

*Royal Society for the Prevention of Accidents*  
**Extending corporate safety outreach**  
**A discussion piece**

RoSPA's mission "*...is to save lives and reduce injuries*". And the goal we set ourselves is "*...to lead the way on accident prevention*". As part of our current public health campaign we have been examining how spreading safety culture beyond the workplace can have a positive effect on public health.

This was prompted in part by statements by David Cameron who has been quick to focus on the alleged scale of problems caused by health and safety over-zealousness and has pressed the view that "*good, straightforward legislation designed to protect people from major hazards has been extended inappropriately to cover every walk of life, no matter how low risk*". Prompted no doubt by persistent anecdotal evidence in the media about over-the-top decisions, made allegedly on health and safety grounds, his underlying message has been that in many areas, such excessive action has been adding to cost, wasting time and creating bureaucracy. This has tended to support an underlying assumption in Government – also reflected in the Lord Young review of health and safety in 2010 - that the culture of safety developed at work is somehow leaking out into the community and causing disruption by making everyone excessively risk averse.

We feel that this hypothesis needs to be looked at more closely, particularly as RoSPA is campaigning to get accident prevention in the community fully accepted as a key priority in the Government's plans to reorganise public health in England. Health and safety 'overkill' is indeed a problem but to get things in proportion, it is nowhere near as serious a problem as the many more cases in which people are still failing to take adequate precautions to deal with serious risks.

Obviously, the most fundamental contribution which workplace safety makes to public health is the protection from accidents and health damage of the 30 million or so citizens who make up the national workforce. Big areas of continuing concern on the health side include: stress, musculo-skeletal disorders, stress, occupational cancer and respiratory disorders linked to work. However, action on health and safety at the workplace also makes contributions to the safety of the population in many other ways, most of which are imperceptible.

Firstly, there is the wider impact (or safety 'ripple effect') of workplace health and safety culture on people's safety understanding and their behaviours outside the workplace. Engaging employees at work through consultation, training, behavioural safety programmes and so on is likely to make them more safety conscious in other domains, including on the road, at home and during their leisure pursuits. This needs to be studied more carefully but there is every reason to believe that this is the case.

There ought to be evidence to show, for example, that H&S awareness-raising and training, including, for example, driver training provided by organisations as part of their Managing Occupational Road Risk programmes, helps to create safer behaviours among employees outside working hours - and it may also help indirectly to influence things like the road safety attitudes of their family members too. This is not about the 'nanny employer' replacing the allegedly 'nanny state'. It is about empowering people through greater safety and risk literacy to make safer choices for themselves and their family members, not just in relation to safety, health or lifestyle matters but when dealing with all kinds of threats and uncertainties in life.

Secondly there are a whole range of activities which employers can pursue to promote off-the-job safety for employees and their families. These range from notices and reminders about winter safety and common DIY hazards to encouraging staff to take home and use work-related personal protective equipment such as eye protection and safety footwear. Several employers have followed the path set years ago by Dupont, which encourages employees to share home and leisure accident experiences with colleagues and disseminate information to staff on issues like home and leisure safety.

And teaching young people at the workplace about health and safety is more likely to encourage positive attitudes towards safety in other areas of their life; for example, using off-the-job risk scenarios when teaching people about safer manual handling or working at height.

All this is especially important when you consider data from the Office of National Statistics which suggests that, on average, employees experience four to five times as many A&E level injuries outside work as they do in working time. There is clearly a strong business case for investing in employee safety outside work but it is surprising how many employers do not track the extent or causes of off-the-job injury to staff in the same way they track other causes of staff absence.

When people are at work, they are a captive audience; so several forward-thinking employers have encouraged their staff to participate in talks by external community-based safety personnel. RoSPA's [Safer motorcycling through work](#) guidance, for example, encourages companies to invite motorcycle trainers and police *Bikesafe* assessors onto site to engage with workers who ride powered-two wheelers. There are many other examples of outside safety and health agencies being brought into the workplace.

Thirdly, with an increasing focus on corporate social responsibility, RoSPA is very keen to encourage more companies to see how they can extend their values and safety influence to make a very significant contribution in helping to build 'safe communities'.

A Safe Community is a powerful idea originally pioneered in Canada by Paul Kells, the father of 19 year old student Sean Kells, who died in an industrial accident in November 1994 and it involves a whole community coming together to save lives and reduce injuries. It was later refined by the Karolinska Institute in Sweden and has been adopted officially by the WHO as a recognised health improvement model. There are a variety of forms of Safe Community across North America, New Zealand, Australia and parts of Europe.

The Safe Community model is still evolving and is currently being advanced by RoSPA in the UK as a new approach to reinvigorating accident prevention as part of the present Government's plans for restructuring public health via Local Authorities. In the UK, although much remains to be done, we have made good progress in reducing injuries in the workplace and on the road. Yet over 14,000 people are still dying in accidents annually (mainly in the home); and there are about 840,000 hospital admissions from accidental injury and some 14 million A&E attendances. The cost is a staggering £20-30 billion annually. The NHS is groaning under the strain. For most sections of the population, because they impact the young, accidents are a bigger cause of preventable life years lost than cancer, heart disease and stroke. Quite apart from our duty in a civilised society to try to reduce the unquantifiable human cost involved, investing only a fraction of this sum in Safe Communities is an absolute 'no-brainer'.

Safe Communities are led from a high level by local political and community representatives and seek to empower local citizens of all ages to strengthen the prevention of both intentional and unintentional injuries in all settings, not just at work, on the road and in schools but in the home and

in leisure activities as well as in shared public space and they address threats to safety, health and well-being of all kinds.

They involve a wide range of interventions, from education and awareness raising to a whole host of organisational and technical preventive measures and are based on close coordination of the work of all safety and health professionals (work and road safety, trade unions, business organisations, GPs and health services, A&E departments, police, fire and rescue, schools, youth groups, older/younger peoples services, voluntary sector services etc) within a local community, together with safety volunteers and ultimately individual citizens themselves.

Safe Community programmes are evidence based, using local injury data to determine priorities and to track the efficacy of interventions and they focus particularly on the needs of those most at risk including the socially disadvantaged, concentrating on the most common and preventable forms of injury such as falls, burns, scalds, suffocation, electrocution, poisonings, and drownings as well as vehicle and equipment related injuries and injuries from assaults and self inflicted harms.

They seek to expand, open up and extend the positive influence of routine safety work already undertaken in local schools, workplaces, local services, community groups and many other settings but also to make safety everybody's business. And they go much wider than many current 'Safe Community' projects in the UK which are limited only to fire and personal safety and crime prevention.

Participants in Safe Community work are driven by 'zero harm' goals (like 'no child in our community will die in an accident next year') but they also advocate proportionate approaches to safety ('only as safe as is necessary') by empowering citizens to make safer decisions for themselves, making safety fun and encouraging everyone to be risk aware but not unnecessarily risk averse.

They seek to exploit all means of communication with and between members of the local community from using local newspapers and broadcasting to social media and word of mouth. The underlying aim is to unite safety effort within a community within a visibly common identity and purpose, have shared priorities, maximise synergies between different safety programmes and encourage all local organisations and individual citizens to become ambassadors for sensible and proportionate safety.

And there has to be a real commitment constantly to review progress against a range of performance data, sharing and comparing lessons learned with the experiences of other safe communities and agencies.

Looked at from a 'Safe Community' perspective there is undoubtedly massive scope for businesses of all kinds to help energise this approach by expanding and integrating their existing safety efforts.

There are many forms of corporate safety outreach from, work with schools, sponsorship of 'Crucial Crew' activities and LASER centres (for example, focusing on prevention of trespass); outreach and safety sponsorship via community level groups, local media etc; family safety days; safety messaging directly to the public; developing safer commuting strategies (and initiatives such as Safer Cycling); paid time off work for staff to for community safety initiatives; partnership with other local safety players; and safety campaigning via trade associations.

It remains a RoSPA aspiration to create a resource to encourage, study and evaluate initiatives by employers in this whole field, which we believe will have great potential to spread the effect of positive workplace safety culture more widely. But it is also true that it makes no sense for

employers to focus on safety outside the workplace if they have not already achieved excellence in managing their own internal health and safety risks. The latter is the platform on which the former can be built.

And looking more generally at the contribution which occupational safety can make to injury prevention, there is undoubtedly considerable scope to extend the safety science that has been developed in a workplace context. Take, for example, much of the groundbreaking science developed by the Government's Health and Safety Laboratory that has informed slip and trip reduction programmes in industry (micro-surface roughness, cleaning and maintenance regimes, footwear/floor combinations and step design). This has a major contribution to make in falls prevention programmes for care homes and public spaces. Similarly many of the tools used to assess risks, investigate accidents, change environments and behaviours that have been developed in the workplace can be adapted to help develop safety excellence in other areas of safety.

We see the safety domains of home, school and work as necessarily interconnected - although much has yet to be done to fully understand and exploit these links, including by breaking down barriers between various kinds of safety professionals, sharing perspectives/experiences and creating new synergies. Far from undermining our society, spreading safety culture beyond the workplace has great potential to make Britain even safer and even stronger.

Workplace health and safety professionals may feel they have got their work cut out in keeping their colleagues safe and healthy but the role they play is only part of a much bigger jigsaw. They need to accept the challenge which this presents and see how, possibly only with small additional inputs, they can benefit wider sections of the society of which they are part and which their organisations exist to serve.

Comments are sought and should be sent to me at [rbibbings@rospa.com](mailto:rbibbings@rospa.com).

**Roger Bibbings**  
**Occupational Safety Adviser**

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