rights of any individual who is undergoing counselling or treatment for a drug or alcohol problem.

A policy should not be used to get rid of people, but rather to support an

employee and ensure that they continue to be a contributing member at the workplace. Wherever possible the person should be allowed resume work in his or her original post.

When it is considered inadvisable for an employee to return to the original post, a suitable alternative should be offered on no less favourable terms.

Counselling

Counselling and treatment also has to be part of the policy. Where possible, this should be provided by an independent outside specialist agency agreed by all sides. There must be confidence in the service and confidentiality must be absolute. Counselling and treatment must be at a place and time acceptable to the employee. Absences to attend for treatment should be treated as sick leave and paid accordingly.

Training

As with all aspects of safety, health and welfare, training is a priority. The training should be for all those



responsible for implementing the policy. There also needs to be training for staff so that they understand the policy and their role in it. It is colleagues who will be the first to notice if there is a problem and they need to know how to ask the right questions and how to encourage their workmate to seek assistance. Training needs to be ongoing so that everyone is kept up to speed.

Representation

The procedure must include the right at all stages for the individual to be accompanied by a trade union,

representative or friend.

Conclusion

In a short article of this nature, it is not possible to address all the technical, legal and other issues that relate to the introduction of testing in the workplace. However, it can be concluded that the matter is potentially complicated and that very clear guidelines by way of a code of practice covering all the issues referred to.

*George Maybury,
Assistant General Secretary
with the Public Service
Executive Union*

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For further information,
please contact Ted O'Keeffe.

tokeeffe@niso.ie
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Safety and Health at Work Programme

D20165, FETAC Level 5 – Component Certificate

Course Dates: 4th May 2010 – 25th May 2010

The course will be held on Tuesdays and Wednesdays.

The exam will be held on Tuesday 25th May 2010.

For further information, please view the NISO website, www.niso.ie or phone NISO on 01 465 9760.

Accreditation – What Does it Mean?



Theresa Doyle, OHS Executive with IBEC

The most commonly asked question people have now when starting a course is 'what accreditation will I receive?'

The most commonly asked question people have now when starting a course is 'what accreditation will I receive?'

Accreditation is a welcome development for employers and learners, as it provides assurance that the course offered is of an accepted standard and that employees can prove that they have learned what is expected of them from the course.

This seems straight-forward at first glance. However, when examined more closely, it becomes a little more complicated. I hope to give readers an introduction to this system. With the publication of the FETAC Level 6 awards for manual handling instruction and people handling instruction, learners and employers will become more aware of the various levels of accreditation in health and safety training.

In 2003, Ireland introduced a 10-level framework for training and qualifications. The aim of the framework was to recognise the long term accumulation of learning by individuals. Level 1 is equivalent to basic numeracy and literacy. Level

10 is Doctoral thesis level. The Leaving Certificate fits in at Level 4/5. As a learner progresses through the levels, they add to and increase their knowledge, skills and competence.

Award types

Six national bodies provide qualifications for educational and training courses. Most people are familiar with Universities and Institutes of Technology. The bodies that perhaps we are only more recently becoming familiar with are HETAC - the Higher Education and Training Awards Council and FETAC - the Further Education & Training Awards Council. FETAC accredits courses from Level 1 to Level 6 and HETAC accredits courses from Level 6 to 10.

There are four classes of award types within each level.

1. An honours bachelors degree or the leaving certificate are examples of major awards;
2. Special-purpose awards are awards for a particular purpose only. manual handling instruction falls into this category as does driving of heavy goods vehicles. These awards do not naturally fit into any part of a major award;
3. Supplemental awards are recognition for additional learning for previously achieved awards or for continuous professional development.
4. Within the FETAC system the building blocks of certification are minor awards called component certificates. In order to achieve a specific major, special purpose or supplemental award, a learner has to achieve the appropriate combination of minor awards.

It will take some time for learners and employers to accept the process of

achieving a component certificate as a valued step forward in the progression of their education.

Traditionally, we have become accustomed to gaining a 'certificate', 'diploma' or 'degree' having studied a particular subject area. The value of the new system is that learners can build their competency, knowledge and skills at their own pace and in progressive steps (or credits). This is particularly useful to individuals not wishing to step back into full time education but still have a desire to improve their skills and knowledge. It will require a change of mindset and an increased familiarity with the terminology for the wider public to accept these valued training and educational options.

Lifetime learning

Fundamental to the framework is the concept of lifetime learning. An important feature of this system is to allow a learner to achieve recognition of past experience and learning during their lifetime for which they may not have any formal qualifications; a process referred to as recognition of prior learning. This process requires the learner to prove that they have achieved the learning outcomes of a particular award. This will be important for the new manual and people handling instruction awards to allow for recognition of the training that existing instructors have.

A training provider registered with either HETAC or FETAC has a quality assurance system in place to deliver training. It does not mean, however, that all the courses that the training provider offers are FETAC or HETAC awards, this can be confusing. It is clearly stated in FETAC guidelines that

their logo is not a 'quality mark' and should not be used where the information does not specifically relate to FETAC accredited programmes. Prospective learners need to carefully examine courses on offer to be sure that the learning outcomes meet their needs.

It may help to ask the following of a training provider when sourcing training:

- Which bodies are you registered with?
- Which accredited awards do you offer?
- What level is the award in the National Framework and how many credits will I achieve from it?
- What can this award lead to?

Awarding body

There are health and safety courses on the market for which there are no awards currently available through any awarding body. FETAC has responsibility for making awards previously made by BIM, Fáilte Ireland (CERT), FÁS, NCVA and Teagasc. All courses provided by these organisations are planned to eventually be migrated into the Common Awards System by FETAC. As the industry develops, more awards will become available, which can only be good news for the learner.

For more information on IBEC courses visit www.ibectraining.ie

Useful reading: www.nqai.ie, www.hetac.ie, www.fetac.ie, www.fetac.ie/cas/Common_Awards_System.pdf

*Theresa Doyle
BSc, PhD, Dip SHWW,
CMIOSH.
OHS Executive with IBEC
and employer representative
on the Manual Handling
Advisory Group for the HSA.*

Help on work at height, vibration and disability

Brian O'Connor answers members' queries.

Question 1

I currently work on a small construction site where there is no need for a safety officer. I am worried by the lack of edge protection on the scaffold and have approached the contractor on site about it several times. Is there a requirement that a scaffold must have edge protection?

Answer 1

Guard rails should be provided on all working platforms where a person could fall a distance liable to cause personal injury. In accordance with the General Application Regulations 2007:

- The top guard rail or other similar means of protection must be at least 950 mm above the edge from which any employee is liable to fall,
- The gap between the top rail and intermediate rail,

and also the gap between the intermediate rail and the toe board must not exceed 470 mm, and,

- The height of the toe board should be at least 150 mm.

Before working at height, an employer must carry out a risk assessment to ensure that necessary precautions are taken to ensure work is carried out safely. Based on this risk assessment, a safety statement must be created which will outline a safe system of work to be followed.

This safety statement must be kept at or near the place of work and must be brought to the attention of any person at the place of work who may be exposed to any specific risk to which the safety statement applies. I advise that you read this safety statement, in particular the section relating

to scaffolds which will inform you of the requirement for edge protection and the safe system of work to be followed on that particular construction site. I suggest you make another attempt to communicate this agreed safe system of work to the contractor, if again you are unsuccessful then you should try and voice these concerns to the next person in command, such as the Project Supervisor for the Construction Stage. If this fails, then you may want to consider contacting the Health and Safety Authority.

For further information on the health and safety precautions required on a scaffold, please view the 'Guide to the Safety, Health and Welfare at Work (General Application) Regulations 2007 – Part 4: Work at Height' and also the



Brian O'Connor, NISO

'Code of Practice for Access and Working Scaffolds'. Both these documents are available from the Health and Safety Authority website, www.hsa.ie.

Question 2

My occupation requires the use of hand held power tools for long durations each day. After using these power tools, I often feel tingling and numbness in my fingers which can at times cause me some pain. Are there any health and safety precautions I can take to avoid this numbness and pain?

Answer 2

Judging from the tools and symptoms stated, it sounds like you are suffering from hand-arm vibration. However, I suggest you contact a registered medical practitioner who will be able to provide you with an accurate diagnosis, and may also propose necessary protective or preventative measures.

Hand-arm vibration affects the nerves, blood vessels, muscles and joints of the hand, wrist and arm. The early symptoms of hand-arm vibration include:

- Tingling and numbness in the fingers,
- Not being able to feel things properly,





- Loss of strength in the hands, and,
- The fingers going white (blanching) and becoming red and painful on recovery.

The employer must ensure that a competent person carries out a risk assessment of exposure to vibration. If this risk assessment indicates that an exposure action value is exceeded then the employer must take steps to reduce exposure and the associated risks to a minimum. The employer should ensure that employees fully understand the level of risk they may be exposed to, how it is caused and the possible health effects.

Risk controls for hand-arm vibration include;

- Alternative work methods which eliminate or reduce exposure to vibration,
- Select equipment suitable for the task and with low vibration,
- Purchasing policy for

- replacing old equipment and tools,
- Workstation design to minimise loads on employee's hands, wrists and arms,
- Maintenance programmes to prevent avoidable increases in vibration,
- Work schedules to limit the period of exposure, and,
- Protective clothing to encourage good blood circulation.

For further reading, please view the 'Guide to the Safety, Health and Welfare at Work (General Application) Regulations 2007 – Chapter 2 of Part 5: Control of Vibration at Work'. This is available from the Health and Safety Authority website, www.hsa.ie.

Question 3
I am the employer of a small factory. I have recently learned that one of my employees has a hearing

impairment; I would like to ensure that this employee has a good quality work life, but are there any health and safety considerations I need to take into account?

Answer 3

As employer you are required to provide reasonable accommodation for people with disabilities, to enable them to have access to, participate in or advance in employment or undergo training. Effective and practical measures must be taken to adapt the workplace to the disability, such as adapting premises and equipment, patterns of working time, the distribution of tasks or the provision of training or integration resources.

The employer must carry out a risk assessment and take into account the differences of individual workers. It is important neither to assume that all workers are the same

nor to make assumptions about health and safety risks associated with a particular disability.

When carrying out the risk assessment the employer should:

- Identify groups of workers who might be at greater risk and make a specific assessment of the risks to them, taking account of both the nature and extent of the disability and the working environment,
- Take account of people's abilities when planning work – disabled workers often have special skills, which should not be lost because of poorly adapted working conditions,
- Consult the individuals concerned during the risk assessment process, and,
- Seek advice as necessary. This may be provided by occupational safety and health (OSH) services and authorities, health professionals, safety professionals and ergonomists, disability employment services or disability organisations.

This risk assessment will help to decide on any health and safety controls required to ensure a safe place of work for this employee. Examples of such controls for an employee with a hearing impairment may include flashing alarms, flashing warning lights on vehicles and a written health and safety briefing at induction.

For further information on this topic please view the HSA document titled 'Employees with Disabilities' available from the HSA website. 'The European Agency for Safety and Health at Work' also has information on this topic available from their website, www.osha.europa.eu.

There's more up North than just Negotiating – Northern Ireland Safety Group

And what a year 2009 was for the Northern Ireland Safety Group. Despite the Province being stuck in a recession and the construction sector being on its knees the Group went from strength to strength.

So what's new? Well, actually quite a lot. The Group held more meetings over the year than ever, attendance at meetings was up 35%, meetings were held at venues other than the King's Hall in Belfast (the Safety Group's regular venue), the Group received more sponsorship than ever before, more teams entered the safety quiz than previous years, there were more Safety Award entries than for many a year and to crown it all membership increased.

Was there anything negative? Well, unfortunately yes, the threat of swine flu put paid to the Group's October seminar which reflected badly on finances for the year.

Why then in the middle of a recession is there such optimism. Some could see the recession as a catalyst but the Committee would argue against this. What is really developing, and has been for a few years now, is a strong sense of community amongst the Group members. Meetings are geared towards allowing members to network. Participation is encouraged and new members and visitors are welcomed. The meeting's sub committee believes that it is the quality of meetings, that delivering

what group members, and the wider health and safety community, want is responsible for the upturn in membership as well as shaping the future of the group.

What does 2010 hold

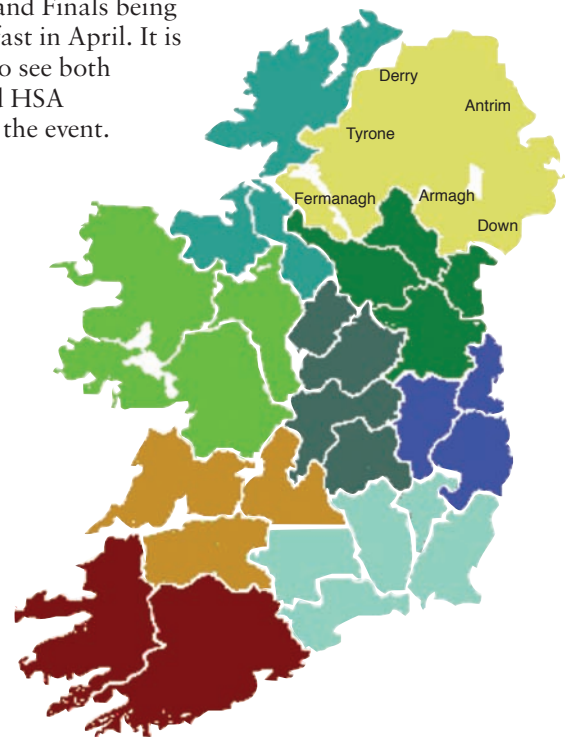
So what does 2010 hold for the group? Like the previous year quite a lot. Once again meetings will be held every month except July. March will see the postponed seminar entitled, "fatalities and major accidents/incidents – Managing the Process" taking place, with the Head of HSENI's Major Incident Team giving the keynote address. Also featured at this event will be a staged 'interview under caution' aimed to graphically demonstrate the process in operation. The NI heat for the All Ireland Quiz was held in February and the group are delighted to welcome NISO members to

the All Ireland Finals being held in Belfast in April. It is also great to see both HSENI and HSA supporting the event.

The group hopes to hold a major 'health' event in the autumn. Being at the cutting edge of events, the group aims to make this event

completely interactive, with exhibitors and delegates alike playing a key role in ensuring that the 'health' message is promoted to as wide an arena as possible.

For details of what is happening in and around the Safety Group contact the Secretary, Ernie Spence on 028 9336 8928 or email info@niso.org.uk



Dermot Breen, Deputy Chief Executive of HSENI, surrounded by 2009 Safety Award winners and NISG Chair Nicky Bell

National Irish Safety Organisation Upcoming Events – www.niso.ie



Courses in NISO Training Centre, Ballymount, Dublin 12

Please keep an eye on our website www.niso.ie for forthcoming courses and dates in 2010.

Safety Representative Course

(Course length: 3 days)
May 10th, 11th, 12th

Manual Handling Instructor & Assessor Course

(Course length: 5 days, 3 days on week 1 and 2 days on week 2)
April 13th, 14th, 15th, 20th, 21st

Manual Handling Instructor & Assessor Refresher Course

(Course length: 2 days)

Basic Manual Handling Course

(Course Length: Half day)
April 16th

Safe Pass Course

(Course Length: 1 day)
April 9th / April 23rd

Occupational First Aid Course

FETAC Level 5 (Course Length: 3 days)
May 24th, 25th, 26th

Occupational First Aid Refresher/Re-Certification Course

FETAC Level 5 (Course Length: 1 day)
May 26th

VDU/DSE Assessors Course

(Course Length: 1.5 days)
TBC

NISO Safety & Health at Work FETAC Level 5 (Course length: 40 hours, 2 days per week for 3 weeks plus the exam)

May 4th, 5th, 11th, 12th, 18th, 19th and 25th

NISO / NISG All Ireland events: Safety & General Knowledge Quiz

North East

24th March 2010 - for more information please contact northeast@niso.ie

Midland

25th March 2010 - for more information please contact midland@niso.ie

East

25th March 2010 - for more information please contact east@niso.ie

South

9th April 2010 - for more information please contact south@niso.ie

NISO/NISG All Ireland Safety & General Knowledge Quiz Final

24 April 2010, Belfast

Safety & General Knowledge Awards

NISO / NISG Health and Safety Awards Submission deadline
Friday 30th April 2010
Late submission 28th May 2010

NISO National Health and Safety Conference and the NISO and NISG Health and Safety Awards Ceremony

1st October 2010, Radisson Blu, Athlone, Co Westmeath

Dates to Remember

Annual General Meeting –
17th April 2010

All Ireland Safety and General Knowledge Table Quiz Final –
24th April 2010

Closing date for receipt of submissions for the Occupational Safety Awards –
30th April 2010

Late closing date for receipt of submissions for the Occupational Safety Awards –
28th May 2010

Annual Conference, Safety Awards Presentation and Safety Exhibition –
1st October 2010



NISO, A11 Calmount Park, Calmount Avenue, Ballymount, Dublin 12.
Tel: 01 465 9760 Fax: 01 465 9765
Email: info@niso.ie www.niso.ie