

Wilkins Safety Group

Weekly Update Newsletter



Welcome to this issue - Friday 3rd February 2012 - of our Update Newsletter

Please feel free to forward this newsletter to colleagues and friends.

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HSE to Introduce Fees for Intervention

We have known for some time that the HSE has been planning to recoup some of the costs associated with visits to organisations by its inspectors. A consultation on proposed charges was opened in July 2011 and the outcome was presented for approval by the HSE Board in December 2011.

Charges are to be introduced from **April 2012** and will be applied whenever an inspector identifies something wrong during a visit. As such, the cost is referred to as a **Fee for Intervention** and will be charged at a rate of **£124 per hour** of the inspector's time.

In addition to being a straightforward cost saving measure, the reasons for introducing a charging system include:

- it will provide an incentive for businesses to meet their obligations
- it is reasonable that duty holders who operate in material breach of the law should bear the costs rather than the taxpayer.
- it will provide a level playing field for those who do comply with the law

So when do the charges apply? According to the HSE, it is when:

"In the inspector's opinion, there is a material breach of law requiring a formal regulatory intervention through a letter, e-mail, instant visit report, notice or prosecution."

However, it would be a mistake to think that charges only apply for producing a letter or e-mail or report or whatever else the inspector deems as being required. If a problem is identified, then the hourly charge applies from the start of the visit during which the problem is identified and continues to accrue for the inspector's time until the breach has been rectified.



It doesn't require much imagination to appreciate that substantial costs can mount up very quickly.

The good news is that only high-risk organisations are likely to be visited by an HSE inspector and if the inspector finds nothing wrong, then the charges don't kick in at all. Furthermore, inspection visits are only likely in cases where the HSE has good reason to believe there has been a breach of the law.

The cheapest option is to monitor health and safety in your organisation to ensure you are fully compliant with the law and that there is no reason for employees or anyone else to lodge a complaint with the HSE

You can view the full response to the consultation at:

<http://www.hse.gov.uk/consult/condocs/outcome-on-consultation-235.pdf>

We have previously highlighted this news, but we thought it important enough to once again give you the latest update.

Contact one of our team to discuss how we can help you to comply with the law and save yourself money at the same time.



Do it now before you have to spend money on unnecessary HSE inspector visits. **Call 01458 253682**

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Hands-Only CPR

We thank our First Aid Trainer [Yvonne Attridge-Hall](#), for the following:



This month has seen the introduction of several advertisements from the British Heart Foundation about performing Hands-Only CPR.

The adverts feature on-screen hard-man Vinnie Jones and follow him as he performs life-saving Hands-Only CPR on a cardiac arrest victim.

The BHF are now advising that during CPR, anyone who is untrained should perform only chest compressions rather than also giving rescue breaths. The campaign comes as a result of research carried out by the BHF which shows that many untrained people are afraid of giving rescue breaths to a casualty and consequently would not attempt CPR at all, if the situation arose.

Ellen Mason from the BHF said *"The kiss of life can often be daunting for untrained bystanders who want to help when someone has collapsed with a cardiac arrest"*.

However, it is important to remind students that **also giving rescue breaths remains the "gold standard" of CPR**. Anyone who is trained and confident in performing CPR should continue to follow the guidance of giving chest compressions AND rescue breaths, at a ratio of 30 to 2.

Nigel Barraclough, author of our leading range of First Aid books gives the following advice on the new campaign:

The Theory of Hands-Only CPR

The theory behind Hands-Only CPR is that if an ADULT casualty has a cardiac arrest outside hospital, it's usually a heart problem (e.g. heart attack) that has caused it. In that scenario, the blood is usually full of oxygen at the time that the heart stops, so the immediate need is not to give breaths, but to pump the blood around (circulating the oxygen that is already there). In cardiac arrest the body uses up much less oxygen, so some studies have shown that the body can last for up to 5 minutes on the oxygen left in the blood if it is pumped around. There is an added benefit that it's very easy to learn and you won't be put off by having to "kiss" them, so more people will attempt it, and it's much, much better than doing nothing at all.

Limitations

There are a couple of limitations to Hands-Only CPR however:

- 1) If the cause of the cardiac arrest is NOT a heart problem (e.g. drowning) or if the casualty is a CHILD, then it's likely that there is a huge lack of oxygen in the blood by the time the heart stops, so this time the casualty will be desperate for some rescue breaths. In children, the likely cause will be something to do with breathing, such as an asthma attack or choking.
- 2) Ambulances often take longer than 5 minutes to arrive (current government targets are for 75% of ambulances to arrive in 8 minutes).

For those reasons, the gold standard is to give compressions AND rescue breaths, at a ratio of 30 to 2.



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If you would like to discuss any of the issues highlighted in this newsletter then drop an email to **Jon** on jon@wilkinssafety.co.uk or call the office **01458 253682**



Your Business is Safer
Your Business is Safer in Our Hands