

GWASANAETHAU IECHYD A DIOGELWCH
HEALTH AND SAFETY SERVICES



Health and Safety Annual Report

2007

The Annual Report 2007¹ considers many aspects of Health and Safety at the University and where possible compares against national statistics, standards and practices. The Report also comments on health and safety performance and the challenges which lay ahead.

INDEX	Page
1. Executive Summary	2
2. Introduction	4
3. Health and Safety Services	5
4. Health and Safety Committee	7
5. Safety Executive Task Group	8
6. Staff Health Profile Report	9
7. Staff Illness Report	13
8. Accident and Incident Report	16
9. Fire and Fire Alarm Incidents Report	21
10. Staff Training Report	24
11. Student Health and Safety Report	25
12. The University Strategy for Health and Safety	26

¹ The Annual Report advises on developments and activities during the calendar year 2007. However, where appropriate, in some cases the Report also advises on more recent [non-statistical] activities during the period of January – April 2008.

1. EXECUTIVE SUMMARY

2007 saw a number of changes and developments in how Bangor University manages, promotes and drives health and safety. In particular the adoption of a new strategy for health and safety is seen as a key milestone.

The Strategy for Health and Safety² sets the 'vision and drivers' for health and safety management, compliance and monitoring and embeds 'health' into the wider agenda.

To deliver this new strategy and to drive the strategy, a new Head of Department was appointed and the staffing profile of the central health and safety department further enhanced with the appointment of an Occupational Health Practitioner and a Support Officer. The department was also renamed the department of 'Health and Safety Services' to better reflect its revised purpose and remit.

In terms of statistics, 2007 witnessed a decrease in accidents causing injury, down 16% from the previous year, and the University's headline accident rate remains below that of the sector³ nationally. The number of reportable⁴ accidents and illnesses also decreased to a total of 5 in 2007 and for the first time in a number of years no cases of occupational disease or ill health were reported.

Reported staff sickness absence for 2006/07 is estimated at around 6.2 days (per employee/year), which equates to around 2.1%. Sickness absence data is not rigorous at present and effort is required to improve the quality of statistical data and reporting procedures. Occupational Health Practitioner and Human Resources are to work closely to support the return to work of the long term sick and avoid absences in excess of 6 months.

2007 also witnessed a fresh drive in promoting and supporting staff health, in particular staff 'health checks' were made available for selected staff groups. This programme is being '*rolled-out*' across the institution during 2008. Around 4.5% of University staff received a 'personal health check' (over a period of three months) in 2007. The main emphasis of the health checks is on education and advice, whilst also providing information and an analysis of cholesterol, blood pressure, blood sugar and provision of a personal 'health profile'.

This developing health agenda seeks to not only better manage illness but also to drastically improve the *message* of 'good health' to staff and students.

For a number of years the University has experienced difficulty in reducing the number of 'false' fire alarm activations, particularly within Halls of Residences. 2007 was no different and showed a 5% increase on last year. However, the University's overall fire alarm statistics for halls of residences remains below the national sector average with a 'false' alarm rate of 3.9 activations a year per 100 detectors as compared to 5.3/100 nationally. The total number of actual fires⁵ decreased to 4, from last year's 7 fires.

There were no injuries as a result of fire, but a small number of serious and potentially serious incidents occurred during the year; namely:

- a fire within a 'family' residence which resulted in severe damage to a kitchen;
- a student study bedroom was badly damaged following a fire involving a candle;

² See Item 12.

³ As reported by the Universities Safety and Health Association

⁴ More serious accidents and incidents which must be reported to the Health and Safety Executive (HSE)

⁵ Fire is defined as a fire which had to be extinguished using an appliance

- two potentially serious incidents occurred within a chemical laboratory, no serious damage transpired on this occasion, however the potential was noted.

As anticipated the total numbers of staff attending health and safety training courses fell in 2007, this, mainly due to temporary reduced staffing levels at Health and Safety Services and a reduced service being offered. This trend will be reversed in 2008 and a notable increase in staff training is forecasted, in particular as the new strategy takes effect.

The University has long desired greater information on managerial performance and success, at both departmental and institutional levels. To provide this information Health and Safety Services has embarked on a programme of college and departmental health and safety management systems audits; using an amended sector health and safety auditing tool. The audit programme will aid the University's understanding of the problems experienced by its constituent colleges and departments and help direct support to those activities and colleges/departments which require it most.

To complement college/departmental performance auditing, greater emphasis is also placed on further developing the Corporate Health and Safety Risk Assessment. The corporate risk assessment provides a University-level appraisal of risk exposure across numerous (>50) themes, from asbestos management to field work and gas safety, and provides a basis for prioritised action planning.

The activities of Health and Safety Services and the overall performance and risk profile of the University continues to be overseen by the Safety Executive Task Group and the University's Health and Safety Committee. Both bodies take an active part in leading and driving the agenda for health and safety and continually improving its profile and risk exposure.

Over the course of the year it is felt the University's *risk exposure* and overall health and safety performance level has improved; this particularly as a strategy is agreed, the Corporate Health and Safety Risk Assessment evolves and a more tailored health and safety support service begins to take effect.

All these elements are considered key to supporting a successful University and to the enhancement of a developing culture of health and safety mindfulness.

2. INTRODUCTION

The annual report is broken down into constituent reports offering commentary on performance and statistics for 2007 and provides observation on planned work and expectations for 2008.

Summary annual reports are provided for:

- the Department of Health and Safety Services.
- the Health and Safety Committee, and,
- the Safety Executive Task Group.

Themed statistical reports and summary information are provided as:

- Staff Health Profile Report.
- Staff Illness (Statistical) Report.
- Accident and Incident (Statistical) Report.
- Fire and Fire Alarm Incidents (Statistical) Report.
- Staff Training Report.
- Student Health and Safety Report.

The University's Strategy for Health and Safety.

The Annual Report 2007 is the second such report and will, it is hoped, develop into a series of valuable documents for reflection and performance benchmarking.

Further information on the report and health and safety management and performance is available from:

Health and Safety Services
Bangor University
College Road
LL57 2DG

Tel: 01248 383847
Email: healthandsafety@bangor.ac.uk
Web: www.bangor.ac.uk/hss

3. HEALTH AND SAFETY SERVICES REPORT

Health and Safety Services is the University's main provider of Competent Health and Safety Advice⁶ and is a central service department, whose performance is overseen by the Safety Executive Task Group.

2007 witnessed significant changes to the department, with predominantly our old image and name being laid to rest. Gone is the old health and safety culture where we were seen to be 'aloof', and in its place will be a Department, with a pro-active approach to health and safety management and promotion, which will provide a practical health and safety support service to help and advise on all aspects of health and safety, be these occupational or not.

To support this 'cultural' change and better reflect our fresh approach, *Health and Safety Services* was proposed as the department's new title.

In addition, Gareth W. Jones was appointed as the new Head of Department; following the departure of Mr David Hague, the long standing previous Head, who retired after more than 25 years loyal service to health and safety at the University.

Two other key appointments were also made to enhance service delivery and quality; these being Mr Joe Patton, Occupational Health Practitioner, and Miss Suzanne Barnes, Health and Safety Support Officer.

One post remains outstanding and an appointment is anticipated to the position of Health and Safety Assistant in June 2008. This will bring the staffing level back up to 'normal' and the revised staff profile for Health and Safety Services will be:

- Head of Department (*general H&S advice*)
- Health and Safety Adviser (*general H&S advice and training*)
- Occupational Health Practitioner (*staff health support and enhancement*)
- Health and Safety Support Officer (*supporting service delivery and initiatives*)
- Health and Safety Assistant (*administration and health support and promotion*)
- Office Clerk⁷ (*data entry and office administration*)

The department continues to oversee all aspects of health and safety at the University and monitor performance against legislative obligations and good practice.

Significantly, during the year the department has:

- reviewed its own function and performance and revised its strategic approach;
- researched and developed a new strategy for health and safety;
- undertaken numerous task specific assessments of 'themes' and activities eg Falls, Glazing, Lone Working and Electrical Equipment Safety;
- developed an amended health and safety auditing tool, based on a national HE Sector package, and commenced on an auditing schedule for Colleges, Departments and Themes;
- re-examined and updated the Corporate Risk Assessment;
- started a review of existing training modules eg DSE, Fire;
- formulated new training modules where required eg Portable Appliance Testing and Inspection.

The new strategy also clearly established the promotion and support of good health as a guiding principle, and the new Occupational Health Practitioner has done much work to drive the health agenda and raise the profile of health amongst staff. Changes include:

⁶ As required by legislation

⁷ Post to be confirmed pending review

- a move away from the old referral system;
- introduction of healthcare checks;
- healthcare plans to support 'return to work' of ill health cases;
- train staff in the use of defibrillators;
- improvement in healthcare management of expectant and new mothers;
- introduction of 'Exercise for Life' venture.

Outline Plan of Work 2008

The new year gave Health and Safety Services the opportunity to start developing and promoting the new 'strategy and drivers' and to enhance its service delivery. To support this, the following work has commenced and/or been completed:

- 'Weightloss Challenge' set up in the new year to encourage staff to get fit and raise money for the Ty Gobaith Children's Hospice;
- creation of a new Health Record Booklet to complement staff Health Checks;
- setting up of training exercises with the Fire and Rescue Service to enhance relations and improve the University's understanding of handling of emergency situations;
- introduction of a new Health and Safety Services website and web resource;
- development of a new documentation system that seeks to replace the existing 'jargonistic' policies and guidance documents with new Policy Standards and Information Sheets;
- identification and creation 'in-house' (where possible) of new training courses eg Vehicle Maintenance, PAT testing and Electrical Safety, Laboratory Safety, Compressed Gas Safety, Health and Safety Briefing Sessions, H&S Coordinator training, etc;
- scheduling of regular H&S Coordinator Workshops (first planned for 12th June) to provide better support and guidance to those members of staff with full or part time health and safety duties;
- additional Staff Healthcare Checks;
- continuation of College / Departmental Audits, in accordance with Audit Programme;

Other significant work includes the health and safety audit schedule, a challenging and now labour intensive task which nevertheless is now seen as integral to the department's objectives and role.

In addition to the above, it is envisaged that the department will play a key role in the development and implementation of an institutional 'well-being' initiative and agenda and staff given an opportunity to enhance their own experience and training in this and other developing areas.

Health and Safety and the Community

Health and Safety Services continues to act as Secretariat to the North West Wales Health and Safety Group and numerous seminars and Talks have been held. The Group has over a hundred members from all types of employers across north Wales.

The link between the University and the Group is greatly valued and is seen as a means of sharing knowledge with the community and being part of raising the overall profile and understanding of health and safety across a broad section of regional employers.

Institution of Occupational Safety and Health (IOSH)

The Health and Safety Adviser, Lisa Fowlie, three year term of office within the Presidential Team for the Institution of Occupational Safety and Health (IOSH) comes to a conclusion in November 2008.

The role has provided the excellent opportunity to be actively involved and leading on:

- *Central Governance*: The restructuring of the Governance of IOSH and the introduction of the Board of Trustees including organisational changes to the Senior Management Team and associated Directorates. This includes agreement of the new Corporate Strategy and the key performance indicators by the Directorate.
- *Membership*: Branches and Groups are working on increasing and developing the strength of the membership numbers (over 32,000 in over 80 countries), communication links and strategies. They have also been promoting the recognition of individual Chartered status for members and the associated membership structural changes, especially the introduction of initial / continuing professional development.
- *Committees and Meetings and Working Parties*: Have been working within IOSH and with other professional bodies to develop themes, campaigns and partnership working. Comment has also taken place on consultation documents and the changing organisational structures and strategies with respect to the recent Health and Safety Commission / Health and Safety Executive merger. Current work includes the development of the new Health and Safety Executive strategy and delivery of key performance indicators.
- *Conferences, Campaigns and Media*: Have been developing and presenting an outward facing focus for key topics and issues, currently these are 'Young persons', 'Get the Best', 'Back to health, back to work' and 'Taking the Myth'. These initiatives are represented by presentations, television, radio, key publications, National Media and lobbying activities with the Government and political parties. This also includes the IOSH brand review and communications and International Strategies.
- *Social events and formal dinners and other activities*: Being present, being seen and being heard.

The experience and knowledge gained from undertaking the role, from personal skills to general and global health and safety involvement, including key contacts, associations and partnership work are all seen as transferable and beneficial to the University role.

Health and Safety Services and the University can only benefit from the time spent on IOSH activities as the knowledge is transferred and experience enhanced.

4. HEALTH AND SAFETY COMMITTEE

The Health and Safety Committee is the Committee of Council which oversees all aspects of health and safety at the University and is the primary health and safety consultative body.

The Committee continues to be chaired by Dr Andy Beaumont, Reader at the College of Natural Sciences, and has as its membership representatives of Trade Unions, Council, University Management, Colleges, Service Departments and the Students' Union.

The Committee met on two occasions during the year and notably considered and recommended for approval the Health and Safety Strategy. The Committee also witnessed the establishment of a new Sub-Committee overseeing health, safety and well-being of students; this Sub-Committee is chaired by Dr Ioan ApDewi, Academic Registrar.

Its active Sub-Committees are:

- Radiation Health and Safety Sub-Committee
- Chemical and Biological Health and Safety Sub-Committee
- Student Health, Safety and Well-being Sub-Committee

It is envisaged the 'Staff Health and Well-being Sub Committee' will embark on its work following the conclusion of the associated 'Task and End Group', which is presently considering the development of a positive work environment initiative.

The Committee also receives regular reports from the Safety Executive Task Group and has in particular received and considered more detailed reports on the following:

- The Risk from 'Falls from Heights'
- The Risks from 'Glazing' across the estate
- The New Health Agenda

5. SAFETY EXECUTIVE TASK GROUP

The Safety Executive Task Group is the 'management' body for health and safety at the University. It also generally oversees the work of Health and Safety Services as well as overall health and safety performance and risk exposure.

The University Secretary & Registrar, Dr David M. Roberts, continues to chair the Task Group, which has as members the Directors of Human Resources and Estates & Facilities, the Chair of H&S Committee, the Deputy Registrar and the Head of Health and Safety Services.

Most significantly, during 2007 the Task Group has overseen the continual development of both the Corporate Health and Safety Risk Assessment and the University Health and Safety Strategy.

The Task Group also considered and agreed action on a number of reports over the course of the year, including:

- implementation of a University-wide H&S Management Audit programme
- falls from heights risk assessment;
- glazing risk assessment;
- revision of non-smoking policy;
- stress survey and action plan; and,
- the strategy for health and safety.

The Task Group's role is continually augmenting and has developed into an integral part of health and safety management at the University.

The expansion of membership of the Task Group to include the Director of Estates & Facilities offers greater appreciation and understanding of estate-related risks and provides additional knowledge and experience of risk management approaches.

The corporate health and safety risk assessment, combined with the direction given by the strategy and themed audits, provides a nucleus of information which enables the Task Group to operate as a successful overseeing body.

6. STAFF HEALTH PROFILE REPORT

HEALTH

Because we spend most of our life 'at work' it makes sense to use this time to invest in the present and future health of staff.

In October 2007 an initiative was introduced by the Occupational Health Practitioner to promote health at work, involving a 3 year programme of health checks.

The health check equips individuals with an up to-date record about their own state of health, which will either prove reassuring to those with good health or highlight to others that their health is possibly at risk.

As part of the 'health check' a personalised booklet is provided which provides advice and guidance on action to take to prevent the onset of avoidable illnesses, including cardiovascular disease, high blood pressure, stroke and lifestyle related diabetes.

Since October and December 2007 a total of 95 people were seen from the following work areas:

AREA	NUMBER OF PEOPLE
Academic Registry	2
Biological Sciences (animal workers)	12
Canolfan Bedwyr	20
Domestic Staff	24
Council members	2
Maes Glas	14
Print Unit	8
Tir Na Nog	13
Total	95

The planned programme for 2008 will continue to see more people from the Departments previously visited and extend to Estates & Facilities, Education, Students' Union, Student Services, Chemistry and Human Resources.

Method

Each individual receives a health interview that covers a range of topics, including their recent sickness absence history, measurements of weight, blood pressure, blood sugar and blood cholesterol. Lifestyle issues such as drinking, exercise and smoking are discussed.

Based on the health check results, each individual receives a coronary risk assessment score and those with further healthcare needs are advised of the appropriate action to take. All those seen are advised to keep their health check record and use it as a point of reference to monitor changes for the better or otherwise in the years ahead.

Results

The results for each individual are confidential and includes a personal stress rating. The following information details the overall profile of health amongst the people who have been seen.

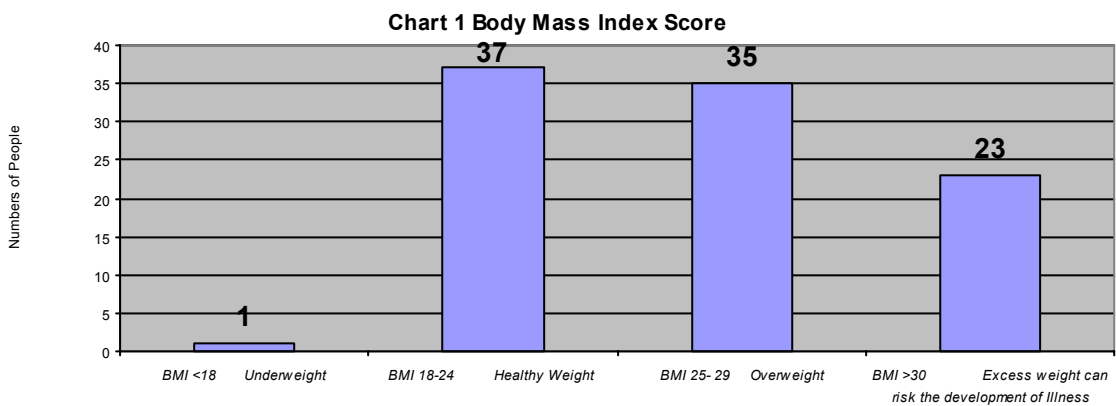
AGE PROFILE

<20yrs	20-29yrs	30-39yrs	40-49yrs	50-59yrs	>60yrs
4	19	23	21	16	12

BODY MASS INDEX (BMI)

The healthy weight range is considered to be a BMI score of 18-24. Scores that are slightly over this (e.g. 25-29) can occasionally reflect muscle mass, but most cases were simply a reflection of excess weight. Scores over 30 can indicate health problems including diabetes, mobility problems due to strain affecting the weight bearing hip and knee joints. High scores also reflect a higher strain being placed on the heart and lungs upon strenuous exertion (Chart 1)

To support health and weight, a 10 week weight loss challenge was designed in conjunction with the Maes Glas sports centre. A total of 28 people joined. The outcome resulted in a 200lb weight loss and a £1000 sponsorship donation to the Ty Gobaith Children's hospice.

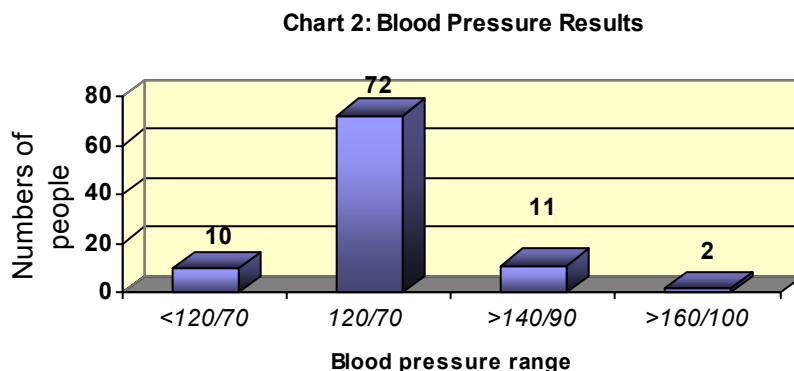


BLOOD PRESSURE

This is the pressure of blood that circulates around the body when the heart beats. According to the National Institute for Health and Clinical Excellence (2006), blood pressure should be within a range of 120/70 and 140/90.

High blood pressure is defined to be a level that is persistently raised above 140/90 mmHg. At this level lifestyle advice often succeeds in preventing blood pressure increasing further and frequently reduces it to an acceptable level.

Those with results above 160/100 were advised to seek medical care from their own GP. Results at, and above this level increases the risk of conditions such as heart attack and stroke. People with raised or high blood pressure often do not have symptoms and most people only find out they have high blood pressure during health checks or when health problems have actually occurred.



BLOOD SUGAR

The normal range is between 4 to 8 mmol/l, although this figure can rise to just below 10mmol/l, shortly after a large meal. All results were within this range.

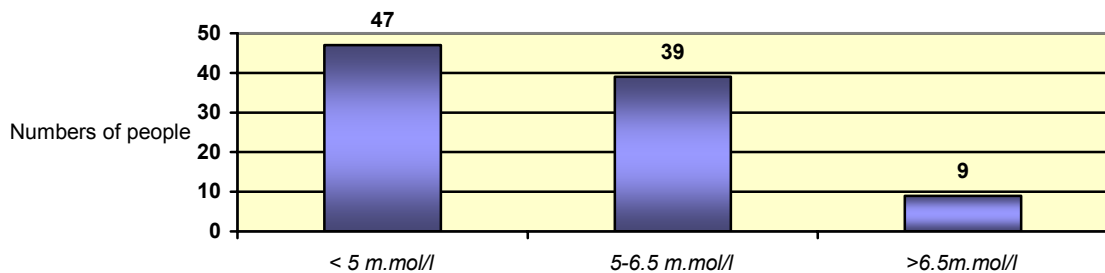
BLOOD CHOLESTEROL

Having cholesterol is often assumed to cause heart disease. In reality factors like smoking, high blood pressure, being overweight, not taking enough exercise, age and family history are more relevant. Having a high cholesterol level does not cause symptoms and most people only find out they have high cholesterol during health checks or when health problems have actually occurred.

The overall aim of lowering cholesterol is to reduce the risk of heart disease. The type of treatment depends on the overall risk but there are two main ways:

- The first is a healthy lifestyle, exercising on most days, eating a low fat diet, not smoking and drinking alcohol within the recommended limits.
- The second is to combine lifestyle changes with cholesterol lowering medicines known as statins.

Chart 3: Blood Cholesterol Level



Measurements under 5m.mol/l are ideal. When cholesterol was found to be above 5mmol/l, advice was given to reduce the intake of saturated fats from dairy products and increase the consumption of cereals, vegetables and fruit.

Those with quantities of cholesterol that are greater than 6.5 mmol/l have been advised to make the result known to their GP who will consider a fasting blood test to look at the ratio between harmless and harmful cholesterol and provide the necessary treatment to prevent heart problems developing.

ALCOHOL, EXERCISE AND SMOKING

These lifestyle factors are under the direct control of the individual who can choose to promote health or risk the development of avoidable illness. The health check programme enables a more informed, individual choice to be made.

Chart 4: Alcohol Consumption

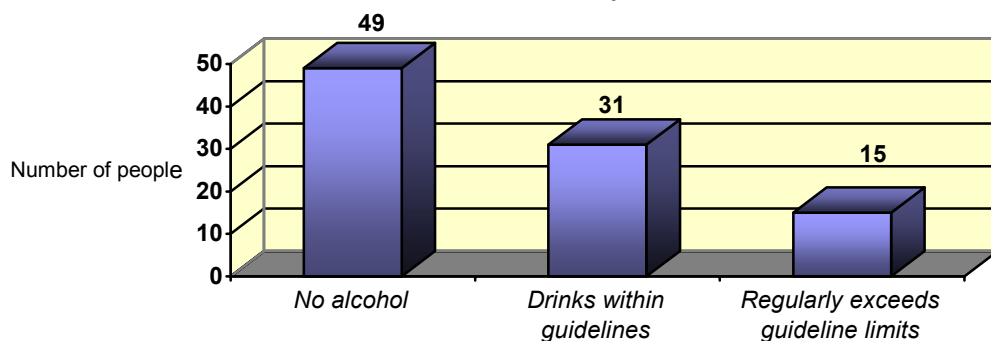


Chart 5: Weekly exercise levels

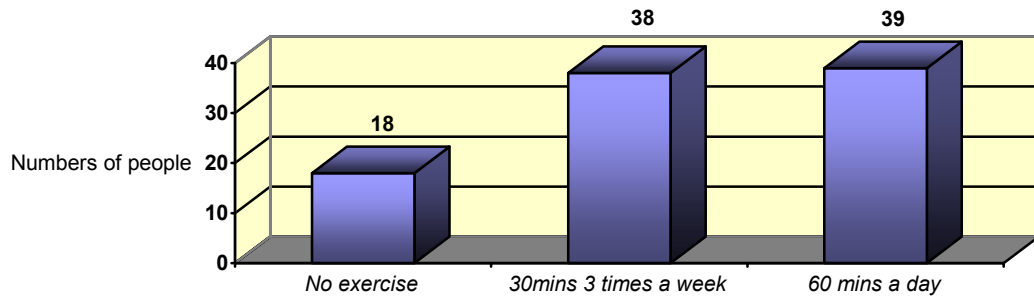
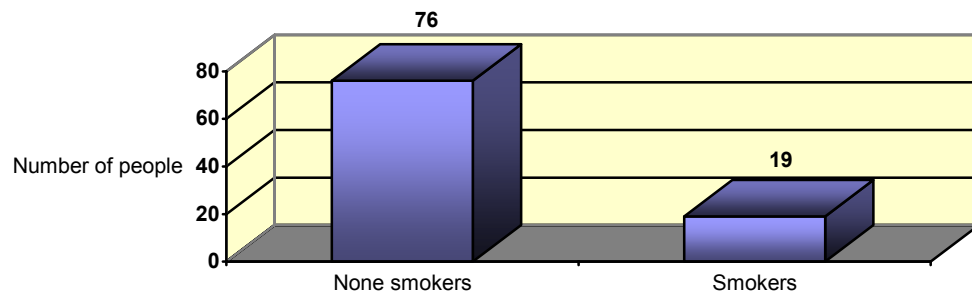


Chart 6: Numbers of smokers

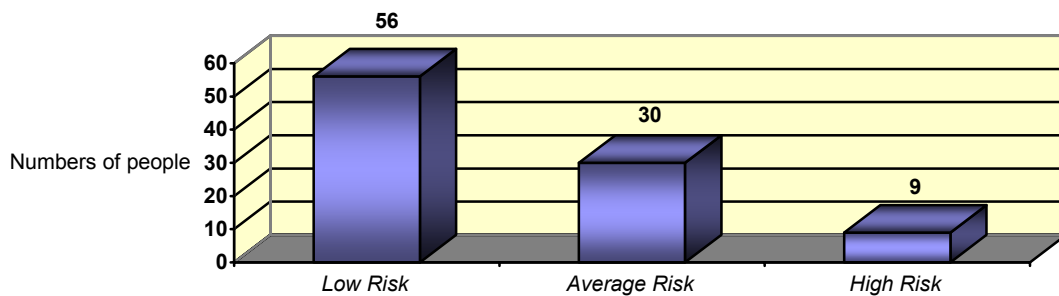


DUNDEE CORONARY RISK ASSESSMENT

There are many reasons for the development of coronary heart disease. These include heart problems we are born with (congenital), heart problems that are commonly passed down through our family (hereditary), numerous medical conditions and factors that we can influence ourselves – lifestyle factors. The ‘Dundee Coronary Risk Assessment’ measures the relative risk of developing disease based avoidable lifestyle factors.

On an individual basis the risk assessment allows individuals to understand their risk of developing coronary heart disease and the impact on the outlook for their future health by making healthier choices.

Chart 7: Dundee Coronary Risk Disk Results



Coronary heart disease is the principle reason for people not surviving until retirement age. To improve survival rates, the provision and training in the use of external automated defibrillators has commenced with the training of staff working at the Maes Glas sports centre (who have since used the defibrillator for successful resuscitation) and has now extended to security staff.

7. STAFF ILLNESS REPORT

The following advises on staff reported 'sickness' absence with an emphasis on statistical data for 'medically certified' absences, as such data holds greater statistical 'accuracy'.

The report covers a period within Health and Safety Services where the Occupational Health quality and provision fluctuated up until the appointment of the present Occupational Health Practitioner in July 2007.

Headline Statistics

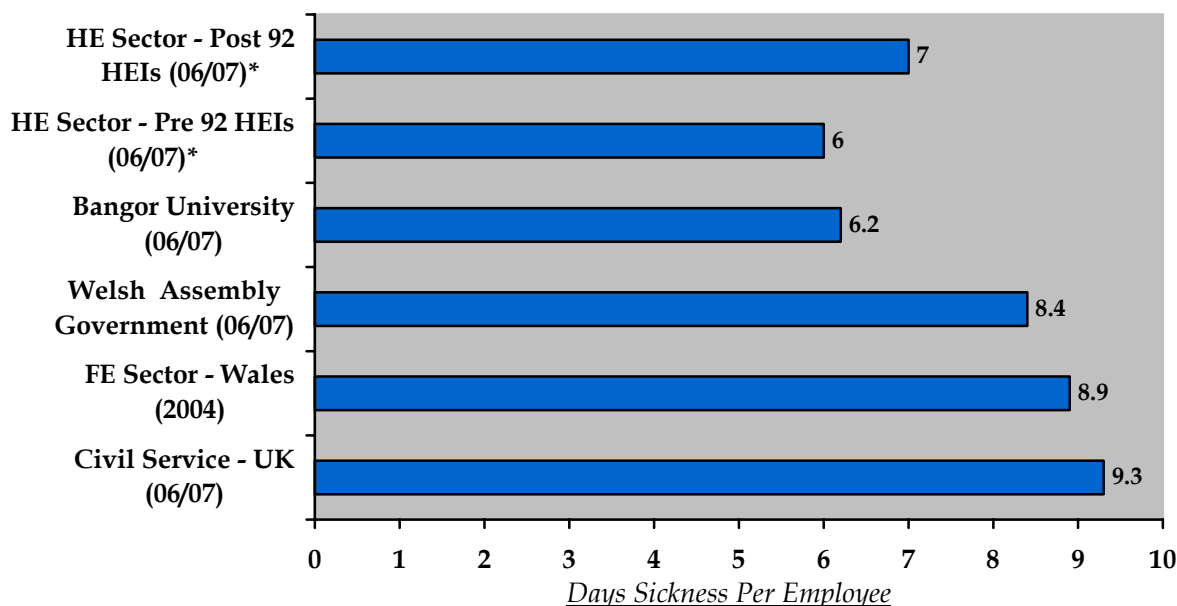
The Headline Sickness Absence rate data is provided by Human Resources and should be considered as an **indicator** only at this stage.

It is apparent from an appraisal of the 2007 data that anomalies exist in the data's accuracy. These anomalies are likely to have an adverse effect on the values produced within this section of the Annual Report. Health and Safety Services and Human Resources will seek to address data accuracy to ensure the 2008 Report provides real value and accuracy.

Bangor University's Sickness Absence rate⁸ per employee/year for 2006/07 is 6.2 days, which equates to 2.1% lost time.

The University's sickness absence rates compares nationally as follows:

National Comparisons (Work Days lost Per Employee/Year)



* Data provided by HR Benchmarking – DLA Piper

Valued Data

Health and Safety Services currently places greater emphasis on medically certified sickness absence as causations and effects on the person are better understood, as they are not confused by 'one-off' single day absence non-medical explanations. In addition, it is recognised that tackling and understanding longer-terms absence is a key objective of the University.

⁸ Absence rate provided by Human Resources as part of a national survey. This should be used as an 'indicator' rate only due to statistical anomalies.

Medical certificates (doctor's notes) are required for over 7 Calendar days absences.

➤ Over 20 Days Sickness Absence

The following table accounts for the reasons given for medically certified illnesses that exceeded 20 working days during 2007. This information is then compared to the incident rate of sickness absences for 2007 that were under 20 working days.

MEDICALLY CERTIFIED REASONS FOR SICKNESS ABSENCE

REASON FOR SICKNESS	NUMBER OF EPISODES UNDER 20 WORKING DAYS	NUMBER OF EPISODES OVER 20 WORKING DAYS	% INITIAL EPISODES ESCALATING INTO LONG TERM SICKNESS
Generalised Musculoskeletal Illness (including fractures, hernia repairs, arthritic conditions, sprains and strains)	96	31	33%
Psychological (including dependency issues, anxiety & depression)	74	27	37%
Back Problems (including neck, low back and sciatica)	79	14	18%
Tumour (including benign and malignant)	5	8	-
Genitourinary/Gynaecological (including kidney stones and hysterectomy)	35	8	23%
Cardiovascular (including high blood pressure, stroke, heart disease, angina)	6	6	100%
Gastrointestinal (diahorrea, vomiting)	260	6	2%
Pregnancy related (including high or low blood pressure & severe nausea)	15	3	20%
Miscellaneous (skin, respiratory, ear, nose & throat conditions)	158	3	1%
Colds and flu	292	0	-
Headache and migraine	89	0	-
Other specific reasons	104	0	-
No reason specified	242	0	-

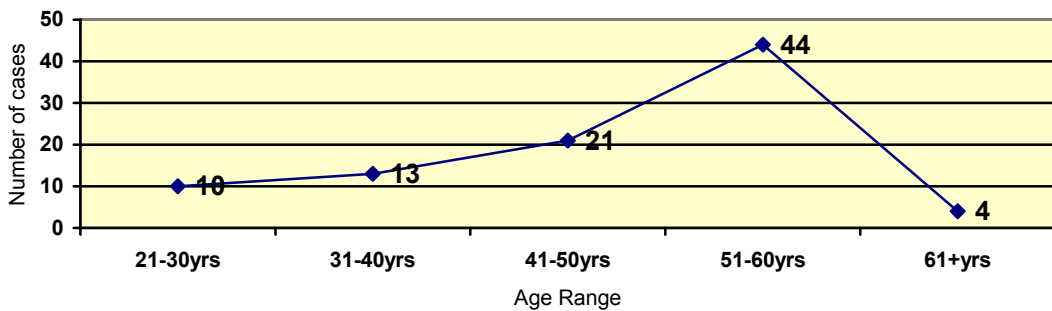
AGE DISTRIBUTION OF MEDICALLY CERTIFIED SICKNESS ABSENCE CASES

	21-30yrs	31-40yrs	41-50yrs	51-60yrs	61+yrs
MSD	2	4	6	12	2
Psychological	3	1	8	10	0
Back problems	0	1	3	5	1
Tumour	0	2	1	4	1
Genitourinary/Gynae	0	4	1	3	0
Cardiovascular	0	0	0	6	0
Gastrointestinal	2	1	0	3	0
Pregnancy related	3	0	0	0	0
Miscellaneous	0	0	2	1	0
	10	13	21	44	4

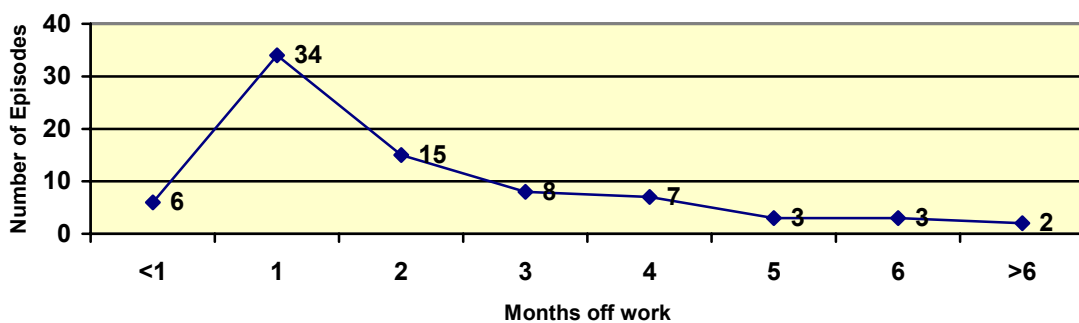
DURATION OF LONG TERM SICKNESS ABSENCE: JANUARY – DECEMBER 2007

<i>Reason for sickness absence</i>	Over 20 working days and under a calendar month	1	2	3	4	5	6	Over 6 months
Generalised Musculoskeletal Illnesses	9	16	6		1			1 (371 days)
Psychological	6	7	6	5	1	1	3	
Back problems	7	5	1	1	1			
Tumour	2	3		2	2	2		
Genitourinary/Gynaecological	3	1	1					
Cardiovascular	1	2	1		1			1 (329 days)
Gastrointestinal	4				1			
Pregnancy	0							
Miscellaneous	2							
Total Number of continuous absences per month	33	34	15	8	7	3	3	2

Age distribution of sickness absences greater than 20 working days
Jan - Dec 2007



Duration of Long Term Sickness Absence Jan-Dec 2007



8. ACCIDENTS AND INCIDENTS REPORT

Within this Section annual statistics are provided for Accident Reports received by Health and Safety Services in 2007.

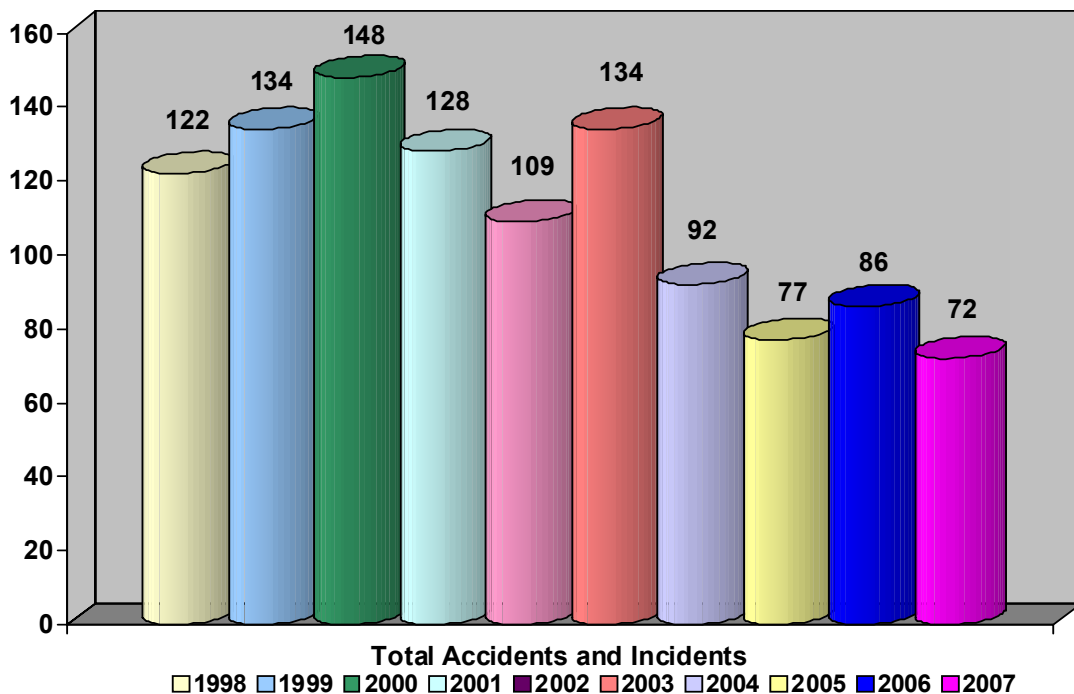
In this context an 'accident' is defined as an unplanned or unexpected event which led to personal injury of any kind⁹.

ACCIDENTS & INCIDENTS

General

The total number of accidents and incidents reported to Health and Safety Services in 2007 was down on 2006, numbering 72 in total.

Bangor University Accident/Incident Totals 1998 - 2007



It is observed the accident rate should be considered against a noticeable increase in the number of persons "at risk" as there were over 13,000 staff and students (*averaged over 2006/2007 Academic Year*) at the University, a marked increase on approximately 10,000 'at risk' in 2006.

Note: Additional accident/incident reports were also received by Health and Safety Services which are not included within the above statistics. These are:

- 37 accident/incident reports received for sporting injuries;
- 19 potentially dangerous-conditions and near misses reported;
- 11 medical incidents reported (these for such things as 'fainting' and 'epileptic fits').

○ National Comparators

To provide a national 'comparison' for accident rates¹⁰ the total recorded accidents is

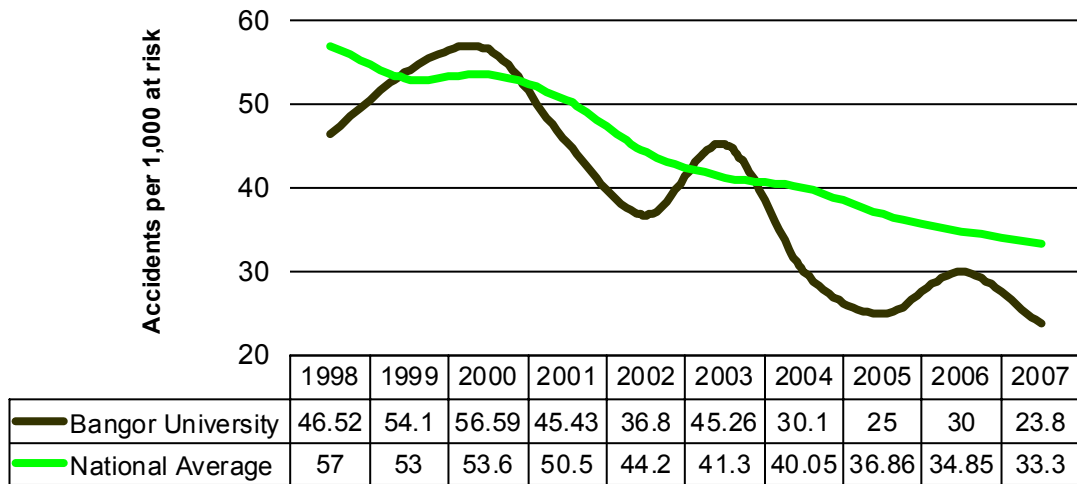
⁹ Other definitions are available which include 'near misses' and property damage

calculated on the basis of “1,000 persons at risk”; ie, the total number of staff and student accidents is divided by the number of staff/students to give a ‘steady’ comparable statistic.

For Staff

2007 accident statistics indicates a staff recorded accident ratio of 23.8 accidents per 1,000 members of staff employed. This compares favourably with the national University Sector average of 33.3 accidents to members of staff per 1,000 at risk¹¹. The trend, both nationally and locally, is downward; this is reassuring.

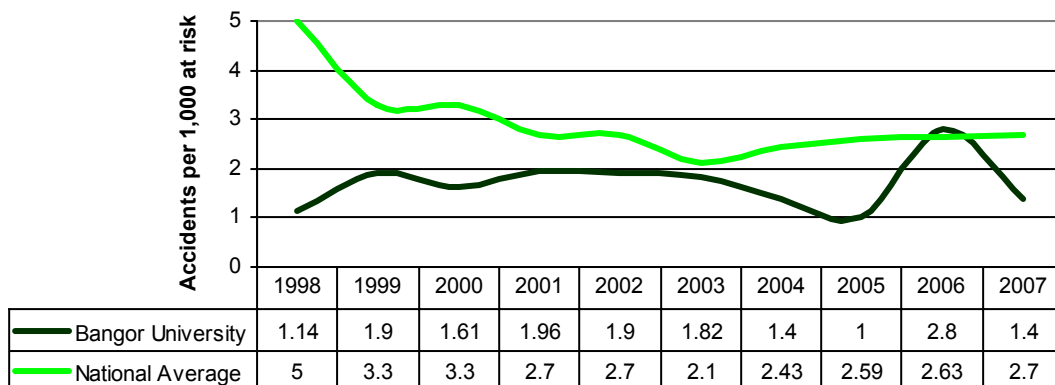
National and Bangor University accident rate averaged per 1000 staff at risk



For Students

Student accidents reported remain statistically low as a percentage of the overall accident total. This is a perceived problem nationally as student accidents tend to only be reported during supervised activities or where more serious injury results.

National and Bangor University accident rate averaged per 1000 students at risk



The 2007 statistics show a student accident ratio of 1.4 accidents per 1,000 students at risk, a 50% reduction when compared to 2006 with a ratio of 2.8 accidents per 1,000 students. In

¹⁰ National Statistics only consider accident and incidents which result in a personal “injury” and therefore University data is adjusted accordingly.

¹¹ It is noted that historically Bangor University statistics included all reported accidents whether an injury occurred or not – this is in line with HSE reporting expectations. This has been altered in 2007 to reflect National Reporting criteria.

real terms however this equates to a decrease of only **10** actual accidents – highlighting a difficulty in placing too great an emphasis on this *statistic* or *trend*. The overall decrease in student accidents does possibly show a real downward trend when also taking into account the notable increase in total student numbers at the University.

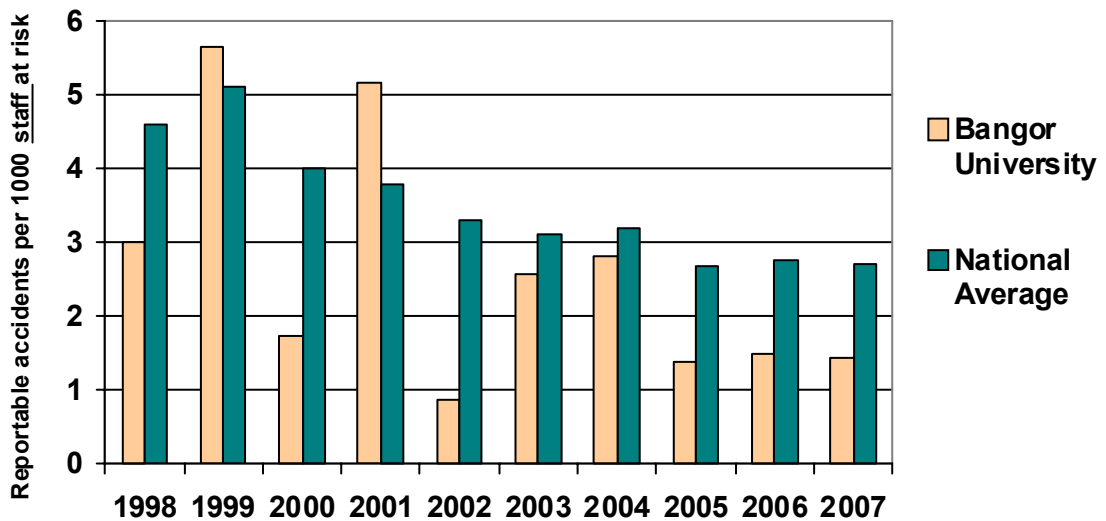
Reportable Accidents¹²

The total number of Health and Safety Executive (HSE) Reportable Accidents and Incidents for 2007 was 5; a reduction on the 9 reportable accidents and incidents in 2006.

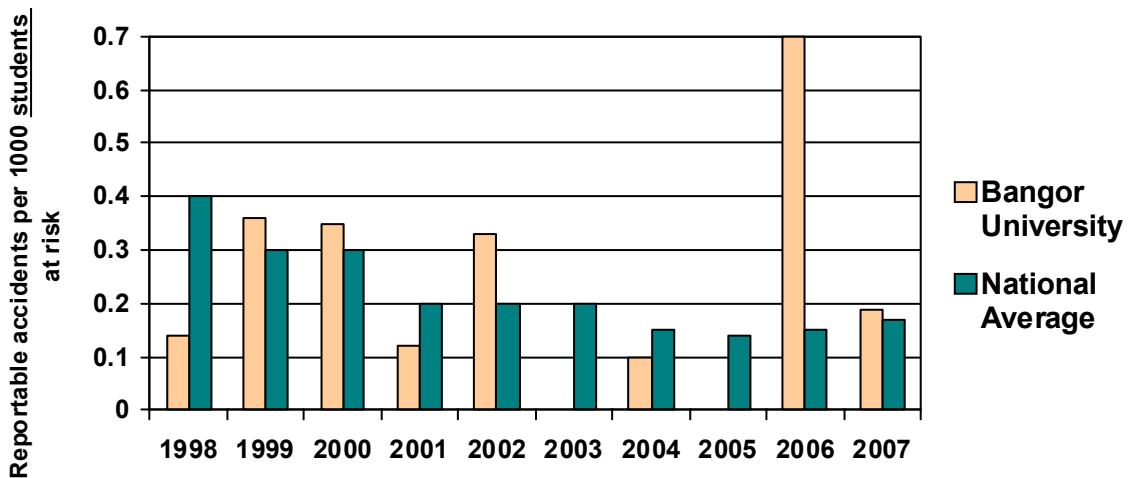
In 2007 the total number of ‘reportable’ accidents/incidents to members of staff remained the same as 2006, at a total of 3 reported occurrences. The total number of student ‘reportable’ accidents in 2007 has decreased from 6 last year to 2 occurrences in 2007.

For statistical purposes the reportable accident/incident ratios are provided as a calculation of 1,000 persons (staff, students) at risk.

Reportable (RIDDOR) Staff Accidents and Incidents per 1,000 at risk



Reportable (RIDDOR) Student Accidents and Incidents per 1,000 at risk



¹² Reportable accidents relates to those accidents and incidents which must be reported to the Health and Safety Executive under requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). Such accidents and incidents normally involve injury, time off work as a result of an accident and diseases and conditions associated with work.

Most significantly 13.3% of all student accident reports received by Health and Safety Services in 2007 ended-up as HSE reportable accidents. The staff ratio is around 1.5% of total accidents being reportable.

The student accident ratio shows a decrease on the 2006 data. However, the overall numbers of accidents reported is considered too low to be of any real statistical value and data is included here for information only.

The 2 reportable accidents to students in 2007 were as a result of:

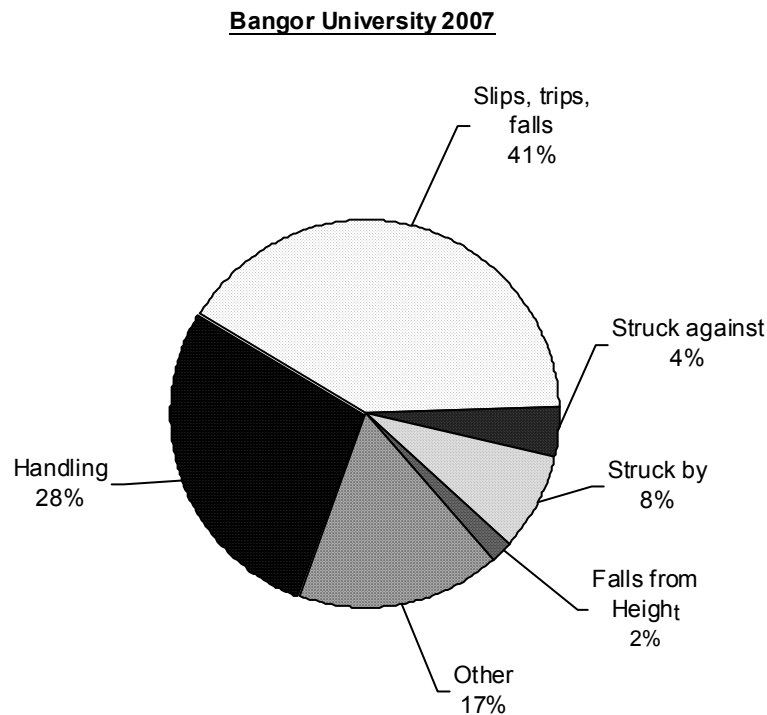
- A research student burning her cornea due to exposure to ultra violet light and receiving medical treatment at hospital;
- A research student received medical treatment following exposure to chemicals and shattered glass, as a result of localised combustion within experimental equipment.

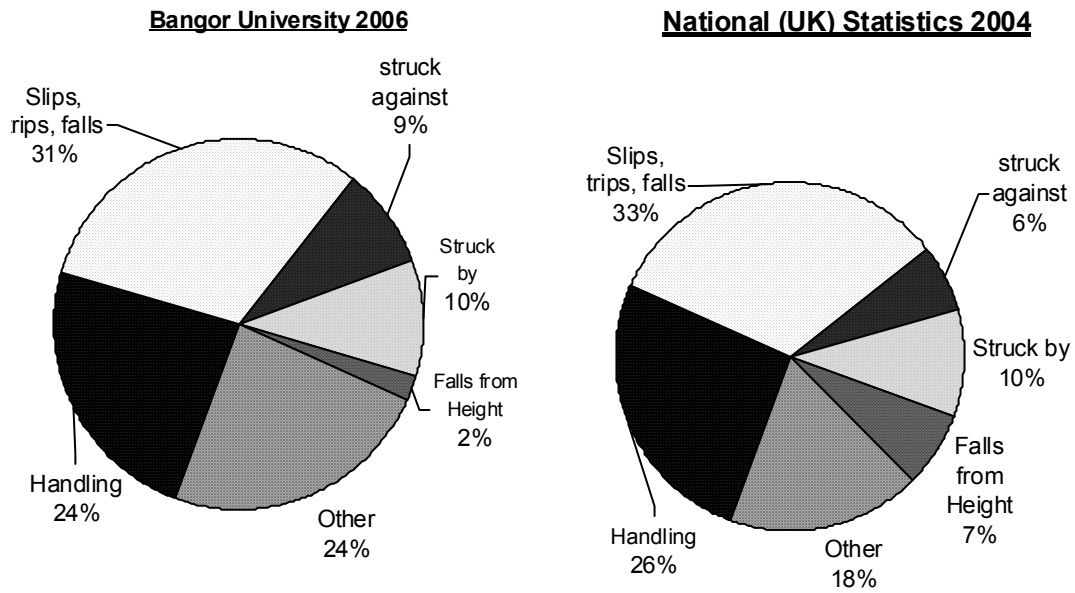
The 3 reportable staff accidents/incidents were as a result of :

- A member of the Domestic staff slipping on an external stairway due to 'algae/moss build-up' - *resulting in over 3-days off work.*
- A member of staff slipping on an internal staircase - *resulting in over 3-days off work.*
- A Technician 'pulled' his back whilst moving furniture - *resulting in over 3-days off work.*

Accident Causations

To understand why accidents occur and identify trending it is important to look at causes. For example, at Bangor University around 41% of accidents were due to slips, trips or falls on level ground or on stairs, this compares poorly to a UK average (in 2004) of 33% and is an increase of 10% on similar incidents in 2006.





Action is obviously required to address the number of slips, trips and falls incidents as well as the practices causing a steady rise in the number of 'handling' injuries across the University.

Improved Reporting

Health and Safety Service will continue in its efforts to improve accident and incident (including Near Misses) reporting, particularly as part of the auditing process, and is seeking to promote reporting through the introduction of 'on-line' reporting during 2008.

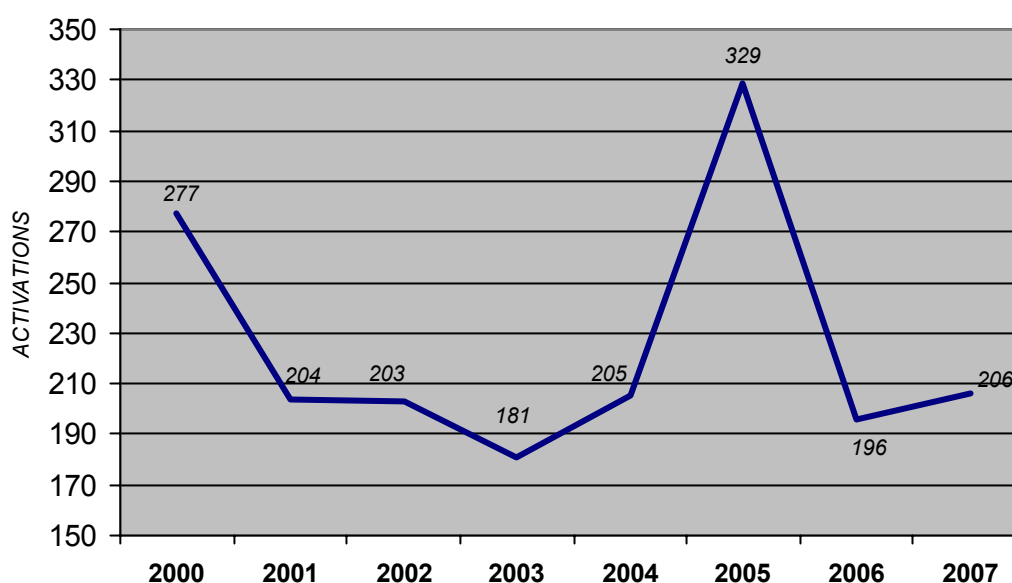
9. FIRE AND FIRE ALARM INCIDENTS REPORT

The annual fire and fire alarm report for the University is presented as a comparative record over a number of years and in accordance with criteria laid down by the Universities Safety and Health Association (USHA).

The national (USHA) fire statistics for 2007 are based on the incidents reported by 94 higher education establishments across the United Kingdom.

In some cases it is difficult to make direct comparisons between national statistics and those produced at Bangor University, but they do provide a good indication of the University's performance.

Bangor University Annual Fire Alarm Activation Totals & Trending



Causation of Fire Alarm Activations at Bangor University	2007	2006	2005	2004	2003
False alarms due to dust etc,	15	15	18	6	13
False alarms due to systems (or system faults)	70	78	124	74	59
Alarms due to cooking fumes or steam etc,	99	85	144	90	75
Malicious operation of the fire alarm	13	0	34	20	18
False alarms due to 'good intent'	1	11	6	4	7
Actual fires (whether or not extinguisher used)	5 ¹³	7	3	9	8
Other events	3	0	0	2	1
TOTAL:	206	196	329	205	181

A significant increase in fire alarm activations caused by malicious operation and by cooking fumes etc. was noted in 2007.

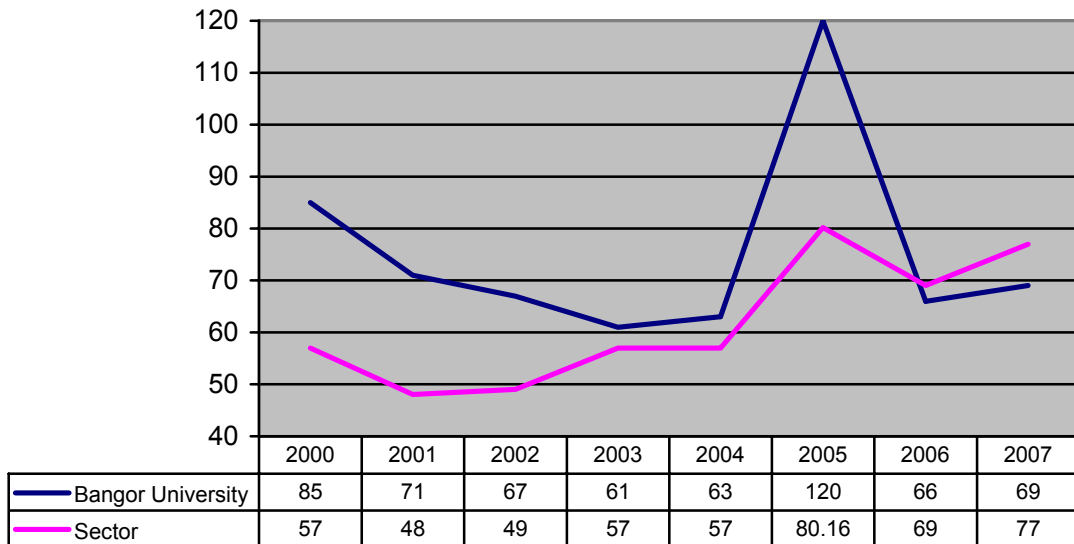
¹³ Four fires required the use of an extinguisher (or the fire service) to 'put out' and the 5th fire incident involved a 'paper towel' catching alight and burning-out.

National Comparison

Due to the reporting requirements of USHA, National Statistical comparisons are only possible for University managed Residential Accommodation.

In order to provide a ready Sector comparison, the National and Bangor University student Residential Accommodation fire statistics are produced per 1000 study bedrooms¹⁴.

Fire Alarm Activations per 1,000 Study Bedrooms

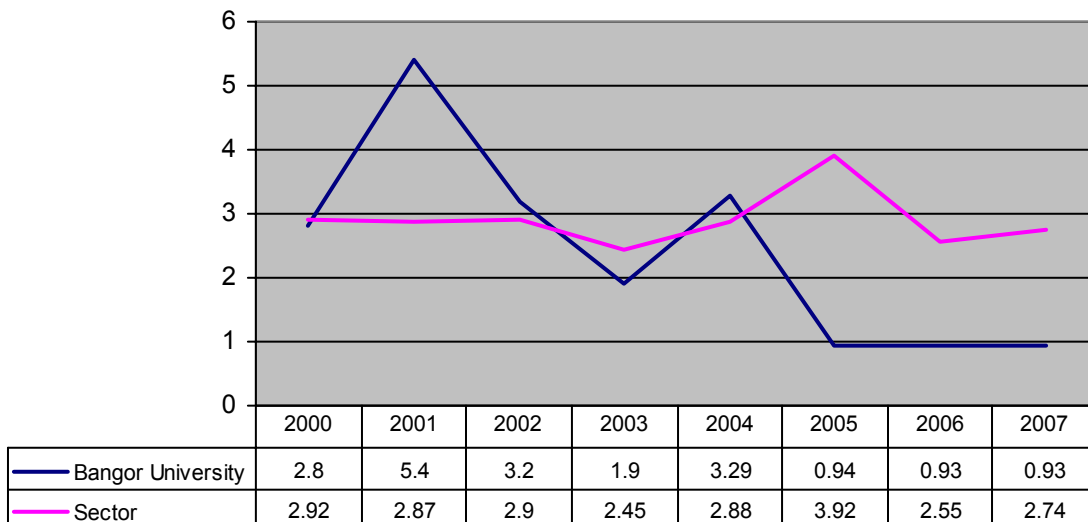


Although this is slightly higher than in 2006, the fire alarm rate remains lower than the national average, which has witnessed a year on year increase since 2001.

It is important that Bangor ‘bucks’ the upward trend if the goodwill and amiable relationship with the Fire & Rescue Service is to continue and to ensure students remain vigilant during fire alarm activations.

Actual Fires

Fires per 1,000 Study Bedrooms



Actual ‘Fire’ statistics are too low for great emphasis to be placed on them. However it is

¹⁴ Approximately 2,050 study bedrooms were in occupation/available at Bangor University in 2007.

noted that an expectation exists that there should be no fires at the University.

Activation Rates

There are approximately 3,600 fire and smoke detectors within the Halls of Residences at Bangor. When this is compared to the number of non-fire activations of the fire alarm a ratio of 3.9 'false alarms' per 100 detectors is attained. This is much lower than the national sector average of 5.3 activations per 100 detectors.

Other Information

There were four *actual* fires at Bangor University in 2007; two within residential accommodation and two within an academic building. There were no personal injuries as a result of these fires.

- The fires within an academic building were both within the same chemical laboratory and as a result of either poor lab-practice or lack of a considered risk assessment. Both fires resulted in minor damage but significant *potential* was noted.
- The first fire within a residential accommodation involved a fire within a study bedroom. This was caused by a falling candle or 'incense' stick landing on bedding and setting light to it – both candles and incense sticks are prohibited items within Halls.
- The second fire within residential accommodation involved a 'chip-pan' catching fire within a Family Flat. The damage to the kitchen was significant.

Across the University sector as a whole¹⁵ there were:

- 545 fires¹⁶ were reported within residential accommodation, 450 of these were in kitchens and 5 injuries¹⁷ resulted.
- Fire & Rescue Services across the UK attended the premises of those Universities surveyed (94) on a total of 6,117 occasions during 2007.

National Fire Service data (*for information only*):

- UK Fire and Rescue Services attended 862,300 fire and false alarm incidents in the 12 months to 31 March 2007 – a slight increase on the previous 12 months.
- Primary fires fell by 5% to 156,800. This is the lowest total since 1983. Within this, dwelling fires hit a 30 year low (55,000, down 4%).
- Fires in other buildings, including workplaces and areas where people gather, are at their lowest since 1958 (down 6% to 32,500) and road vehicle fires again fell (by 9% to 57,500) to their lowest total since 1990. Secondary fires rose by 5% to 261,200.
- Attendance at false alarms increased by less than 1% to 435,700 continuing the trend since 2001. Within this there was an 11% increase (to 32,200) in malicious false alarms and a slight increase (to 238,700) in false alarms due to apparatus.

¹⁵ As per the 94 respondents to the national HE fire survey 2007

¹⁶ Fires are defined as 'fires requiring the use of an extinguisher or more to put out/extinguish'.

¹⁷ Injuries are defined as 'injuries requiring hospital treatment'.

10. STAFF TRAINING REPORT

General

Health and Safety Services has provided a number of scheduled and ad-hoc courses to University staff and its Schools and Departments during the year. Most centrally organised courses, training sessions and special information briefings are provided by Health and Safety Services and/or external specialists, as appropriate.

Developments

As anticipated 2007 saw a reduced number of training courses being offered centrally (due primarily to temporary reduced staffing levels within Health and Safety Services).

Courses presented 'on demand' and tailored to particular Colleges, Schools and Departments continued to be a more effective system for attendance than scheduling an annual programme of courses.

Summary and Statistics

In general it is felt key health and safety courses are presently being well attended but it should be noted that there is currently no suitable audit trail for ensuring all new members of staff attend the two compulsory courses; Staff Induction and Display Screen Equipment (DSE) User. (From 2008 these two courses have been shortened and combined together within the main new staff induction day arranged by HR).

With the changes in the University structure a review of role, training and briefing requirements (and also communication links) for College/School/Department Safety Co-ordinators is commencing with the first meeting scheduled for June.

During the year over 548 members of staff attended Health and Safety Training sessions. Staff Training courses provided by/through Health and Safety Services include:

- 191 members of staff on Health and Safety Inductions for new employees
- 187 staff attended courses for computer users
- 35 staff attended tailored Risk Assessment courses
- 39 staff attended Manual Handling courses
- 12 staff have been trained in the use of Defibrillator (AED)
- 11 staff attended the 4-day First Aid Course, 29 attended 2-day refresher course
- 15 staff attended a Fire Safety course
- 13 research staff attended a Safety Monitor course

Future Courses

It is anticipated that key training courses will continue to be provided by Health and Safety Services, with an expansion of provision for specialised and tailored courses in association with other Colleges/Departments.

11. STUDENT HEALTH AND SAFETY REPORT

The inception of a new Sub-Committee on Student Health, Safety and Well-being has seen the beginning of a drive to bring different parties together and provide a vehicle for initiatives and to hear and act upon student concerns and ideas. The Sub-Committee considers all areas of student safety, health and well-being and seeks to bring together interested parties and departments.

The Sub-Committee is chaired by the Academic Registrar, Dr Ioan ApDewi, and membership includes representatives of the Students' Union, Student Services, Health and Safety Services and an academic College.

It is noted research (post-graduate) students in the 'wet' sciences are now treated more as 'members of staff' in terms of receiving health support from Health and Safety Services, as specialist occupational health and safety support may be necessary.

The issue of undergraduate and non-sciences research student 'health' support is being further considered by the Academic Registrar and developments are also possible in this area.

The future success of the Sub-Committee very much depends on enhancing cooperation from various parties at the University and, to an extent, community and local health support agencies. The development of a thought-out joint approach, which seeks to enhance and improve upon the nature and quality of information as well as the health profile of the student community, can only be beneficial.

The opportunities in this area are endless however any strategic developments must be rational and well thought out to be both achievable and valuable.

12. THE UNIVERSITY'S STRATEGY FOR HEALTH AND SAFETY



A STRATEGY FOR HEALTH AND SAFETY

The Strategy for Health and Safety sets out the vision, aims and objectives of the University for the management and improvement of health and safety over the next three years and beyond.

STRATEGIC PRINCIPLES

The Strategy is driven by goals and guiding principles and commits the University to:

- continual improvement in all areas of health and safety;
- developing, promoting and driving the health and safety agenda;
- introducing and developing suitable health and safety systems and performance benchmarks;
- supporting Colleges and Departments in implementing, managing and enhancing their own health and safety systems and standards.

STRATEGIC OBJECTIVES

To advance the strategic principles, it is the objective of the University and the Occupational Health and Safety Unit to:

1. ensure that the OHSU retains and enhances its professional competency and develops a reputation as a quality support service that communicates effectively across the University;
2. comply with relevant health, safety and welfare legislation and the University's Health and Safety Policy and to take action on the Corporate Health and Safety Risk Assessment;
3. encourage the inclusion of health and safety within appropriate academic programmes;
4. collaborate with or initiate research in areas of health, safety and wellness;
5. develop an approach that seeks to enhance the level of understanding of health and safety, including revising, developing and rationalising documentation and providing comprehensive and suitable information on health and safety and health education for managers, staff, students and others;
6. assess, produce and implement tailored health-support arrangements for staff and introduce a revised and progressive health surveillance and assessment scheme that seeks to promote occupational and general health and well-being of the individual;
7. introduce a benchmarkable health and safety audit system for the University and each College, School and Department and monitor performance against these benchmarks; and
8. assist each College, School and Department in identifying health and safety needs and provide practical support as required.

January 2008