

# MODERN SLAVERY ON SITES

## HAND SOS



1. PALM OUT



2. TUCK THUMB



3. TRAP THUMB

The construction industry is backing a new hand signal that can be used as an SOS alert by victims of modern slavery on construction sites.

Stronger Together – the modern slavery awareness organisation – has developed the signal (pictured) so those who are subject to modern slavery are able to signal they need help. A hand signal has been developed as victims can struggle to verbally tell people they are in trouble, either because of a looming threat or a language barrier. It was developed with the help of focus groups.

Stronger Together construction programme manager Pamela Zielinski said that, for many workers who were silenced or trapped, the hand signal may be their only chance.

The CITB and CIOB are also supporting the initiative. CIOB chief executive Caroline Gumble said: “In the post-Brexit and post-pandemic period, there are many in construction with concerns that modern slavery may be on the increase so anything that might provide a route to support or safety for victims is to be welcomed. It’s also a useful opportunity to remind industry professionals of their role in helping to combat the problem and the signs of modern slavery to look out for.”

Last year, Construction News revealed a total of 57 cases with 209 potential victims of modern slavery were recorded between 23 March and 23 September 2021 by the modern slavery helpline, a 24/7 service provided by charity Unseen. This figure surpassed other industries.

Last month, 13 men were arrested in a joint investigation by the Met Police and the Romanian police. The men were suspected of trafficking Romanians into London to work on building sites as unskilled labourers.

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Ladder Precautions  
Defibrillator Map

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# LADDER PRECAUTIONS

HSE inspector Phil Chester lists five simple steps to ensure that working with ladders is as safe as possible.

1. Assess the situation first to ensure the ladder is the most appropriate equipment for the job. A ladder is the obvious go-to but it should only be used if no other safer option is available, and the situation has to be assessed before use.
2. Have a system in place where ladders are under the control of somebody: if a worker needs a ladder, they then have to go and ask for them or sign them out. That way there is a record of who used a ladder for what job and why. Then, as part of that system there is a process to check the condition of the ladder. In a lot of workplaces, ladders are clashed around and can get dented; even the best metal ladders, once they have a few dents on the rungs, can become dangerous to use.
3. If you have to use a ladder, secure it to whatever is being climbed, such as using a ladder clip at the top so the ladder is fixed.
4. If you cannot secure the ladder, have somebody else stand on the bottom rung to stabilise it. As well as the extra stability, that gives added confidence that somebody is watching the person on the ladder, while also keeping an eye out for any other people coming past as they work at height.
5. It is vital when working with a ladder or any working at height that you maintain three points of contact. Don't use a ladder – as in this case – to climb off and on again while carrying things.



**Find out more about The Circuit**

Every year, over 30,000 people have an out-of-hospital cardiac arrest in the UK and less than 1 in 10 survive. But with early defibrillation, the chance of survival almost doubles. That's why we've partnered with the British Heart Foundation, Resuscitation Council UK and the Association of Ambulance Chief Executives on The Circuit. The Circuit, also known as the National Defibrillator Network, connects defibs to ambulance services across the UK, allowing them to direct people to the nearest device in an emergency.

But right now, there are thousands of defibrillators sitting in offices, gyms, schools and sports clubs that the ambulance services don't know about – and we're on the hunt to find them.

If you're the guardian of a local defibrillator or you know someone who is, please follow the simple steps to **register it on The Circuit. Registering is easy. All you need is the location and serial number to get started. And with your help, we'll save more lives.**

# CONTROLLING NOISE AT WORK (L108): UPDATED EDITION PUBLISHED

Many people are exposed to noise levels at work that may be harmful, leading to permanent and incurable hearing damage.

This third edition of **Controlling noise at work (L108)** is aimed at employers and other dutyholders. It includes the Control of Noise at Work Regulations alongside guidance on what they mean, setting out an employer's legal obligations to control risks to workers' health and safety from noise.

It also gives detailed advice on assessing risks, practical noise control, how to select and use hearing protection, what to consider when buying and hiring equipment and how to develop health surveillance procedures.

The guide has been updated in keeping with changes to related legislation, technical advances and experience. The emphasis is on the control and management of risks from exposure to noise. HSE's policy on the control of noise has not changed.

This updated guidance book is available to download for free or purchase on HSE's website [download for free or purchase on HSE's website](#).

For more information about controlling noise at work visit our noise at work webpages.

These include a noise exposure calculator, which can help you work out your daily and weekly noise exposures, and estimate the performance of hearing protection.



## SCAFFOLDING COMPANY FINED AFTER CRANE OPERATOR ELECTROCUTED

A company has been fined after a worker was fatally electrocuted whilst operating a lorry mounted crane.

Cardiff Crown Court heard how on 17 May 2016, ASL Access Scaffold Limited employee Martin Tilby was fatally electrocuted when the crane he was operating struck an overhead powerline whilst he was unloading materials in a field at Cowbridge, South Glamorgan.

An investigation by the Health and Safety Executive (HSE) found that no risk assessment had been carried out in the field where the incident happened, and no control measures were put in place to prevent contact with the overhead powerlines.

ASL Access Scaffold Limited of Bridgend Industrial Estate, Bridgend was found guilty of breaching Sections 2 (1) of the Health and Safety at Work Act 1974 and LOLER Regulation 8 (1). The company was fined £160,000 and ordered to pay costs of £45,000.

Speaking after the hearing, HSE inspector Damian Corbett said: "This death was easily preventable, and the risk should have been identified. Employers should make sure they properly assess and apply effective control measures to minimise the risk from striking overhead powerlines. This death would have been preventable had an effective system for managing unloading materials been in place."

# BACK TO BASICS: UNDERSTANDING MENTAL HEALTH AND WELLBEING

In the latest of our series exploring core OSH topics and your role in ensuring their risks are well managed, we focus on understanding mental health and wellbeing.

## 1. DEFINE IT

A person's mental health is 'the state of their psychological, emotional, cognitive and social wellbeing. It can affect decisions, reactions, attitudes, behavioural and social characteristics and general moods.' Mental health can describe both positive and negative mental states. These can be of a short or long duration. States can change suddenly or progressively over a lifetime and can be unpredictable. Mental health can be affected by:

- Past or present traumatic events
- Physical and mental abuse
- Environmental factors
- Fears or threats
- Other illnesses (including pain and chronic pain)
- Biological factors (for example, genes or hormones)
- No obvious recognisable cause.



By learning more about mental health and potential causes of mental ill health, organisations can become better equipped to implement effective management methods to prevent or limit the impact of work on mental health. Wellbeing is important for organisations that want to improve their reputation, resilience, productivity and finances.

## 2. INFLUENCES: MENTAL ILL HEALTH

IOSH defines mental ill health as: 'When one's mental health has reached a point where they cannot cope with stress, thoughts, emotions, or previously diagnosed disorders, and symptoms cannot be managed without the need for some sort of intervention.'

Mental ill health can be caused by:

1. **Traumatic events**
2. **Occupation-related factors (work-related stress) such as:**
3. **Personal factors and lifestyle choices, including:**
4. **Biological agents and hazardous substances**
5. **Genetics**

## 3. INFLUENCES: WELLBEING

An individual's wellbeing can be influenced by factors inside and outside the workplace. What may influence one person may not affect another. Unhealthy and unsafe workplaces, along with personal circumstances, can lead to negative wellbeing and other damaging consequences.

## 4. IDENTIFY MENTAL HEALTH DISORDERS

OSH professionals should be aware of:

- **Anxiety** – when it becomes uncontrollable, unexpected and unhelpful it can seriously affect someone's life, work and health

- **Depression** – a ‘lowering of feelings’ that affects emotional states, thoughts, self-esteem, happiness and self-worth
- **Post-traumatic stress disorder** being unable to eliminate thoughts and emotions associated with injury, loss, danger, anger or grief
- **Vicarious trauma/secondary traumatic stress** – can occur from indirect exposure to emotional trauma that someone else has experienced, including graphic media, disturbing news reports or traumatic stories
- **Suicidal thoughts and actions** – a potential consequence of any mental ill health.

## 5. MANAGEMENT

Improving workers’ mental health and wellbeing can have significant advantages for an organisation, including financial gains, reduced absenteeism and presenteeism, increased job satisfaction, happier workers and a more positive organisational culture. Use an occupational safety and health management system for the following:

### 1. Policies and action plans

General OSH policies will need to be reviewed and updated to include a commitment to mental health and wellbeing. For example:

- Introducing a calendar of activities and events to raise awareness
- Including wellbeing information in induction and training
- Introducing timely, risk-based plans for worker wellbeing assessments
- Providing support where required
- Reintegrating workers after absences
- Recording, reviewing and reporting on wellbeing-related absence.

### 2. Strategy

This is required to help plan and implement mental health and wellbeing objectives. A dedicated team led by a senior manager and including all key stakeholders should be responsible for implementing strategy. Start by carrying out an analysis of:

- What your organisation does now
- What it may need to do
- What the predicted wellbeing gaps and priorities may be
- Which wellbeing process will be the best approach for the organisation.

### 3. Risk analysis and management

Use risk assessments to identify mental health and wellbeing hazards in the same way as for physical hazards. This can be complex because psychological, physiological and environmental factors can all contribute. Consider introducing wellbeing assessment tools and a wellbeing consultant to help with this. Identify controls to mitigate the risks of mental ill health in the workplace: for example, charity support.

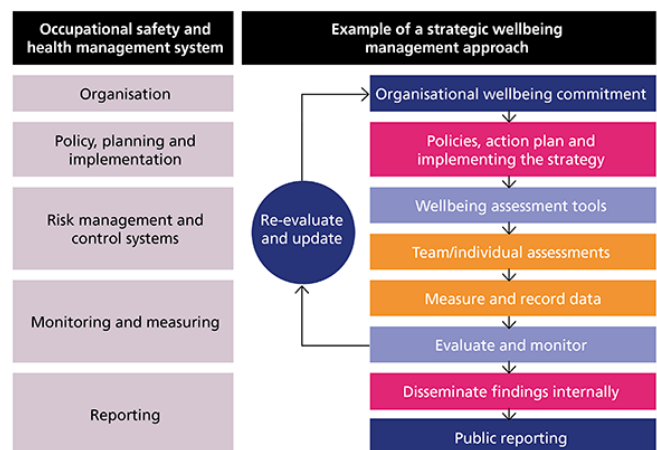
### 4. Monitoring and measuring

Assessment data, trends and other data (such as illness absence) should be measured and recorded to help an organisation understand what measures are having a positive impact.

### 5. Reporting

Internal and external reporting helps to demonstrate a commitment to continuous improvement, honesty, transparency and good governance. It is also an opportunity to celebrate and promote OSH success. Reports should include annual data on mental health and wellbeing, performance against targets and priorities.

**Example of a wellbeing management approach strategy that is mapped against an occupational safety and health management system**





# Understanding violence at work

Incidents of aggression can be common in some sectors, but understanding the nature of potential threats will help to keep your workforce safe.

**38% OF ASSAULTS EXPERIENCED BY ADULTS AT WORK RESULTED IN INJURY IN 2019-20<sup>2</sup>**

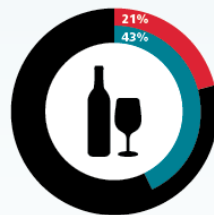
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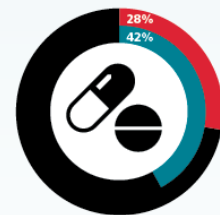
non-fatal injuries were reported by employers in Great Britain as a result of violence in the workplace under RIDDOR<sup>1</sup>



>1/2 of those non-fatal injuries (55%) involved those in health and social care<sup>1</sup>



>1/5 of threats (21%) and >2/5 of assaults (43%) against staff were carried out by people who were perceived to be drunk<sup>1</sup>



>1/4 of threats (28%) and >2/5 of assaults (42%) against staff were carried out by people who were perceived to be on drugs<sup>1</sup>

## ENGLAND AND WALES ASSAULTS IN 2019-20: INJURIES



**47%**  
Severe bruising



**41%**  
Minor bruising or black eye



**17%**  
Scratches



**12%**  
\*Other injuries



**5%**  
Cuts



\*'Other' includes puncture/stab wounds, broken bones, nose bleeds, broken nose, broken, lost or chipped teeth, dislocation, concussion or loss of consciousness, internal injuries, facial or head injuries or other injuries<sup>2</sup>

Sources: 1. HSE, 2020a; 2. HSE, 2020b; 3. Sat SO et al, 2021; 4. ILO, 2021; 5. HSE, 2020d; 6 HSE, 2020c. Go to [loshmagazine.com/infographic/violence](https://www.loshmagazine.com/infographic/violence) for the full references.







**6X** THE AVERAGE GREATER RISK OF VIOLENCE THAT **POLICE OFFICERS** FACE AT WORK COMPARED TO THE AVERAGE RISK ACROSS OTHER OCCUPATIONS<sup>1</sup>



IT'S NOT ALL BAD NEWS...

25 JUNE 2021

First international treaty on violence and harassment in the world of work came into force<sup>4</sup>



**VIOLENCE AGAINST NURSES IN TURKEY BEFORE AND DURING COVID<sup>3</sup>**



**17.9%** were exposed to physical violence before the pandemic

**8.4%** were exposed to physical violence during the pandemic  
But...

>½ of the nurses questioned (57.4%) perceived an increase in physical violence against nurses throughout the country during the pandemic



**-6.9%**



There was a **6.9% decline in workplace violence** in England and Wales between 2018-19 and 2019-20 (**688,000 incidents of violence** at work in 2019-20<sup>2</sup> compared with **739,000 incidents of violence** in 2018-19<sup>5</sup>)

**TYPES OF VERBAL, EMOTIONAL AND PSYCHOLOGICAL VIOLENCE NURSES EXPERIENCED BEFORE AND DURING THE PANDEMIC:**



	Before:	During:
Shouting	71.1%	67.3%
Verbal threat	52.2%	48.7%
Rebuke	51.7%	54%
Swearing	18.9%	20%
Insult	46.7%	46%
Humiliation	43.3%	48.7%
Gossip	15.6%	16.7%

**STEPS TO REDUCE VIOLENCE IN THE WORKPLACE**

Your risk assessment for work-related violence should follow these steps<sup>6</sup>:

- ✓ **STEP 1:** Identify the hazards
- ✓ **STEP 2:** Who might be harmed and how?
- ✓ **STEP 3:** Evaluate the risks and decide on precautions
- ✓ **STEP 4:** Record your findings and implement them
- ✓ **STEP 5:** Review your risk assessment and update if necessary

# CONGRATULATIONS TO TESSA

A big AGA round of applause to Tessa Hempell for passing her NEBOSH Construction Certificate with flying colours!



Well done Tessa, keep up the good work!

## FREE CDM ADVICE

Continued Professional Development for all

Do you need help understanding the CDM Regulations 2015? Not sure if you are complying with your duties correctly?

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Please get in touch if this would be of interest to you. [www.aga-ltd.co.uk](http://www.aga-ltd.co.uk)


## AGA E-LEARNING COURSES

Whether you are looking to improve your own knowledge or provide training to employees, our E-Learning courses will guide you through the regulations, your legal duties, identifying hazards in your workplace and suitable control measures. Each course is followed by a short test to clarify your understanding regarding that topic, upon which after completion, you will be issued a certificate.


Each course costs £15+vat unless otherwise stated. The courses we currently offer training in are:

- Asbestos Awareness \*Course cost is £20+vat\*
- Abrasive Wheels
- Basic First Aid
- COSHH
- Display Screen Equipment (DSE)
- Falls Prevention – Working at height
- Fire Safety
- Fire Warden \*Course cost is £20+vat\*
- Health and Safety Level 2 \*Course cost is £20+vat\*
- Legionella Awareness
- Local Exhaust Ventilation (LEV)
- Lone and Remote Workers (Personal Security)
- Manual Handling
- Office Safety
- Risk Assessment
- Slips and Trips
- The Construction (Design and Management) Regulations (Overview)

Risk Assessments - What is a Hazard and What is Risk?




A risk assessment involves identifying the hazards present in any working environment or arising out of commercial activities and work activities.



Basic Ladder Awareness - Directive Key Requirements.

Classification	Duty Rating	Maximum Static Vertical Load	Application	Symbol
Class I	130kg	175kg	Industrial	
Class EN131	115kg	150kg	Commercial	
Class III	95kg	125kg	Domestic	

The value of the safe working load is intended to cover the weight of a single person and their equipment and is also referred to as the Maximum Static Vertical Load.



For more information or to book our courses visit [www.aga-ltd.co.uk/e-learning-courses](http://www.aga-ltd.co.uk/e-learning-courses).





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