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accidents don't have to happen



SAFE@WORK

SAFE@HOME

s p r e a d t h e c u l t u r e

Briefing Papers

L'ORÉAL



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Introduction

Accidents are a leading preventable cause of death, serious injury and long-term disability, which have huge impacts on the individuals who suffer from them, those who care for them, and wider society.

L'Oréal and RoSPA enjoy a long-term partnership based on shared values that ensure key safety and health messages are spread beyond the workplace and since 2017, L'Oréal's Safe@Work-Safe@Home accident prevention scheme has been rolled out to employees in more than 80 countries.

“At L'Oréal our employees and their health, safety and well-being is a shared value and a fundamental principle for us all. We believe that using a holistic approach to safety can bring huge benefits. By taking the safety knowledge and expertise we already use at work and applying it to employees' whole lives, we can reduce the number of life-changing accidents affecting them and their families.”

Thiago Ramos

Global Health and Safety Manager L'Oreal

How to use the Briefing Papers

The Briefing Papers contained in this document are an integral part of Safe@Work-Safe@Home, and aim to take safety beyond the workplace, in particular focusing on home safety and those who are most at risk from accidents.

The papers have been developed to be easily shared with L'Oréal's global EHS community, including plants, distribution centers, research teams, sales divisions and stores, etc., so that each site can use or adapt them and spread the messages locally considering the local context.

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“RoSPA is proud to be L'Oréal's Safe@Work-Safe@Home partner. Using these informative Briefing Papers, RoSPA provides L'Oréal employees with key home and leisure safety messages that support our shared 'whole person-whole life' approach to safety.”

Andrea Sims

Head of Strategic Partnerships, RoSPA

Homeworking

For many people, working from home for all or some of their working week is now the norm

Advances in communication technologies have transformed where and how we are able to work.

As a result, there has been an expansion in the type of roles that can be performed at home.

Traditionally, homeworking was associated with those engaged in low-paid, self-employed, small-scale manufacturing work, and this is still the case in many parts of the world. However, those working as employees in office-based positions are increasingly joining the ranks of homeworkers.

A joint ILO-Eurofound report – Working anytime, anywhere: The effects on the world of work – explores working from home in 15 countries (10 EU member states – Belgium, France, Finland, Germany, Hungary, Italy, the Netherlands, Spain, Sweden, and the United Kingdom, as well as Argentina, Brazil, India, Japan and the United States).



The report found that the benefits of working from home can include:

- Improved work-life balance
- Less time spent commuting
- Better productivity.

However, it also found a range of potential negative effects including:

- Longer working hours
- Higher work intensity
- Work-home interference.

Who works from home?

In the UK, there are more than four million homeworkers, with about 1.5 million of these working from home for all of their working hours. Here, the option for homeworking is supported by legislation – all employees who have worked for their employer continuously for 26 weeks have the right to ask if they can work flexibly in terms of time or place. An employer can turn down requests, but they must be able to explain objectively why an employee must work at its premises on business grounds.

In the US, census data show that 5.2 per cent of workers – eight million people – worked at home in 2017, up from 5 per cent in 2016 and 3.3 per cent in 2000, with research from the Bureau of



Labor Statistics finding that university-educated workers are more likely to do some work at home, compared to those without degrees.

In the UK, a similar “hierarchy” of homeworking is emerging with data from the Trades Union Congress showing that 12 per cent of managers work from home on a permanent basis, while only 2 per cent of employees in elementary occupations do the same.

Globally, it is estimated that as many as 300 million people may work from home.

As well as boosting productivity, homeworking can also reduce overheads and give employers a wider pool of candidates to choose from when recruiting. For employees with caring responsibilities – for children or elderly relatives – working from home may prevent them from having to leave the workforce altogether, and it can also open up employment opportunities for people with a disability.

Making homeworking work

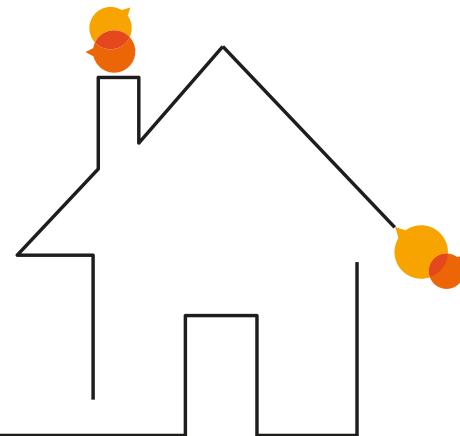
Homeworking is not for everyone and it can present certain challenges for both employers and employees. Acas, an organisation that promotes good employment practice, including via projects across the EU and Brazil, suggests the ideal homeworker needs to be:

- Self-disciplined and self-motivated so they can work on their own with little supervision
- Comfortable spending long periods on their own
- Able to separate work from home life.

RoSPA recommends that employers should address the health and safety of their employees who work from home, as they would with employees who work at business premises. Possible topics to be considered by an employer or manager to support homeworking include:

- Mental health, which is particularly important because of the potential for isolation and a failure to take proper breaks
- Physical hazards such as fire, electrical equipment, slips, trips and falls, the working environment (such as lighting), display screen equipment and workstation set up
- The company's occupational safety and health policies.

The ILO-Eurofound report contains more recommendations for how the positive effects of homeworking can be accentuated and the negative ones reduced. Summaries of the report are available to download in 22 languages. Visit www.ilo.org



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Mental health

Line managers have a key role to play in managing mental health in the workplace

Poor mental health is a major problem in the global workforce. Conditions such as anxiety, stress and depression can be caused or made worse by work-related factors including: poor job design and workplace conditions; violence, aggression and bullying; and poor management including a lack of support.

In the context of safety and accident prevention, RoSPA believes that poor mental health can adversely affect safety performance, particularly in high-hazard environments where close concentration and clear judgement are required.

According to the World Health Organization (WHO):

- Globally, an estimated 264million people suffer from depression, with many of these people also suffering from symptoms of anxiety.
- Depression and anxiety disorders cost the global economy US\$ 1trillion each year in lost productivity.



Is mental health still the “elephant in the room”?

“Good” work is good for people and good for business, and risks to employee wellbeing should be managed as any other risk to the organisation. Creating a culture where people can talk openly about work-life balance, their emotional wellbeing and times when their mental health is challenged increases understanding about mental health issues and supports sustainable and fulfilled working lives.

Arguably, mental health has a much higher profile than ever before, and some countries have introduced supportive legislation, strategies and policies. However, real challenges remain.

For example, the Mental Health in the Workplace in Europe consensus paper, funded through the Third EU Health Programme (2014-2020), reports that the majority of people living with a common mental disorder are employed but many are at greater risk of job loss and permanent exclusion from the labour market than colleagues without these problems, a situation worsened during periods of economic recession.

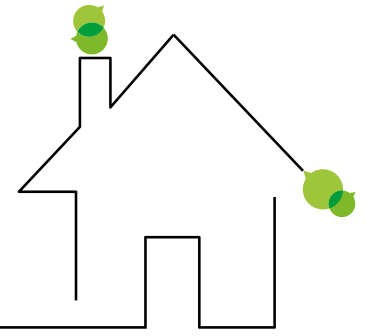


A role for line managers

The EU-funded report highlights various national initiatives to address mental health issues in the workplace, including in France, Belgium, Germany, Finland, Slovenia and Norway. The UK’s Management Standards for Work-related Stress, which have also been adapted and implemented in Italy, were among the highlighted initiatives, being found to have improved performance, lowered absenteeism, reduced turnover intention and reduced work-withdrawal behaviours.

The management standards shine a spotlight on six issues that line managers can influence in relation to their team’s mental health:

- Demands – workloads, work patterns and work environment
- Control – a worker’s control over the way they do their work



- Support – encouragement, sponsorship and resources provided by the organisation, line managers and co-workers
- Relationships – positive working to avoid conflict and dealing with unacceptable behaviours
- Role – clear roles and responsibilities that avoid conflict
- Change – the effective management of organisational change, no matter how small

Line managers need good training and resources that empower them to not only manage their own wellbeing but also to support their colleagues, including in understanding how the issues outlined above can impact worker wellbeing.

A holistic wellbeing strategy that is championed by organisational leaders and embedded throughout an organisation would be the ideal intervention, supported by occupational health services or professionals where they are available. However, the WHO is clear that changes that protect and promote mental health can be made even when wider support services are not available, including:

- Implementing health and safety policies and practices
- Informing staff that support is available
- Involving employees in decision-making, conveying a feeling of control and participation and promoting practices that support a healthy work-life balance
- Developing programmes for career development
- Recognising and rewarding employee contribution

As a proponent of the Safe@Work-Safe@Home approach to prevention, RoSPA encourages employers to consider the wider challenges to wellbeing that workers may face. Being a parent or carer can be challenging, and providing opportunities to discuss issues alongside work-related matters allows the “whole person” to be considered and conditions created which allow them and their organisation to thrive.

The WHO has a range of useful resources on mental health in the workplace at www.who.int/mental_health/in_the_workplace/, with content available in Arabic, Chinese, English, French, Russian and Spanish.



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Manual handling

Musculoskeletal disorders (MSDs) are one of the most common work-related health problems in the world, affecting millions of workers.

Across their life course, as many as 90 per cent of people will suffer from back pain, upper limb disorders and repetitive strain injuries.

Everyone has the potential to develop an MSD

The hazards and risks associated with musculoskeletal disorders (MSDs) are recognised across the world, and the widely accepted starting point to mitigate them is that hazardous manual handling operations and tasks involving significant physical effort, repetitive movement and poor physical posture should be avoided where possible.

A neutral posture is that which places the least amount of stress on the soft tissues connecting your body. If you have to adopt a posture that stretches your limbs away from your body for a long period of time or have to undertake an action that moves your limbs away from your core more than four times in a minute, you are at a much greater risk of injury over time. Muscles and soft tissues require time to replenish energy, remove waste and repair the damage from repetitive actions and abnormal or static postures.

Where avoidance of such postures or movement is not possible, risks must be assessed and control measures put in place that reduce the risk of MSDs.

According to the World Health Organization (WHO):

- Musculoskeletal conditions are the leading contributor to disability worldwide, with low back pain being the single leading cause of disability globally
- Musculoskeletal conditions and injuries are not just conditions of older age; they are prevalent across the life course. Between one in three and one in five people (including children) live with a musculoskeletal pain condition
- Musculoskeletal conditions significantly limit mobility and dexterity, leading to early retirement from work, reduced accumulated wealth and reduced ability to participate in social roles
- The greatest proportion of non-cancer persistent pain conditions is accounted for by musculoskeletal conditions
- Musculoskeletal conditions are commonly linked with depression and increase the risk of developing other chronic health conditions.

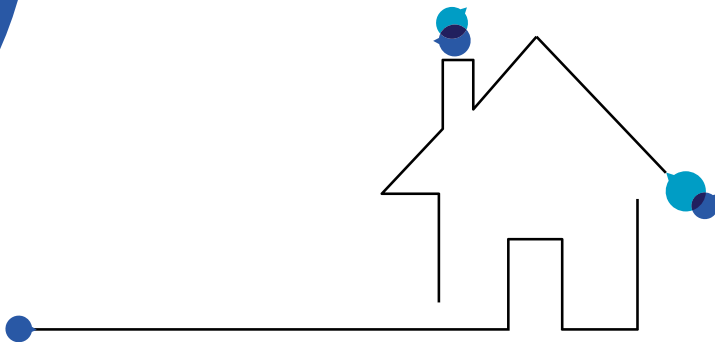


The importance of warming up...



In order for your muscles to work efficiently they use oxygen and glucose to move, and in the process they produce lactic acid. This is why athletes stretch and “warm up” their muscles before a race or match. It tells their body that they are about

to be active, getting the heart and blood moving, carrying oxygen and glucose to the muscles and helping to remove lactic acid. Studies have shown that warming up and stretching before moving a load or being active can greatly reduce the risk of sprains, muscle tears and dislocations by reducing the stress on these soft tissues.



How can we have a conversation about MSDs?

Manual handling related risks should be managed as any other risk to an organisation, including risk identification and control techniques. Ergonomic incidents should be investigated and corrective actions identified.

Training staff in good manual handling practice has generally been perceived to be the best way of preventing MSDs; but, while training remains important, taking a holistic view of the problem and managing the risk effectively is the way forward. Top tips include:

- Engaging employees through proactive communication, covering the type of work being undertaken and a task analysis to identify the potential for MSDs. Such conversations are crucial before training is rolled out, and they help employees develop a crucial understanding of any control measures required and how they should be implemented



- Facilitating opportunities for employees to be involved with the design of their workstations, open discussions on the ergonomic risks associated with activities along with lifestyle and work design changes. Two-way conversations between managers and employees are an important part of this process as employees often understand their work activities the best.
- When MSDs occur, gathering as much information as possible about their immediate and underlying causes in order that appropriate lessons can be learned to prevent similar injuries in the future
- Providing access to competent occupational health services and support. While these are well developed in many businesses, some workers, particularly those in the supply chain, do not have access to competent empowered occupational health professionals. RoSPA encourages large organisations to use their influence within industry networks to improve standards of safety and health in the supply chain.

As a proponent of the Safe@Work-Safe@Home approach to prevention, RoSPA particularly encourages employers to consider the challenges that workers face outside of the workplace. Conversations about MSDs that not only cover the controlled environment of the workplace but also activities outside of work where the impact of poor moving and handling techniques, poor posture and a lack of physical exercise could also result in MSDs, can encourage a wellbeing ripple effect into families and community networks.

- The WHO has a useful multilingual resource about MSDs available at <https://www.who.int/news-room/fact-sheets/detail/musculoskeletal-conditions>

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RoSPA Headquarters, 28 Calthorpe Road, Birmingham, B15 1RP, UK

Registered charity no. 207823. VAT registration no. 655 131649

Slips, trips and falls...

Slips, trips and falls are among the most common accidents in life – at work, at home and out and about.

The prevention of slips, trips and falls in the workplace is a priority for occupational health and safety professionals across the world.

That's because the prevalence of these accidents puts them at the top of the league table when it comes to injuries at work.

While minor slips and trips have long been the subject of jokes, the reality of falls is far from funny, especially when we consider falling from height. The International Labour Organisation (ILO) states that:

- On average, slips and trips cause more than a third of all major injuries at work and can lead to other types of accidents, such as falls from height or falls into machinery
- Working at height remains one of the biggest causes of fatalities and major injuries, with common causes including falls from roofs, ladders and through fragile surfaces.



The underlying principles and framework for effective health and safety management can be applied to the prevention of slips, trips and falls as they can to other issues:

- Have a **system** in place to manage health and safety
- Identify your main **hazards**
- Assess your risks
- Implement **control measures** that are sensible and balanced
- **Report, record and investigate** accidents and near-misses
- **Review performance** periodically and utilise lessons learned to improve controls and management arrangements.

Tackling slips and trips

The following six factors are common contributory factors to slips and trips on the same level:

- **Flooring**
- **Contamination**
- **Obstacles**
- **Cleaning**
- **People or human factors**
- **Environment, including lighting.**

A risk assessment will help you identify the specific hazards that exist in your workplace and their potential for causing people to slip or trip. The assessment should also have given you some ideas for how to prevent these accidents – the “control measures”.

Remember, you cannot eliminate all risks – you need to implement control measures that are proportionate to the risk in question, and a good approach to health and safety balances control measures sensibly against other needs. For example, banning all fluids from a workplace would prevent people slipping on spillages, but making sure spillages are reported and wiped up quickly is probably a more appropriate control measure!

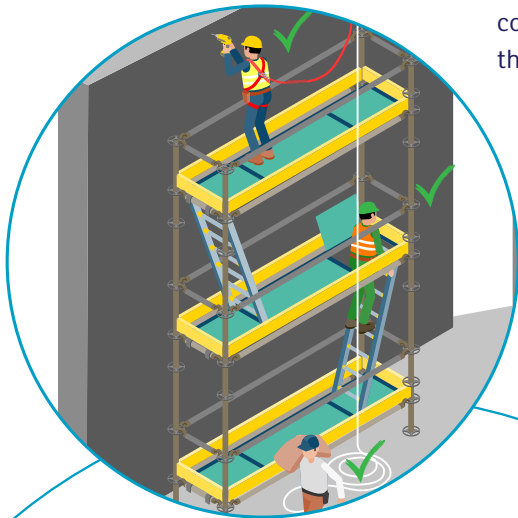
Something as simple as good housekeeping could also prevent many accidents – making sure walkways are kept clear and keeping an eye out for trailing wires and other obstacles.

Consideration should also be paid to selecting and maintaining suitable flooring (including that with high slip-resistance where appropriate) and also the footwear that employees have.

Tackling falls from height

As with the prevention of slips and trips, conducting and acting on risk assessments for activities that involve working at height will mean that this work is planned, organised and carried out by competent persons. The ILO states that “work at height” means work in any place where, if there were no precautions in place, a person could fall a distance liable to cause personal injury.

The hierarchy for managing risks associated with work at height is to avoid, prevent or reduce the risks. It is important that the right equipment and measures to prevent falls (for example, guardrails and working platforms) are chosen before other measures which may mitigate the consequences of a fall (for example, nets) are selected.



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Changing culture

Continuous improvement in preventing slips, trips and falls cannot be achieved by one-off interventions such as a single memo requesting that spillages are cleared up quickly or that workers wear slip-resistant footwear. Prevention strategies have to be bedded in deeper than this so they are sustainable. Working together to develop a good health and safety culture has to be a team effort, with ownership and commitment to safety built throughout the workforce.

Outside of the workplace

When we consider all settings, falls are the second leading cause of accidental death worldwide (after road traffic accidents), with an estimated 646,000 people dying from falls each year, of which more than 80 per cent are in low- and middle-income countries. Older people and children are the age groups most at risk of falls, presenting workforce engagement opportunities as part of a Safe@ Work-Safe@Home approach to safety.

- NAPO has produced a film which promotes good practice and emphasises that slip and trip accidents are “no laughing matter”. See www.napofilm.net/en/napos-films/napo-no-laughing-matter

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Diabetes and Work...



The number of adults living with diabetes has more than tripled over the past 20 years.

There are some staggering global figures around the prevalence of diabetes:

- Approximately 463million adults (20-79 years) were living with diabetes in 2019, half of them undiagnosed, and by 2045 this is predicted to rise to 700million
- Health-related expenditure on diabetes in 2019 was at least 760 billion USD, and this does not take into account the impact on companies or social costs
- The World Health Organization estimates that diabetes was the seventh leading cause of death in 2016.

Diabetes can affect every aspect of someone's life. Being supportive with the management of diabetes at work recognises that employees do not leave their condition at the door – it is a great example of a Safe@Work-Safe@Home approach.

What is diabetes?

Diabetes is a chronic disease, of which there are two main types:

Type 1

Type 1 develops when the body's immune system attacks and destroys the insulin-producing cells in the pancreas; the cause of this is unknown.

Type 2

Type 2 is the most common type, which develops when the body doesn't make enough insulin or the insulin the body is making is not being used properly. Many cases of type 2 diabetes can be prevented or delayed by maintaining a healthy weight, eating well and being active. Reducing the amount of salt, sugar, processed foods and alcohol can help, as can eating healthier snacks and adding more fruit and vegetables to your diet.

Signs and symptoms of diabetes

- **Being very thirsty**
- **Urinating more frequently, especially at night**
- **Genital itching or frequent thrush**
- **Feeling more tired than usual**
- **Unexplained weight loss and muscle loss**
- **Poor wound healing**
- **Blurred vision.**





The impact of diabetes in the workplace

Diabetes does not necessarily impact someone's ability at work, although it can affect productivity, through effects on eyesight, foot sensation and concentration, and can result in time off. Although its effects may not be consistent, a worker with diabetes may at some stage need guidance or workplace adjustments.

There is a need to increase awareness among managers of the economic benefits, such as reduced sickness absence, of supporting employees to manage their disease effectively. Employees may need individual assessments and tailored support. For example, they may need a risk assessment for performing safety-critical tasks such as driving or using heavy machinery, because they are at risk of hypoglycaemia, which can cause sudden incapacity, and blurred vision because of high blood sugar.

Ensuring medical fitness to drive is an important safety measure for people with diabetes and is a prerequisite for a driving licence in many countries. However, there is a wide variation between different countries in the statutory requirements and policies used to regulate and assess drivers with diabetes.

Making reasonable adjustments

Supporting workers with diabetes is both the right thing to do and a smart business decision. In many countries, it will fall under legislation such as the Equality Act in the UK and the Disabilities Act in the US.

Managing diabetes in the workplace through reasonable adjustments can include:

1. Provision for testing, which is essential for the management of diabetes, in a private and hygienic area
2. Awareness-raising to ensure that all employees know the symptoms of hypoglycaemia and how to help a colleague in this situation
3. Encouraging communication with employees around self-care, prevention, disease management and treatment
4. Individual assessments for people with diabetes; some safety-critical jobs may have requirements that are difficult to meet for someone with diabetes, but diabetics should not face a blanket exclusion
5. Regular eye tests to ensure that all employees are fit to perform their duties
6. Recognition that diabetes may affect the emotional wellbeing of an individual (also that stress can affect blood sugar control), and the provision of support when needed, through a doctor or a counsellor

7. Implementing health initiatives – although many factors lead to the development of diabetes, the major controllable risk factors are body weight and physical activity. Understanding the profile of your workforce can help you design a holistic approach to health and wellness. A health initiative like the “One Less Challenge” could have a significant impact – one less spoonful of sugar in a drink over six drinks a day equates to 1kg less sugar a month and 12kg less sugar a year.

If companies work alongside health care professionals and individuals, we could turn the tide on the diabetes epidemic and save lives.

- Thanks to the Diabetes Safety Organisation for its help with this briefing paper <https://diabetessafety.org>
- The International Diabetes Federation has a wide range of useful resources www.idf.org

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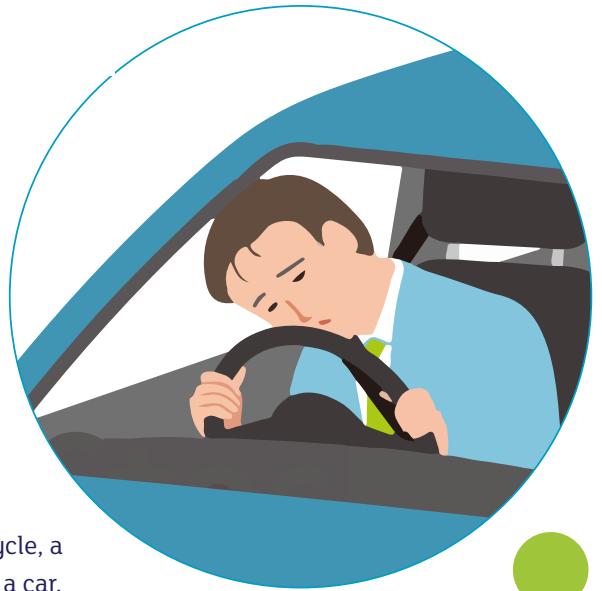
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Fit to drive



According to the World Health Organisation

- Approximately 1.35 million people die each year as a result of road traffic crashes.
- Road traffic crashes cost most countries 3% of their gross domestic product.
- More than half of all road traffic deaths are among vulnerable road users: pedestrians, cyclists, and motorcyclists.
- 93% of the world's fatalities on the roads occur in low and middle-income countries, even though these countries have approximately 60% of the world's vehicles.
- Road traffic injuries are the leading cause of death for children and young adults aged 5-29 years.
- The 2030 Agenda for Sustainable Development has set an ambitious target of halving the global number of deaths and injuries from road traffic crashes by 2020.

Getting road safety right is a life skill, from learning to cross the road as a child, riding your first bicycle and progressing on to learning to drive... at each stage you can keep yourself and other road users safe by following the rules of the road.

Whether you are riding a bicycle, a powered two wheeler, driving a car, van, or truck, the discipline of doing regular maintenance checks before your journey to work or leisure will keep you and other road users safe. In the UK cars are subject to an annual MoT (Ministry of Transport UK) to check their roadworthiness, and if they fail they are no longer permitted on the road.

How many people consider their fitness to drive before starting out on their daily commute or leisurely trip into the countryside?

- Before setting out on your journey remember, more deaths occur on rural roads than on urban ones.
- Driving on rural roads which are narrow and bendy when mixed with inappropriate speed can result in very severe collisions with fatal consequences.
- When getting ready for the holiday drive, put yourself first. Most road crashes are caused, or partly caused, by human error, so take time to prepare yourself, know your route and prepare your vehicle for the journey.
- Most importantly, make sure you are fit and well enough to undertake the journey.

Thinking about fitness to drive is a great example of Safe@Work-Safe@Home thinking, influencing our teams and their families to think differently about fitness to drive can contribute towards the 2030 Agenda for Sustainable Development by putting our drivers at the heart of sustainability. Road safety doesn't stop at the kerb and the ripple effect of raising awareness driver health issues within L'Oréal will help safeguard vulnerable road users across the world.

Fit to drive

A person's fitness to drive can be affected by a medical condition, temporary illness, substances such as alcohol and by the environment in which they work, drive and live.

Health impairments, such as stress, sleep disturbance, migraine, flu, severe colds and hay fever can all lead to unsafe driving. Sometimes, the treatment prescribed or medicines purchased at the pharmacy can also impair someone's driving.



Fit to drive: Fatigue

Driver fatigue is a serious problem resulting in many thousands of road accidents each year. It is not possible to calculate the exact number of sleep related accidents, but research shows that driver fatigue may be a contributory factor in up to 20% of road accidents, and up to 25% of fatal and serious accidents.

These types of crashes are about 50% more likely to result in death or serious injury as they tend to be high speed impacts because a driver who has fallen asleep cannot brake or swerve to avoid the impact.

Sleepiness increases reaction time (a critical element of safe driving). It also reduces vigilance, alertness and concentration so that the ability to perform attention-based activities (such as driving) is impaired. The speed at which information is processed is also reduced by sleepiness. The quality of decision-making may also be affected.

Fatigue related accidents most often happen on long journeys on monotonous roads, such as motorways, at times of the day when people would usually be sleeping, later in the afternoon, after eating, or after having just one alcoholic drink. There is also an increased risk for night shift workers when driving home or driving after completing long working hours.

Fit to drive: Eyesight

Good eyesight is vital for safe driving. Drivers and motorcyclists must be able to read a standard number plate from a distance of 20 metres (or 20.5m for an old style number plate) wearing corrective lenses if required.

You must wear glasses or contact lenses every time you drive if you need them to meet the 'standards of vision for driving'.

Although eyesight often gets worse as we grow older, people can develop a range of eyesight conditions at any age. Glaucoma and Cataracts are perhaps the most well-known conditions, but diabetes and other age-related diseases, if left unidentified or untreated can also affect vision seriously enough to prevent safe road use.

Visual impairment is a barrier to safe driving and is therefore, a key component of driver health.

Cataracts: Research undertaken in 2010, found that one in three blind people were blind due to having a cataract, and one in six visually impaired people were visually impaired due to cataracts.



Glaucoma: is a leading cause of blindness across the world, and according to the WHO glaucoma presents perhaps an even greater public health challenge than cataracts: because the blindness it causes is irreversible.

Prevention is easier than cure: The general recommendation is to have an eyesight check every two years, or more often if your optician recommends it. This will help to make sure you meet the minimum eyesight standards for driving and will usually identify the majority of common eyesight conditions early.

So what does this mean in terms of Safe@Work-Safe@Home?

Each member of the L'Oréal community has responsibilities outside of work to understand driver health issues from a both a personal and organisational perspective. In doing so, we can create healthier working lives, improve family time and create a ripple effect that will improve driver health around the world.

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Fatigue

looking at implications of fatigue in the workplace, including industry case studies

Sleep Facts: The Wake Up Call

- Sleep is essential for our health and wellbeing yet it is estimated that 40 per cent of the UK population suffer with sleep issues and many do not get the support that they need
- Poor sleep and fatigue are common problems affecting millions of people world-wide. It is thought that around a third of all adults in the UK get less than six hours of sleep per night
- Driving when tired can be as dangerous as drink-driving and is a significant factor in many rear end crashes
- It is estimated that up to 20% of road accidents and 25% of fatal and serious injuries in the UK have fatigue as a factor. 50% of those are more likely to result in death or serious injury as they tend to be high impact
- Sleep deprivation in the UK workforce costs the economy £40.2 billion a year in loss of productivity and it is estimated this will steadily rise to £47 billion by 2030



- Workers who sleep less than six hours per day report on average about a 2.4 percentage points higher in productivity loss due to absenteeism or presenteeism than workers sleeping between seven to nine hours per day
- There are 200,000 working days lost in the UK every year to insufficient sleep
- Tiredness and fatigue are the primary causes of one in five GP consultations in the UK.

Long working hours (at least 55 hours per week) led to 745,000 deaths from stroke and ischemic heart disease in 2016, a 29 per cent increase since 2000, according to the latest estimates by the [World Health Organization and the International Labour Organization](#). The reasons for long working hours differ across the world, in developing countries hours worked are driven by need to support people and families and is often underpinned by low wages and therefore working long hours becomes essential. However, in developed countries the term presenteeism has become understood as being where long hours are worked to satisfy the needs of the organisation and there is no 'off switch'. Over the last 18 months the impact of working from home due to COVID-19 has further blurred the line between work and life - with many people 'checking in' to work during family time.



Fatigue sits within the wider context of worker health alongside such issues such as stress, and medical conditions like sleep apnoea. Fatigue has a variety of definitions, but is arguably more widely understood as 'feeling physical or mental tiredness'. It has been identified as a root cause in many major accidents including the Herald of Free Enterprise ferry disaster of 1987.

Fatigue was identified as a cause in the sequence of events that resulted in the deaths of 193 people shortly after the Herald of Free Enterprise, a roll on roll of ferry left port in rough seas. As with many accidents there were many contributory factors, however this summary focusses on fatigue. The assistant bosun whose responsibility it was to close the bow door was asleep and as a consequence the door was left open. He had fallen asleep as a result of working long hours in the days previously. As a result he decks of the ferry became flooded and the ferry capsized not long after.

A secondary definition of fatigue, with which many engineers would be familiar, relates to the failure of materials caused by repeated exposure to stress. It is this definition that creates a more vivid picture when drawing comparisons with the impact of repeated stress not on materials but on physical and mental health.

Fatigue at work can result from the interplay of many factors, for example;

- Shift patterns
- Physical workload
- Monotonous and unstimulating work
- Poor sleep hygiene including, for example, lack of a regular sleep routine, insufficient natural light during the daytime
- Other lifestyle factors, medical conditions and/or associated therapies
- Life challenges.

For some people, the factors that can lead to fatigue may have been exacerbated during the coronavirus pandemic because they have been 'living at work' while also educating children at home. Some have faced job and financial insecurity while others have had to endure unwavering pressures as frontline workers. Whilst traffic has reduced during the pandemic, key and essential workers have continued to drive a range of vehicles to make sure critical services were not interrupted. On top of this many new volunteer driving roles have also been created as part of the response to COVID-19.

Fatigue: it's a global issue

More than 3.5 million people are employed as shift workers in the UK. Key and essential workers around the world have continued to deliver throughout the pandemic. In health care staff fatigue has been recognised as a contributory factor to patient safety incidents including drug errors.

- On an annual basis, the United States (US) loses an equivalent of about 1.23 million working days due to insufficient sleep. This corresponds to about 9.9 million working hours
- This is followed by Japan, which loses on average 0.6 million working days, or 4.8 million working hours, per year
- At 0.2 million days, the UK and Germany have a similar amount of working time lost, corresponding to more than 1.65 million working hours
- The Australian Civil Aviation Safety Authority has said that "fatigue can act like a toxin accumulating in our body". While most of us are not qualified pilots, driving a vehicle, is a safety-critical task where multi-factorial considerations must be made to assess "fitness to drive"
- Are you driving tired?

In 2015 Dr Ronak Patel, a trainee anaesthetist, was killed driving home after his third consecutive night shift at the Norfolk and Norwich Hospital. He had wanted to get back home, a distance of 33 miles, rather than sleeping at the hospital. In a statement read at the inquest, his wife Helen Patel said: "We were singing to keep him awake." He had been using a hands-free phone. A police accident investigation ruled out mechanical defects and road conditions as possible causes of the crash. The investigating officer said: "It is my opinion that the most plausible explanation for the collision was that Dr Patel fell asleep, which prevented him from having appropriate control of his car."

Good sleep is good for you, here are some basics you can put in place

- Have a regular bed time, your body will get used to it
- Switch off your phone, tablet and television a couple of hours before bed...sounds difficult but it will let your body and mind switch off
- Avoid caffeine, alcohol and cigarettes
- Get some fresh air and exercise everyday...you will enjoy it and it helps you get ready to rest
- Make your room comfortable, cool temperature and think about a black out blind.

Every little thing helps...

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Winter Accidents

Every season is different and brings its challenges, as we move through Spring, Summer and Autumn the changing colour of leaves, the harvest and the drop in temperature are all signals that winter is just around the corner.

Winter is a time for walking in fresh air and spending time with our families. At RoSPA our focus on the exchange of life enhancing knowledge and skills helps families enjoy the winter season and reduce the risk of serious accidental injury.

So let's start by thinking about **Winter Driving Safe@Home**

We all need to adapt the way we drive during the winter and be prepared for journeys that may take us through very varied weather, road and traffic conditions. When there are prolonged periods of snow, we tend to see a fall in the overall number of road casualties because fewer people take to the roads. Accidents still happen at these times, and weather conditions can play a part. In 2019, 17 people were killed, 327 were seriously injured and 1,543 were seriously injured on Great Britain's roads when there was snow, frost or ice on the road surface.

For safer winter driving prepare your vehicle, plan your journey and most

importantly prepare yourself. Driving in snow or ice, rain, fog, strong winds and low sunshine are all possible during the winter so take time to check road conditions and weather forecasts before starting out...should you really travel today?

And when you are on the road listen to local radio weather and traffic reports so you can make informed choices about your trip.

Winter Driving Safe@Work

RoSPA encourages employers to have a winter driving policy for their staff who drive for work purposes. The central question about winter driving is do you have to travel? When conditions are not so bad as to prevent travel entirely, there are various aspects of journey planning that enable trips to be undertaken more safely. Every journey should be managed and those responsible for journey planning should take account of: road type; hazards; traffic densities; and, high-risk features for example, steep hills in the winter.

It is also crucial that journey scheduling allows time for sufficient rest stops, for drivers to take account of reasonably foreseeable weather and traffic conditions, and to comply with speed



limits. Good practice is to build time into a journey, which means drivers will be less likely to rush in order to make up for any delays. It is conceivable that journey routes and scheduling might need to be altered during the winter months.

Employers should review their emergency arrangements with staff so they know what to do in the event of an accident, breakdown or getting stuck, and ensure that vehicles contain adequate equipment.

Safer winter driving is definitely a Safe@Work-Safe@Home topic, the disciplines of driving for work supporting employees to make the safe choice every day when driving during winter months.

Safety out and about

Slips, trips and falls are the most common types of accident in life generally and, thankfully, the consequences of many falls on snow or ice are simply minor bumps and bruises.



Here are some simple hints and tips to help you reduce the risk, especially when pavements and footpaths are covered in snow/ice:

- Wear sturdy footwear, with a good grip
- If you've got Nordic walking poles (or similar), use them
- Take it slowly and allow yourself extra time to get from place to place, so you don't have to rush
- Keep an eye on what is underfoot. Some places will remain icy for longer than others (e.g. places that do not get the sun)
- If you have neighbours who are elderly/disabled/new mums etc. offer to pop to the shops for them.

Remember - as well as slips and trips on pavements and in public places, many people fall over on their own footpaths and driveways. Take care in these places too.

Ice and snow advice for older people

The impact of a fall can be much more serious for older people, however we don't want people to lose their confidence during winter months so here are some tips to help

- Try to minimise the need to go out. Ask friends or neighbours to shop for you or take you to where you need to go
- If you are going out, plan a safe route from your home to where you are going, avoiding slopes, steps and areas that have not been cleared or gritted
- Try not to take short cuts through areas where the slipping hazards are greater
- Ask a friend or neighbour to clear a safe path from your front door
- Wear proper footwear for better traction on slippery surfaces. Consider fitting anti-slip crampons
- Consider using a stick or better still, a walking pole and take slow, small steps. Please do not rush
- Use rails or other stable objects that you can hold on to
- If possible, wear extra layers to protect the more vulnerable parts of your body like your head, neck and spine if you do fall
- Wipe your feet well when entering buildings
- In public places, always report unsafe conditions so other people do not get hurt.



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In Praise of Older Workers...

Workplaces around the world can make a contribution to the United Nations (UN) 'Decade of Healthy Ageing'. Indeed, it is widely recognised that 'good' work is good for you, and this message is relevant to workers at all stages of their working lives. Good work helps maintain functional capacity, which means that a person's ability to do their daily tasks and activities remains optimal as they get older.

According to the UN, "Populations around the world are ageing at a faster pace than in the past and this demographic transition will have an impact on almost all aspects of society. Already, there are more than one billion people aged 60 years or older, with most living in low and middle-income countries".

The World Health Organisation (WHO) Global report on Ageism says that "Age is one of the first things we notice about other people". Age-related discrimination in the workplace results from decisions about who to employ on the basis of their age. Looking after workers and ensuring their health and safety needs are met puts people at the heart of business. These needs are constant in the risk assessment process and create safe@work disciplines that also benefit the safe@home environment.



Within a European context it is predicted that by 2030, workers aged over 55 are expected to make up 30 per cent or more of the total workforce in many EU countries. This is mainly because employees are not only working longer because they can, but also longer because they have to. This heralds a new era for our workplaces where experience helps older workers make the right health and safety-related choices. And where intergenerational working supports younger workers and provides the opportunity for them to learn from older workers' lived experience.

Some countries in the world have already entered the 'golden age' by recognising that employing older workers is good for people, businesses and the economy. Iceland and New Zealand have the world's highest older worker employment rates. According to Price Waterhouse Cooper, hiring more older people could potentially be worth 3.5 trillion dollars within the 38 countries represented in the Organisation for Economic Cooperation and Development. Creating good work really does provide huge opportunities- don't let age be a barrier.



Increasing the employment rates of older workers in the OECD to New Zealand levels could boost GDP by around \$3.5 trillion in the long term

A geographically diverse group of relatively small economies occupy the top 3 places in our index

2nd
New Zealand

1st
Iceland

3rd
Israel

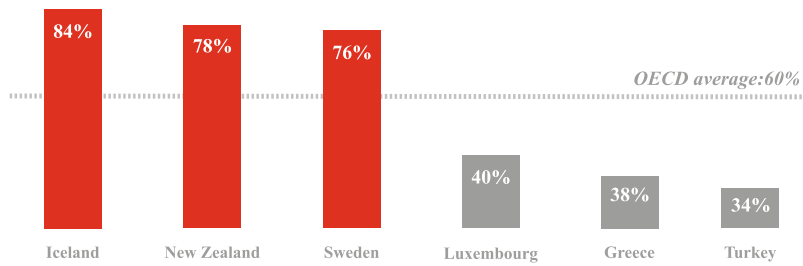
\$3.5 trillion

Our analyses suggests the OECD could experience a potential long-run increase in GDP of c.\$3.5 trillion by increasing older worker employment rates to New Zealand* levels

*We have moved away from using Sweden as a benchmark as it has fallen to fifth place in our index whilst New Zealand is in second place after Iceland, where employment rates are extremely high and may be different to replicate for other OECD countries.

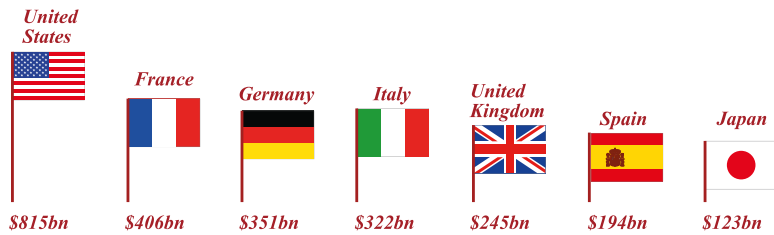
PwC Golden Age Index

Countries with the highest older worker employment rates (55-64 years old)...



...and the lowest rates

If OECD countries raised their older worker employment rates to New Zealand's levels, they could experience a long-run boost to GDP of...

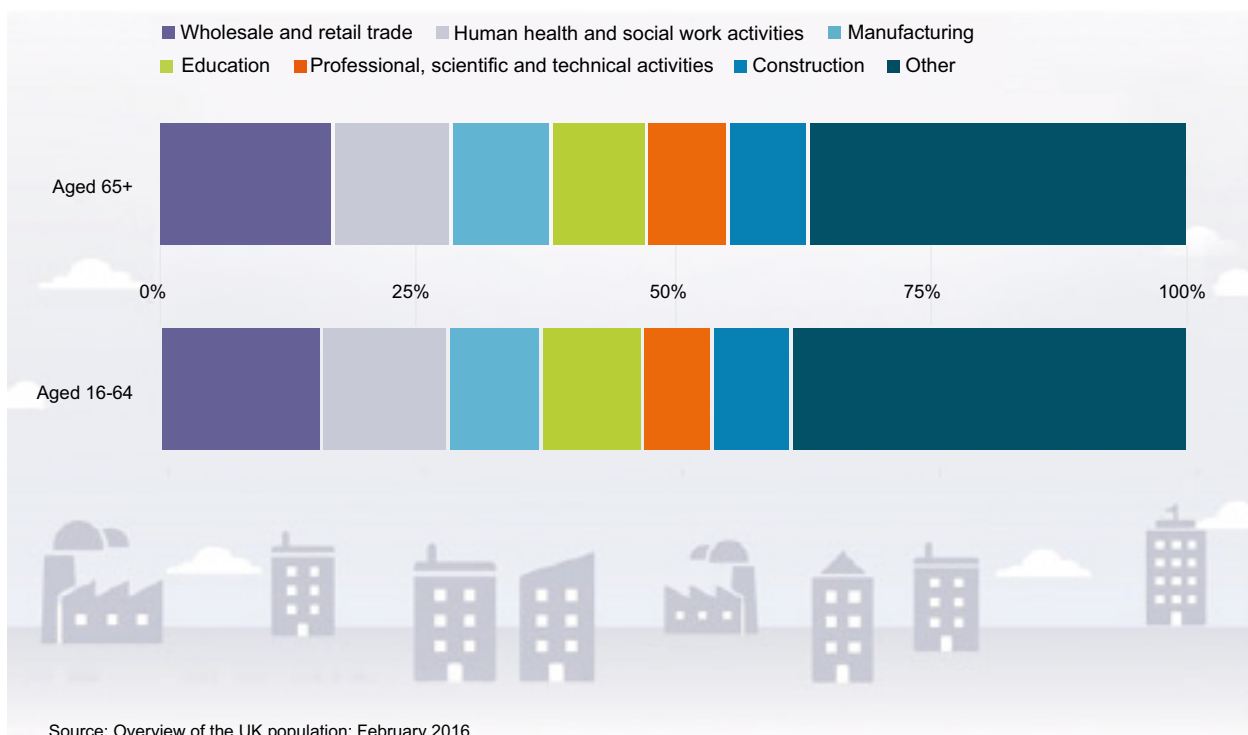


Source: PwC analyses, OECD

June 2018

Thinking about older workers

Within a UK context, it is interesting to note that there is proportional consistency of the workforce across six business sectors when comparing the 16-64 age group to the 65+ age group. This sends a clear message that your workers will grow old with you. What a great way to reinforce the importance of getting health and safety right across the whole of people's working lives!



Source: Overview of the UK population; February 2016

It's therefore time to pause, reflect and reset your thinking about older workers.

The work may not change over time but workers' physical capacity will. Therefore, ensuring that you undertake a person-centered decision making approach is an essential part of the risk assessment process. Think about muscles, bones and joints, heart and lung function, eyes, ears and how you encourage workers to tell you when they are experiencing problems. And when they do, make sure you review the risk assessment.

Embrace technological advances as technology can remove arduous elements from work. And if technology can take the strain, consult with workers on its implementation and selection. Then provide information and training on its use, all of which will result in happier, healthier workers - which is a real benefit to the organisation and enables people to live life to its fullest.

Technological advances, whilst being beneficial in terms of re-shaping how people work and live, are not without their challenges. However these can be addressed by employers understanding how to engage with workers throughout their working lives. Research evidence shows that some employers perceive age as impacting negatively on the ability and attitude of older workers, that they lack the capacity to learn new skills or understand new technologies. We rely on intelligence, knowledge and use of language to keep ourselves safe and healthy at work, and in general these don't decline until people are over the age of 70.

This is hugely significant information for employers. Your people have the skills you need, however please take the time at the outset of new projects or when redesigning how work is done to build in a flexible approach to learning new skills. Account for different learning styles and be ready to move between virtual and face-to-face, building in routine coaching as required. Basing the conversation with older workers on the value they add to the organisation and how best they learn can remove the stress of, for example, introducing new technology. For a small investment in time, the benefit to each employee and the organisation reaps great rewards.

The pandemic has been seismic in terms of the shift of face-to-face to virtual training worlds. The baby boomers of the 1960s have had a different exposure to computer-based technology than Gen Z, who have grown up with instant access to 'the internet of things'. There are opportunities here to introduce intergenerational mentoring and to provide scalable time frames for online learning to avoid workers of all ages becoming overwhelmed. And whilst the pendulum may not swing back to face-to-face learning and communication for everyone, recognise that people more often enjoy learning in the same space together.

Considering workers from a 'whole person, whole life' perspective is increasingly important as they grow older, as other human factors such as diabetes, high blood pressure and obesity are diseases that people 'bring to work with them'. We need to create the right conditions for people to speak about these conditions and support them to have a healthy working life.

These conditions can be controlled and reasonable person-centred adjustments can be made to help keep people in work.

The key ingredients for a sustainable working life need to be in place from the first to the last day of work; from induction, job specific training and HR involvement to highlighting the importance of rehabilitation and return-to-work policies and tackling age discrimination whenever it appears. Age should not be a barrier to a fulfilled working life, and decisions to leave work should be personal and not employer-led.

An integrated management approach towards inclusivity and adopting a holistic approach to managing the risk to people, irrespective of their age, underpins both personal and organisational sustainability.

['Back' to a healthy future with Napo](#) is a great example of understanding how to prevent MSDs by identifying risks and how to develop practical solutions which can be applied across the life course - from introducing OSH to primary school children to encouraging intergenerational working.

Starting at the very beginning is indeed a very good place to start, as older workers hold the key to organisational effectiveness, personal and corporate memory. Can you really afford to lose this incredibly important resource?

<https://www.olderdrivers.org.uk/>

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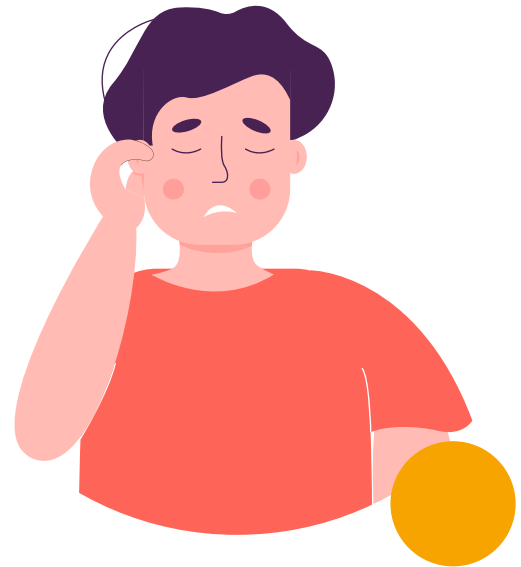
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Sound Advice!

It is estimated that the UK economy loses around £25 billion every year in productivity and unemployment through hearing loss (International Longevity Centre, 2014). However, a substantial element of this could be eliminated by applying simple measures to protect hearing.

- The World Health Organization (WHO) forecasts that over 1 billion young adults will be at risk of permanent, avoidable hearing loss due to unsafe listening practices by 2030.
- By 2050, nearly 2.5 billion people are projected to have some degree of hearing loss and at least 700 million will require hearing rehabilitation.
- WHO analysis shows that 16 per cent of hearing loss worldwide is caused by exposure to excessive noise in the workplace. (WHO, 2021).
- An estimated 30 per cent of people of working age with severe hearing loss are unemployed (UK, Action on Hearing Loss 2013).
- Workers' hearing may be further impacted by the significant increase in exposure levels from personal entertainment.



Even though the number of people exposed to high noise levels through traditional trades such as mining and heavy industrial work has decreased, the number of people exposed to excessive sound through leisure activities such as using personal music players, gaming

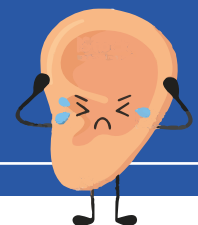
and attending gigs and nightclubs, has trebled since the 1980s. We are unsure of the scale of this problem but early evidence suggests that many young people are already entering the workforce with hearing damage.

Sound vs Noise

Sound can be described as audio we want to hear - such as music or conversation.

Noise is sound we generally don't want to hear - such as industrial plant or traffic noise.

However, BOTH can be equally damaging to hearing health.



How does noise affect us?

Auditory effects

Most people recognise the direct effects that noise can have on the auditory system, resulting in noise-induced hearing loss, tinnitus or hyperacusis (sensitivity to loud noise). Even though these risks are often understood, the debilitating, disabling and isolating results of these permanent effects are greatly underestimated.

Many chemicals used in the workplace, and drugs such as some antibiotics or chemotherapy treatments, also have an ototoxic effect on our hearing system and can result in permanent hearing loss and tinnitus.

Non-auditory effects

Less well-appreciated are the other known implications for health related to noise exposure - resulting in cognitive decline, coronary and circulatory problems and depression or stress.

Tinnitus

Many people around the world experience the challenge of having 'background' noise that may be a ringing, humming or buzzing sound in their ears or in their head. This can be both inconvenient and, in extreme cases where it stops concentration or impacts on sleep, makes people feel anxious or experience low mood.

The name given to this 'background' noise is tinnitus; the word comes from the Latin 'tinnire', which literally means ringing. The ringing may be caused by an underlying condition, for example a build-up of ear wax. It can also be linked to hearing loss and other medical conditions like diabetes.

In addition, tinnitus may occur as a side effect of medical treatment, for example

chemotherapy and some prescription medicine. Always read the information provided with any medication and seek advice. Tinnitus may also be a side effect of a traumatic injury to the head. This is an emergency situation and a visit to accident and emergency is advisable.

The advice for managing tinnitus is to avoid making it worse by exposure to loud background noise, to make lifestyle changes to improve your sleep, build relaxation into your day and most importantly talk about it to your family, friends and co-workers. Tinnitus is so common, there will be others in your network who will also benefit from shared experiences.

Recent research has established a link between hearing loss and dementia, finding that adults with hearing loss are significantly more likely to develop dementia over time than those who retain their hearing. Hearing loss is in fact considered the largest controllable factor in the risk for developing dementia.

Dementia and Hearing Loss



Mild hearing loss:

2 Times

more likely to develop dementia

Moderate hearing loss:

3 Times

more likely to develop dementia

Severe hearing loss:

5 Times

more likely to develop dementia

Use your ears wisely!

We only have one pair of ears and they can only cope with a certain amount of sound dose each day. When we exceed this, we risk irreversible harm. So, it is best to use that 'dose' wisely for sound we want to hear and enjoy – avoiding the unwanted high noise from our surroundings.

If we are at work, we can ask our employer to ensure they fulfil their duties to reduce noise at source and provide useful controls to protect hearing. If you wear headphones at work, you should ask your employer to make sure that the headphones you use will protect you from both loud sounds through the headset and large sound doses over the working day.

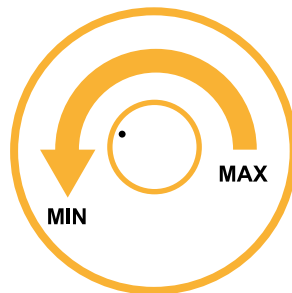
When away from work we need to take responsibility, where we can, to limit our sound intake. The main ways to protect our hearing are to:

- Move away from loud noise
- Turn it down or limit the time listening to loud content
- Many devices now provide warning alerts for when the environment gets too loud and daily information on listening levels so you can manage your daily sound dose
- Use hearing protection – this is not just for the workplace – and getting the right hearing protection for noisy gigs and music events and DIY means you can still hear without the harm!

Many people wear headphones at work to listen to their own content, to provide isolation and aid concentration. However, it is important to be aware that this could lead to unhealthy sound doses.



Walk away



Turn it down



Protect your ears

A space for all!

The modern workplace is challenging for many people. The bustle and noise that comes with open plan workplaces can be distracting for those who need quiet to do their best work. But for people with hearing loss or neurodivergent conditions like dyslexia, autism and attention deficit hyperactivity disorder (ADHD), it can be a great hindrance.

The properties of a room or building can make a big difference in how sound is transmitted. This has an impact on noise levels as well as how easy it is to hear and communicate.

Considering this at design is the best option, however, things can be done to improve sound in built spaces and surroundings. We can improve the acoustic environment by:

- Avoiding too many hard reflective surfaces
- Adding in soft materials and furnishings
- Erecting walls, barriers and zoning between noisy activities or to provide havens for communication or quiet spaces
- Reduce or remove noise sources to aid communication and avoid hearing health harm.

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Obstructive Sleep Apnoea



Obstructive Sleep Apnoea (OSA) is under-diagnosed, and many people have it without being aware. Cases are rising due to the link with obesity.

The Association of British Insurers has suggested that driving with untreated OSA may invalidate your car insurance.

Treatment is normally straightforward and once treated, patients can live normal lives. However, untreated OSA can impact on your quality of life, increase your chances of having a road traffic accident and potentially reduce life expectancy.

How can OSA impact on work?

OSA (Obstructive Sleep Apnoea) is a sleep disorder which affects approximately one billion of the total global population of 7.9 billion;¹ so around one in eight people. The prevalence of the condition is rising, and, in some countries, it is known to exceed 50% of the adult population.

The increase in prevalence is driven by the growing incidence of obesity, which is a major risk factor for OSA, and as a result cases are higher in the United States, Mexico, Australia, New Zealand

and the Pacific Islands, and in other countries where obesity is on the rise.

In the UK it is estimated that up to 10 million people², or one in every seven people, have a form of OSA and when it comes to middle-aged men, it is believed this number increases to one in four. In addition, four million, or one in four, of the total number of UK cases have a moderate to severe form of the condition³.

However, worryingly OSA often goes undiagnosed, and it is believed that only a million people have been diagnosed and are receiving treatment in the UK.

What impact does OSA have on daily life?

OSA affects a person's breathing while they are asleep, due to partial or total closure of the airway. Each time the person stops breathing, their body will briefly wake up to restore breathing. This may happen hundreds of times, but the person affected is usually unaware of it. The sleepiness that often results from the constant waking and lack of



restorative sleep can affect health and quality of life, and if it goes untreated it can have a negative impact on:

- Levels of concentration and vigilance
- Productivity at work
- Overall wellbeing
- Quality of life
- Relationships with family and friends
- Safety when driving.

¹ The Lancet, Respiratory Medicine [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(19\)30198-5/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(19)30198-5/fulltext)

^{2,3} Figures provided by the Sleep Apnoea Trust <https://sleep-apnoea-trust.org/research/>

OSA and driving

Untreated OSA is a significant risk factor when driving and increases the chances of having a road traffic accident.

The impact on driving of excessive sleepiness caused by OSA is often greater than a blood alcohol level over the legal limit⁴

Key statistics

- OSA is implicated as a major contributory factor in up to 20% of motorway traffic accidents⁵
- Those with sleepiness are between three and twelve times more likely to have a road traffic accident⁶
- It is also associated with an increase in the severity of an accident, as driver reactions are impaired.⁷

How can OSA impact on work?

In addition to the dangers associated with driving, untreated OSA can impact on concentration and productivity.

There are many studies that have looked at performance in the workplace and how sleep loss and OSA affect it.

For example, a study on police officers showed that those who had OSA were more likely to report falling asleep driving, had greater mental health problems, higher levels of depression, an increased rate of serious administrative errors, made more errors related to safety issues and showed increased aggressive behaviour.

What are the symptoms of OSA?

- Unrefreshed sleep
- Choking/struggling for breath while asleep
- Frequent loud snoring.

There may also be:

- Excessive sleepiness
- Morning headaches
- Depression
- Frequently waking up and needing to go to the loo
- Waking with a dry mouth/sore throat
- Difficulty concentrating
- Irritability
- High blood pressure
- Reduced sex drive

Diagnosis

A visit to your family doctor is the first port of call if you think you have symptoms. Mention that you think you may have OSA and detail your symptoms. In addition, if you drive for a living, it is important to highlight this.

A tool which is often used to determine daytime sleepiness is the Epworth Sleepiness Scale (see link below). This can be helpful in understanding the impact of OSA on your life, but a low score does not mean you do not have OSA or should not be referred for assessment. Take the result to your family doctor or sleep clinic.

www.blf.org.uk/support-for-you/obstructive-sleep-apnoea-osa/diagnosis/epworth-sleepiness-scale

Referral to the sleep clinic will lead to assessment and usually a simple overnight sleep study, using equipment provided for home use for one night. This is analysed to find out how many times breathing stops per hour and hence it can be determined if someone has mild, moderate or severe OSA.

Fast tracking for commercial drivers

It's worth noting that some professions, most notably Heavy Goods Vehicle drivers, are believed to have a higher prevalence of OSA than the general population. It is thought that up to one in every four heavy goods vehicle drivers may have the condition.

Many who drive for a living are, naturally, concerned about losing their driving licence and for this reason, the OSA Partnership Group successfully campaigned for a fast-tracking system for these drivers. This means that their treatment will be prioritised in order to get them back on the road as quickly as possible. Treatment is **extremely important**, so drivers should not delay going to see their family doctor if they think they have symptoms.



⁴ BMC Public Health <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-020-09095-5>

⁵ OSA Partnership Group <https://osapartnershipgroup.co.uk/>

^{6,7} Professor John Stradling/OSA Partnership Group Four Week Wait <https://osapartnershipgroup.co.uk/osa-partnership-group-four-week-wait-campaign>

What is the treatment for OSA?

Weight loss can be effective if excess weight is the cause (which is true in most people). This is usually true if symptoms such as more severe snoring or stopping breathing have developed with weight gain. Losing the excess weight will help to control the symptoms.

If someone is found to have OSA following the sleep study, then CPAP (continuous positive airway pressure) is an effective, immediate treatment for moderate and severe OSA. It is also used for people with mild OSA which has not improved with other treatments, such as weight loss. It is very effective and has few significant side effects, although it can be hard to get used to at first. CPAP keeps the airway open with a gentle flow of air while you are asleep so that you are not continually waking up to resume breathing. Your sleep goes back to normal, and a great side effect is that the snoring usually stops as well!

There are other treatments which might also be considered. For example, prescribing a mandibular advancement splint, which is worn in the mouth at night and holds the lower jaw forward, may help in milder cases.

Case study: Heavy Goods Vehicle driver Pete Cochrane

Pete Cochrane is an award-winning Heavy Goods Vehicle driver from Penrith in Cumbria. He was used to working long hours, and therefore no stranger to tiredness, but when a family illness further disrupted his sleep, he recognised that his sleepiness had become much worse. He struggled to get up in the mornings and felt constantly exhausted. He saw a programme on the television about OSA, and his wife mentioned that she had noticed him struggling for breath when he was asleep.

After being referred to the Freeman Hospital in Newcastle, Pete underwent tests and was asked to do an overnight sleep study at home, the results of which confirmed that he had OSA.

Knowing that Pete drove for a living, the Freeman offered him an appointment two days later. He was put on CPAP treatment and took home a machine to start using straight away. The first night of using CPAP, despite some initial discomfort, was the best night's sleep that Pete had experienced for a very long time! Today he recognises that this was a turning point and from then on, the quality of his sleep improved dramatically.

A fortnight later, Pete's consultant confirmed that he could drive again and under DVLA guidelines, he was able to continue his career as an Heavy Goods Vehicle driver.

Pete is grateful that he was diagnosed and able to get treatment quickly. In the early days, he couldn't wait to get home and use his CPAP machine as he knew that his sleep and breathing would be better, and he has much more energy since starting the treatment.

As a professional driver, Pete feels very strongly that he has a responsibility to speak up about OSA and to encourage his fellow drivers to come forward if they feel they have symptoms of the condition.

He says: "There is no defence for injuring or killing someone, and an Heavy Goods Vehicle driver may be dealt with more harshly if this happens. Professional drivers have a greater penalty to face if we have an accident and no one wants a death on their conscience".

"If you are a truck driver, ask yourself if you are in full control or whether you find yourself falling asleep during the day. If you snore, or your partner mentions that you struggle to breathe at night, I highly recommend that you go to your doctor and don't take no for an answer, insist on a test."

Further support

[OSA Partnership Group](#)

[Sleep Apnoea Trust](#)

[British Sleep Society](#)

RoSPA and L'Oréal enjoy a long-term partnership based on shared values to ensure key safety and health messages spread beyond the workplace. L'Oréal sponsors the RoSPA Safe@Work-Safe@Home Award, which recognises organisations that demonstrate excellence and innovation in promoting safety outside of the workplace, in the home and in local communities.

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Staying Safe on the Slopes

Dr. Robert Bauer, of Austrian accident prevention association, the KFV (Kuratorium für Verkehrssicherheit), looks at the safety of winter sports and how accidents can be prevented.

Despite noticeable improvements in safety, skiing, snowboarding and other winter sport accidents cause a predictable surge in hospital patients in most winter sports regions every December to March (in the northern hemisphere). Predictable but not inevitable, as risk control is essentially easy in winter sports.

Every year, millions of people go on a winter break. Although demand for warm temperatures and sunny destinations in the winter months has risen in recent years, the classic winter holiday with ice and snow remains the most popular. The skiing experience is still the number one reason for booking a winter vacation.

There are currently 68 countries in the world which offer equipped outdoor ski areas covered with snow (a further 15 countries offer either indoor ski centres or outdoor dry slopes). The Alps are by far the largest inbound ski market, capturing 43 per cent of the worldwide ski audience. This is also the most intensely equipped region in the

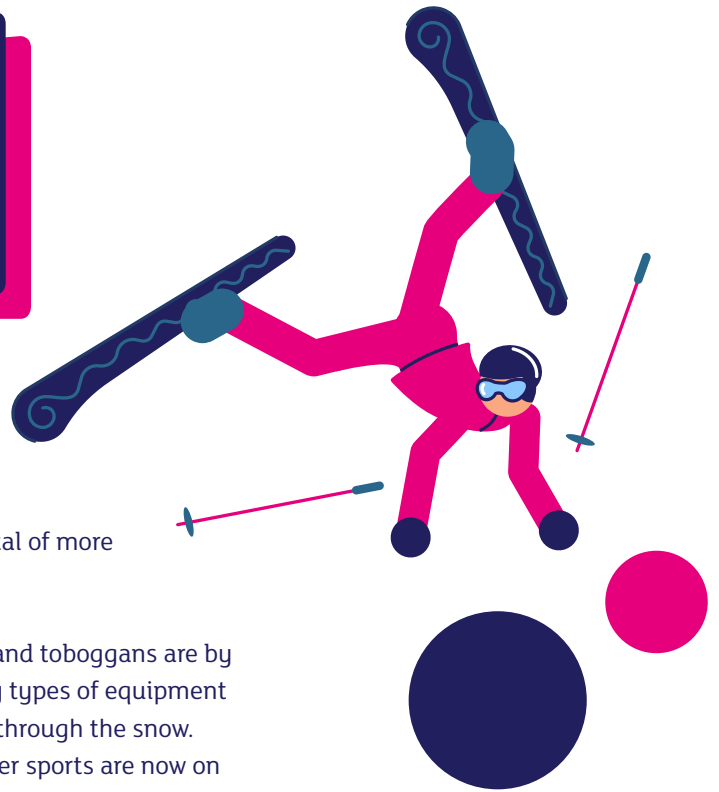
industry with a total of more than 10,000 lifts.

Skis, snowboards and toboggans are by no means the only types of equipment used for whizzing through the snow. Various other winter sports are now on offer, especially in regions with a high level of tourism, promising participants a unique experience even without previous knowledge or expertise. These include snowblading, snowscouting, skifoxing or snowbiking, to name but a few, with some only existing for one or two winter seasons.

How dangerous are winter sports?

Whether partaking in traditional or new winter sports, it is always important to stay safe while having fun on the slopes. Winter sports rely on ice, snow and hills to determine the speed of activity. This heightened speed is what causes many of the injuries.

According to the US Center for Disease Control and Prevention, snow skiing (14 per cent), snowboarding (10 per cent) and sledding (two per cent) together account for over one quarter (26 per



cent) of all sports injury emergency department visits each winter.¹ In countries with heavy winter tourism like Austria, this share rises to almost 50 per cent (alpine skiing 37 per cent, snowboarding six per cent, sledding four per cent).²

Although the northern hemisphere's winter sport regions are crowded with skiers and snowboarders from December to March, the risk of injury from these types of sports is actually moderate. Each year, about two per cent of people who regularly participate in these sports have a related accident (compared with almost 10 per cent for soccer or 0.3 per cent for mountain hiking).³ In the case of skiing in particular, safety improvements in infrastructure and equipment have led to a continuous decline in the injury incidence in the last decades: from 7-8 injuries per 1,000 skier days before 1970 to less than two after 2000.⁴

¹ National Electronic Injury Surveillance System (NEISS), 2021

² EU IDB, 2020 ³ KFV, Exposure 2019 ⁴ Ruedl, 2011

However, alpine skiing, off-piste skiing and ski touring can pose a risk of fatal injuries, mostly due to avalanches, collisions and acute cardiovascular failure (the latter especially affecting skiers over the age of 60). According to the Austrian Board for Alpine Safety, the 10-year average as of winter 2018/2019 lay at 65 fatalities per year due to winter sports accidents in the Austrian Alps. This is comparable to the annual number of fatal motorcycle crashes on Austrian roads.⁵ Men are highly overrepresented in fatal winter sports injuries: about 90 per cent of fatal winter sport accident victims are male.

65

Number of winter sports fatalities per year in the Austrian Alps (10-year average as of 2019)

29

Alpine skiing (on slopes and routes)

- 87 per cent male (54 per cent in non-fatal injuries)
- 39 per cent acute cardiovascular failure, 22 per cent falls, 19 per cent hit against obstacle, 10 per cent collision with another person
- 17/29 non-resident

18

Ski touring

- 91 per cent male (41 per cent in non-fatal injuries)
- 54 per cent avalanche, 22 per cent acute cardiovascular failure
- 6/18 non-resident

12

Variant skiing (free-ride, unsecured area)

- 91 per cent male (41 per cent in non-fatal injuries)
- 54 per cent avalanche, 15 per cent crash, 14 per cent fall
- 10/12 non-resident

Accident and injury patterns

Contrary to popular belief, the share of collisions with other people on the slopes that result in injuries is rather low, namely six per cent for skiers and three per cent for snowboarders. A further 10 per cent of accidents are caused by people avoiding collisions, while the share of sledding collisions lies at over 20 per cent (KFV, 2019).

While there are no reliable numbers for alcohol-related incidents (about seven per cent of accident victims said they had consumed alcohol in the 12 hours prior to the accident), 13 per cent of skiers and snowboarders on average attributed the accident to speeding.⁶

Nowadays, helmets on the slopes are almost a must-have accessory (at least for 95 per cent of skiers and 90 per cent of snowboarders).⁷ Head injuries do still occur, but safety helmets clearly decrease the risk and severity of head injuries in skiing and snowboarding and do not seem to increase the risk of neck injury, cervical spine injury or of risk compensation behaviour.⁸

Number and characteristics of fatal winter sport injuries in Austria (10-years average; KURASI, 2019)

It fits the picture that in sledding, where the helmet-wearing rate is low, fractures are still encountered among the head injuries suffered (as opposed to none among head injuries from skiing and snowboarding). Besides head injuries, the typical body parts injured in skiing are the knee and lower leg, the wrist and shoulder in snowboarding and the lower trunk and shoulder in sledding.

How to stay safe

The most important thing for maximum safety while skiing, snowboarding or participating in other Alpine sports is to respect your body and show consideration for the people around you. You should also know your own level of fitness and respect fatigue, which can be a particular problem at the start of the winter sport season.

Winter sports are a great way for parents and children to get outside and be active

together. Sledding, skiing, snowboarding and skating are all sports that can involve the whole family during the winter months. However, it is important to remember to stay safe while having fun:

- **Winter weather can be unpredictable.** Be aware of weather conditions before you head out.
- **Early signs of cold injury** (known as frostnip) can occur when temperatures fall below freezing. The skin typically appears white and numb. This is best treated by moving to a warm indoor location, removing any wet clothing and submerging the area in warm (not hot) water. Progression to frostbite, where the skin appears white, hard and waxy, is a medical emergency and requires evaluation by a medical professional.

⁵ ST.AT, 2019 ⁶ SnowVo. KFV, 2019 ⁷ KFV, 2021, ⁸ Haider et al., 2012

- **Multiple layers of clothing** work best to avoid frostbite. The first layer (such as thermal underwear) should keep moisture away from the skin. The top layer should be windproof and waterproof.
- **Bring children in at regular intervals** to check their fingers and noses for signs of frostnip or frostbite. Replace any wet clothing.
- **Sunburn** occurs much more easily on a ski trip than a beach vacation. Being on top of a mountain puts you closer to the sun and its damaging ultraviolet rays. Light is also reflected off the snow, which makes it twice as dangerous. Use sunblock before going outside and cover up whenever possible. But it is not just the skin that can get burned. Always wear sunglasses or goggles and lip balm when heading out as the sun can also burn your eyes and lips.

Be prepared for an emergency

- Make sure you know the local emergency number(s)! The European Emergency Call 112 gives access to any available network if 112 is entered instead of the PIN code after the phone is switched on or a call is made using the SOS emergency call function.
- In many winter sports regions, there are free emergency call apps available such as the SOS EU ALP app in Tyrol, South Tyrol and Bavaria. The app helps the user to send an emergency call and simultaneously transmits their location via GPS.
- Before making an emergency call, you should always render first aid. In certain circumstances, this may determine life or death.
- No network? No emergency call is possible without a network and in radio shadow. If you find yourself in such a situation, move if possible to a better location and dial the emergency number regularly. Alternatively, try to communicate with the mountain rescue service using other Alpine emergency signals such as whistles, calls or torches.
- Don't hesitate - dial the emergency number! When connected to the control centre, specify the location of the accident, the number of injured persons, how the accident happened and a call-back number. Remain calm and answer the questions of the emergency call agent. The emergency services are alerted during the call. The emergency call agent will give you instructions on how to provide help. Stay on the phone.



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