

Prosecution

Preston Landlord Fined for Fire Safety Breaches

A Preston landlord and his property development firm have been fined around £28,000 for breaching fire safety regulations.

Lee Pemberton, a director of PemCo Investments Ltd, pleaded guilty to seven breaches of the Regulatory Reform (Fire Safety) Order 2005 relating to a property above a shop in Lune Street.

Officials from Lancashire Fire and Rescue Service revealed that residents at the property would have been at risk of death or serious injury should a fire have broken out.

Among the offences were: failing to provide appropriate fire detectors and alarms and failure to carry out a suitable fire risk assessment.

Mr Pemberton was fined £1,000 for each offence and ordered to pay £500 costs, while PemCo was fined a total of £21,000 and required to pay £5,520 costs.

John Hampson, Lancashire Fire and Rescue Service fire safety officer, said: "While we will always work with those willing to address fire safety issues, where unnecessary risks are being taken or management responsibilities flouted, we will not hesitate to take enforcement action."

Roofer Spotted Working without Safety Equipment

A roofer was caught on camera working on an industrial unit roof without any safety equipment, a court heard.

Nottingham Magistrates' Court fined Michael Hallwood and his son Michael Thomas Hallwood, partners in Cladding Coatings, after a worker was seen risking his life on a roof at Farrar Close, off Brunel Drive, Newark, on 8 June 2010.

A member of the public reported the worker to the Health and Safety Executive (HSE) after photographing him undertaking cleaning work on the roof, which contained around eighty potentially fragile roof lights, using no safety equipment, edge protection or harnesses to prevent falls.

Salus Be Aware – 'you never know who's watching!!'

Mr Hallwood, of Ashmond, Springhead, Oldham, and his son, of Bradley Fold, Oldham, pleaded guilty to breaching section 4(1)(c) of the Work at Height Regulations 2005. They were fined £2,500 each and ordered to pay costs of £2,604 between them.

Firm Fined for not Insuring Itself

A kitchen and bedroom furniture manufacturer from Corby has been fined for failing to insure the company against liability for employee injury or disease.

When the Health and Safety Executive (HSE) visited Alina Trade Limited's Maylan Road premises on 2 March 2011, the company was unable to produce on request a certificate of Employers' Liability Compulsory Insurance (ELCI) to HSE inspectors, which employers are required to hold by law.

Corby magistrates heard that despite letters, and issuing a formal Notice to Produce the ELCI document, Alina Trade did not. HSE visited the company for a second time on 8 June, and again it was unable to produce a certificate.

The company, whose registered address is Dukes Hill, Bagshot, Surrey, pleaded guilty to contravening Section 1(1) of the Employers' Liability (Compulsory Insurance) Act 1969 and was fined £2,000 with £1,567 in costs.

Following the hearing, inspector Sally Harris said:

"Alina Trade Limited had many opportunities to produce a valid insurance certificate, so many in fact the firm appeared to be deliberately flouting the law.

"Employers are responsible for the health and safety of their employees when they are at work. While the law expects active steps to be taken to protect workers, if an employee does suffer harm then Employers' Liability Compulsory Insurance ensures that any justifiable civil claim by an employee can be met."

Finger is Severed in Blending Machine

A company making health products has been fined after a worker's finger was severed in a blending machine at its factory in East Yorkshire. The employee had been using a ribbon blender to mix product ingredients unaware that a fixed guard underneath the machine had been removed along with a valve that needed a new part.

Bee Health Ltd, which manufactures health and nutrition products and owns several high profile brands, was prosecuted by the Health and Safety Executive (HSE) after its investigation into the incident at Carnaby Industrial Estate, Bridlington, in March 2010.

Bridlington Magistrates heard another worker had taken the valve off the blender to clean, but found it needed a new part so did not reattach it. While the part was on order the blender continued to be operated but with a plastic bag to collect the product.

Several days later, a third employee was using the blender but was unaware of the missing guard and as he attempted to make a hole in a plastic bag, his fingers were caught in rotating blades. The index finger of his right hand was amputated and he suffered severe cuts and nerve damage to the middle finger.

Bee Health, registered at George Street, Wakefield, pleaded guilty to two safety breaches brought by HSE. They were fined a total of £7,000 and ordered to pay HSE costs of £4,887.65.

After the hearing, HSE Inspector Denise Fotherham, said: "The company didn't look at the risks involved with operating the blender. As a result, no one knew the valve should not be removed, not even the regular machine operator. He took it off to clean it as he just saw it as part of his job. Workers did not realise the valve formed part of the essential guarding of the machine.

"Bee Health also took no steps to prevent the machine being used if the valve was taken off, such as an interlock. A simple measure like that and adequate instructions for employees would have meant a worker not suffering this debilitating injury."

News

UK and Ireland ranked highest on quality of workplace life

Ireland and the UK have topped a table of EU Member States for the quality of life at the workplace.

Researchers from the Centre of Employment Studies in France analysed data from the European Working Conditions Surveys of 1995, 2000 and 2005 on the basis of four indicators of the quality of life at the workplace: physical strenuousness; technical constraints; commercial constraints; and the complexity of work.

They came to the conclusion that between 1995 and 2005 the quality of life at the workplace deteriorated on average in the 'old' EU Member States (EU-15).

Although the researchers recorded a decline in the number of industrial jobs, physical strenuousness – including vibrations, noise, extreme temperatures, repetitive movements, etc – increased, while the intensity of work also grew in terms of technical components (e. machine speed) and in commercial terms (eg customer demand).

Surprisingly, during the same period, the average degree of complexity of work declined. Considering improved levels of education and the expansion of IT over this period, the researchers had been expecting the European workers surveyed to confirm that their work has become more complex, not less.

Based on their data analysis, the researchers constructed a ranking of European countries based on quality of life at the workplace. Ireland, the UK and the Netherlands make up the top three; for the latter two countries, the low rate of employment in industry could explain the better statistical average.

Workers from the Mediterranean countries, however, enjoy less-favourable working conditions, with the Portuguese and the Greeks bottom of the ranking.

The European Working Conditions Survey is conducted every five years by the European Foundation for the Improvement of Living and Working Conditions, based in Dublin. For the most recent survey, carried out in 2010, some 44,000 workers in 34 European countries were surveyed.

EU Move to Reduce Cigarette Ignited Fires

Cigarettes left unattended are one of the leading causes of fatal fires in Europe. Evidence shows that the number of fatalities can be reduced by over 40% with the introduction of 'Reduced Ignition Propensity' (RIP) cigarettes. This means cigarettes which self extinguish when left unattended and which are thus less likely to cause fire. This safety measure is already in place in some countries globally (US, Canada, Australia), and, in the EU, in Finland since April 2010.

From 17 November 2011, once the new safety standards are published in the EU Official Journal, all cigarettes sold in Europe will have to comply with these measures. It will be the role of the national authorities to enforce this new fire safety measure.

EU Health and Consumer Commissioner, John Dalli said: "There is no such thing as a safe cigarette, and, obviously, the safest thing is not to smoke at all! But if people choose to smoke then the new standards which are about to fully enter into force will require tobacco companies to make only reduced ignition propensity cigarettes, and potentially protect hundreds of citizens from this fire hazard."

Data from Member States covering 2003 to 2008 show that, in the EU, cigarette related fires cause more than 30,000 fires every year, with more than 1,000 deaths and over 4,000 injuries. The experience from Finland, where the number of victims of cigarette-ignited fires has fallen by 43%, suggests that nearly 500 lives could be saved in the EU every year.

Guidance

Best Practice Guide to Fire Safety

The Fire Industry Association (FIA) has produced updated best practice guidance (version 2) on fire safety in commercial premises. This guidance explains who has ultimate responsibility for fire safety in non-domestic premises and details their duties and responsibilities under current fire safety legislation.

Document content

The document takes account of the slight regional variations in fire safety legislation across the UK: However, it uses the term 'responsible person' throughout the document, whilst accepting that such a person is normally referred to as the 'duty holder' in Scotland and the 'appropriate person' in Northern Ireland.

This 24-page guidance covers the following issues:

- the duties imposed on the 'responsible person' under fire safety legislation
- the five-step fire risk assessment process
- the concept of protective measures against fire and the need for such measures to be tailored to both premises type and use (to include both structural and passive fire protection options)
- fire detection and alarm systems - it explains that a manual fire alarm system may be all that's needed, whilst an automated fire detection and alarm system will be required under certain circumstances
- means of escape - the need to ensure that the occupants of a building can immediately, or within a short distance of travel, retreat from any fire along a protected smoke-free escape route that leads to a final exit
- emergency lighting - the artificial illumination of escape route, fire safety signs and other safety equipment
- signs and notices - to facilitate the location of fire fighting equipment and escape routes. The Health and Safety (Safety Signs and Signals) Regulations 1996 and EN ISO 7010 refer
- fire fighting equipment and facilities - specifically, portable fire extinguishers, hose reels, sprinkler and other water-based systems, fixed fire extinguishing systems, gaseous fixed fire extinguishing systems and other fixed fire extinguishing systems
- maintenance requirements and associated issues - it is a legal requirement for the responsible person to ensure that the premises and its associated fire protection measures are properly maintained. The scheme and frequency of testing is set out in BS 5306 (portable extinguishers) and BS 5839 (fire detection and alarm systems). Regular inspections should be undertaken by the responsible person and a competent person, as necessary. The definition of 'competent' will depend on what is being maintained
- recording, planning, informing, instructing and training requirements, as they relate to the effective management of fire safety - it is for example essential that fire safety records are kept and there is an emergency evacuation plan for a building. Also, clear and easily understood information and instructions about what to do in the case of fire must be given to those people frequenting a premises, with such data being updated as necessary
- enforcement provisions and the powers of inspectors - the Fire and Rescue Service (FRS), the Health & Safety Executive (HSE), Defence Fire Service and local authority all have some enforcement powers under fire safety legislation. These include powers to serve Alteration, Enforcement and Prohibition Notices to help reduce the risk of fire.

The risk assessment process

The emphasis in UK fire safety legislation is on protecting premises and their occupants from the risk of fire and the basis of this is the risk assessment process. There are five steps to completing a fire risk assessment:

- Step 1: Identify the fire hazards - this means potential sources of ignition, fuel and oxygen, plus the measures in place to control such hazards
- Step 2: Identify the people at risk - namely, those frequenting the building or passing by (both during and outside of normal working hours). Certain individuals and groups may be deemed to be especially at risk and such people include young or inexperienced workers; people with mobility or sensory impairment; pregnant workers; children or parents with babies and the elderly or infirm
- Step 3: Evaluate, remove, reduce and protect against the identified fire risk(s) - wherever possible, the fire hazards present in a building should be removed or reduced through measures such as finding alternatives to flammable materials and the adequate inspection and testing of electrical installations and equipment. The risks should be reduced as far as reasonably practicable, so as to achieve a reasonable standard of fire safety
- Step 4: Record, plan, instruct, inform, plus deliver training to employees - the findings of the risk assessment should ideally be documented and must be supported by an appropriate emergency plan. Everyone who could potentially be affected by a fire on the premises must be informed of the actions they should take in the case of fire
- Step 5: Regularly review the fire risk assessment findings - such a review should always be undertaken in response to a significant incident or 'near miss' and following operational changes in the workplace; this could include changes in the nature and/or number of users of the building.

Conclusion

The FIA has produced comprehensive guidance for those responsible for fire safety in commercial premises. This best practice guide provides practical advice on the ways in which the responsible person (as defined by fire safety legislation) can effectively discharge his/her responsibilities, so as to achieve good fire safety management in the building(s) for which they are accountable.

Managing COSHH Offshore – Painting by Spraying

This sheet describes good practice for mixing and spraying solvent based paint but does not apply to water-based paint. It covers the key points you need to follow to help reduce exposure to an acceptable level, as part of your COSHH assessment.

This information will help offshore dutyholders (owners, operators and contractors) to comply with the Control of Substances Hazardous to Health Regulations 2002 (COSHH), as amended, to protect workers' health.

This guidance consolidates good control practice and reinforces existing knowledge with additional information. It will help you carry out COSHH assessments, review existing assessments, deliver training and in supervising activities involving substances hazardous to health.

It is aimed at staff whose responsibilities include the management of substances hazardous to health on offshore installations (eg occupational health specialists, COSHH assessors, supervisors etc). It is also useful for trade union and employee safety representatives.

The hazards associated with this task include exposure to solvent vapours, which may result in a number of health effects, eg the central nervous system, irritation of eye, skin and respiratory system. Reactive products (eg epoxy and isocyanate-containing paints) may also cause asthma by breathing in paint mist. They can also cause dermatitis by skin contact.

The guidance lists good practice for equipment and procedures, such as:

- mixing and cleaning
- spray painting
- respiratory protective equipment (RPE).

Maintenance, examination and testing is also covered, alongside cleaning and housekeeping, health surveillance, and training and supervision.

Occupational Health and Safety Risks in the Healthcare Sector

About 10% of workers in the European Union belong to the health and welfare sector, and many of them work in hospitals. These workers may be exposed to a very wide variety of risks. EU legislation on health and safety at work currently covers most of these risks - nevertheless, the combination of such diverse risks arising at the same time and the fact that this is clearly a high-risk sector have given rise to a debate on the need for a specific approach in order to improve the protection of the health and safety of hospital personnel at Union level.

All the considerations and any measures designed to improve the health and safety of hospital personnel can be extended to workers in the health sector in general.

This guide to prevention and good practice in the healthcare sector aims at improving health and safety standards in health institutions in the EU. Occupational health and safety (OSH) issues are an important part of quality management, risk management and corporate social responsibility (CSR). In this sense, OSH aspects must be an integrated element of all managerial development processes, ie corporate strategy, human resources and organisational development.

This guide introduces the foundation on which appropriate health and safety systems may be built. It offers orientation to non-specialists in this field about the scope of action. However, it does not provide in-depth knowledge about certain measures and methods of prevention. The guide addresses both employers and healthcare workers about occupational risks which occur in the healthcare sector.

Information is included on the nature of risks and the methods of risk assessment, and recommendations are made on measures and training options to prevent adverse health effects. Furthermore, this guide gives workers and employers clear information about good practices aimed at preventing the risks covered.

The guide is based on the European Union directives obligatory for all Member States. Therefore, the user has to bear in mind that there may be stricter regulations at national level which also have to be taken into account.

UK Pandemic Preparedness Strategy 2011

The UK wide Pandemic Preparedness Strategy 2011, which aims to ensure that the UK continues to be one of the best-prepared countries in the world, has been launched.

The updated plan has been developed following a consultation with a range of health and social care professionals. It aims to create more flexibility and clearer communication between all parties involved in the Government response to a pandemic.

For the first time, the plan sets out the main phases of a pandemic and the likely scenarios:

- low impact
- moderate impact
- high impact.

In each scenario there are four clear sections:

- nature and scale of the illness – what defines the need for the pandemic to have reached this level ie widespread disease
- key healthcare delivery – specific actions and guidance for healthcare providers
- impact on the wider society – considerations on how this may be affecting the local community
- public messages – reassurance and specific information for the general public.

The plan builds on the guidance from 2007 and lessons learnt from the H1N1 (2009) influenza pandemic, and the latest scientific evidence to further strengthen the UK's preparedness for future pandemics and plans for NHS and other services.

Dr Keiji Fukuda, Assistant Director-General, Health Security and Environment, World Health Organization said:

"The UK remains amongst the leaders worldwide in preparing for a pandemic. The new UK Influenza Pandemic Preparedness Strategy builds positively on the lessons learned from the H1N1 pandemic in setting the UK's strategic approach to pandemic preparedness and response".