Employers’ and employees’ response to HSE’s Guidance on Manual Handling Operations Regulations (MHOR)

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Employers’ and employees’ response to HSE’s Guidance on Manual Handling Operations Regulations (MHOR)

Norma Currie RGN, BSc (Hons), Dip Soc Sci
and Wendy Wilson RGN
Health and Community Care Research Unit
Thompson Yates Building
Quadrangle
The University of Liverpool
Brownlow Hill
Liverpool L69 3GB
United Kingdom

The aim of this study, which is mainly qualitative in design, was to ascertain the attitudes of both employers and employees to the Health and Safety Executive’s (HSE’s) Guidance on the Manual Handling Operations Regulations 1992 (MHOR). This is of particular interest at the present time in light of the joint initiative between the Department of Health and the Health and Safety Executive entitled ‘Back in Work’ (BiW).

Recruitment of small and medium sized businesses was achieved via Liverpool and Wirral Chambers of Commerce. The distribution of questionnaires to both employers and employees was undertaken along with a series of taped semi-structured interviews from a variety of businesses with personnel from telecommunications, manufacturing, including engineering companies to glass, roofing, cleaning, building and printing organisations.

The interviews and questionnaires were analysed to assess the usefulness and relevance of HSE’s guidance on MHOR. Knowledge of and attitudes to the BiW initiative and the awareness of the Liverpool Occupational Health Project was also assessed. It was thought that those demonstrating knowledge of these initiatives would have a more holistic approach to health and safety in the workplace.

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EXECUTIVE SUMMARY

The aim of the study was to ascertain the level of knowledge and application of the Manual Handling Operations Regulations 1992 by employers and employees of small and medium sized businesses (SMEs).

Analysis of interview and questionnaire data reveal a considerable lack of awareness of these regulations and confusion around the subject of risk assessment procedures.

The Health and Safety Executive (HSE) need to be more flexible and have a greater awareness of the economic and manpower restraints experienced by small companies.

The current image of the HSE needs to be reassessed. It is seen primarily as an enforcer and its role as an advisor is not fully appreciated and needs to be actively promoted. It would be in the interests of health and safety in the workplace if small companies felt that they could approach the HSE for advice and guidance without the fear of prosecution or other serious repercussions ensuing.
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1. INTRODUCTION

The Health and Community Care Research Unit (HaCCRU) at Liverpool University was commissioned by the HSE to undertake a study which examined the attitudes of employers and employees to the Health and Safety Executive’s (HSE) Guidance on the Manual Handling Operations Regulations 1992. MHOR implements the Manual Handling Directive 90/269/EEC. This is of particular interest at the present time in the light of the joint initiative between the Department of Health and the Health and Safety Executive entitled ‘Back in Work’.

The overall cost to industry of sickness absence due to back pain is approximately £5 billion and £480 million per annum to the NHS. The HSE estimate that 11 million working days were lost in 1995 due to back pain, the highest incidence occurring in nursing, construction and agriculture followed by the retail, food and water industries. The Confederation of British Industry (CBI) identified back pain as the greatest concern for employers across all sectors and a Trades Union survey showed that less than a third of all employers provide treatment physiotherapy or rehabilitation and less than half monitor the workforce suffering from back pain.

The ‘Our Healthier Nation’ Green Paper gives priority to improving health and to reducing the gap between different social groups in England. The Healthy Workplace Initiative seeks to develop these priorities in the context of the health of people of working age, both in employment and out. Back pain affects all areas of work and all working environments. Employers bear direct and indirect costs in the form of sickness absence and disability and the loss of trained experienced staff and of potential staff who could return to work after rehabilitation. It is worth bearing in mind that on average each person who suffered from back pain and related conditions took an average 13 working days off work during the year in 1995.

A recent survey showed that five percent of people of working age had taken time off work because of back pain. Back pain excludes people from working; around 15% of unemployed said that back pain was the reason they were not working. This amounts to 119 million days of certified incapacity according to the Department of Social Service figures. Other musculoskeletal disorders involving other sites for instance hand, arm and lower limb account for 55% of work related injuries.

A Beating Back Pain conference was held at the Science Museum on 13th May 1999. Tessa Jowel the then Minister for Public Health and Alan Meale Minister with the responsibility for Health and Safety announced the back pain initiative ‘Back in Work’, the purpose of this initiative was to increase awareness of back pain and ways of reducing it and also to encourage employers to take action in partnership with others.

The United Kingdom has generally focused on workplace health activity primarily around the disciplines of occupational health, health and safety and health promotion. A major problem has been a lack of integration between the various disciplines, leading to a ‘fragmented approach’ to workplace health activity, which is neither coherent nor comprehensive. As part of this research project a wider set of questions was incorporated to explore employer’s and employee’s attitudes to a broader and more holistic view of occupational health rather than just compliance with legislative standards. In terms of back pain in particular it looked at ways of preventing chronicity by facilitating referrals to medical assessment, treatment when problems are reported and what if any systems exist to manage a return to work after sickness absence or work related injury. The Ottawa Charter states that for health promotion to be effective, it should encompass the basic principles of empowerment enablement and collaboration. New ways of working need to be developed which incorporate a wider perspective of health at work. We have endeavoured to assess what if any advances have been made in this area within Merseyside/Cheshire.
2. METHODOLOGY

The two methods used to collect and analyse data obtained from the study were questionnaires and a series of taped semi-structured interviews with both employers and employees.

The two questionnaires were designed specifically for this study, one for employers and one for employees. Each was easily identified by colour. The employer’s questionnaire was white and the employee’s questionnaire was yellow. All questionnaires had a covering letter which explained the aim of the study. Both addressed the same subject areas but with a few differences. For example, the employers were asked about their annual turnover and how many people they employed. They were also asked about their knowledge of the government’s Back in Work Initiative.

Both questionnaires covered the following areas; training, health and safety, Manual Handling Operations Regulations, awareness of Liverpool Occupational Health Project and rehabilitation programmes to carefully manage a return to work after back injury. The final page of the questionnaires gave an opportunity for further comments of which many made full use.

Recruitment for the study was achieved initially through the Liverpool Chamber of Commerce. All their members were contacted individually by letter and invited to a brief presentation about the study at one of their regular breakfast/lunchtime meetings, however due to a poor response this was not viable. Recruitment was then undertaken by telephoning individual companies, particularly small manufacturing businesses, this however did not improve the response rate significantly.

Wirral Chamber of Commerce was approached when recruitment was completed in Liverpool. They were very helpful and supplied a database of their membership. They also included an article about the study in their monthly newsletter. An opportunity for a presentation to the members was not possible due to the time constraints of the study.

In total 150 companies were contacted, some of whom were telephoned three times before direct contact was possible. Finally, 50 small/medium-sized businesses were recruited.

Many companies expressed an interest in taking part in the study but they could not spare the time although both the questionnaires and interviews were deliberately designed to be brief, so as not to interfere with company productivity. After piloting, both questionnaires were found to take approximately only eight to ten minutes to complete.

700 questionnaires were distributed with 200 to employers and 500 to employees. The imbalance due to the ratio of employers to employees. In order to maintain anonymity each questionnaire had an identification number, therefore no respondent could be identified. The initial response rate to the questionnaires was 15% which increased to 23%. To improve response rates reminder letters were sent to those who had failed to return their questionnaire within two weeks.

A series of 40 taped semi-structured interviews was undertaken, this included employers, employees and representatives from the Liverpool Occupational Health Project and Members of the Chambers of Commerce. Anonymity was maintained at all times to ensure confidentiality. The purpose of the interviews was to ascertain the level of knowledge that existed within management and operatives around back pain issues including the Manual Handling Operations Regulations (MHOR). Similar topic guides were used for both groups.

All interviewees were approached personally and asked if they would be willing to participate in a brief interview with a researcher. All forty accepted. The information gathered via the taped interviews and questionnaires also ascertained whether companies who are MHOR aware would be...
more likely to know of the BiW initiative and therefore have a greater awareness of health and safety issues.

Interview data were transcribed verbatim and analysed using a qualitative approach to categorise emerging themes.
3. RESEARCH FINDINGS

3.1 QUESTIONNAIRES / EMPLOYERS

As previously stated two questionnaires were used. One for employers, white (appendix 4), one for employees, yellow (appendix 5). This was to aid data processing and avoid confusion between the two sets of questionnaires. 200 employers and 500 employees questionnaires were distributed. This reflects the larger number of employees than employers. The overall response rate was 23%, 161 questionnaires. This compares well with other studies conducted with small and medium sized businesses where the response rate was 10%. 23% is therefore considered an extremely good return for this type of study.

A disproportionate number of responses were received from a subsidiary of a large multi national company (74 out of the total of 161). This data was not included in the final analysis so as not to skew the results. Although they did qualify as a local medium sized employer with 250 employees and were originally included in the survey for this reason.

The first three sections of the employer’s questionnaire dealt specifically with general, personal information and occupation details.

Employers’ Questionnaire

61% of the businesses contacted qualified as medium sized companies i.e. turnover was between £500,000 and £49 million or up to 250 employees. The total numbers of employees in each organisation ranged from 2 to 250 and the companies had been trading from 8 months to 52 years. The majority of employer’s representatives were male 76% with only 24% female and ages of respondents ranged from 21 to 67 years of age.

The job titles included managers of planning, quality, general safety, office, site managers, foreman, company secretary, engineers and technical advisors. Senior executives who contributed included finance directors, operations directors and managing directors.

Employers’ representatives provided a wide range of job descriptions in the section of the questionnaire dealing with job function. Responses included; day to day running, inspection and observation of current procedures, maintenance, smooth running of the business and handling of all customer complaints.

3.2 TRAINING

The fourth section of the employer’s questionnaire dealt with training. This area of investigation was considered very important because of the emphasis placed on training by The European Agency for Safety and Health at Work i.e., ‘Training is considered in all member states to be an essential basis for the prevention of accidents and occupational diseases’.

The findings from this section were as follows; 80% of employers said that they provided training but only 51% provided details of the training that was offered. The main reason given for not undertaking any training was a lack of time and resources with 34% of employers stating that this was the case. Where information was provided the most common type of training was reported as lifting (20%) with none of the employers providing risk assessment training. This is particularly relevant as the European Agency for Safety at Work expresses the ‘need to develop risk assessment methods, adapted to the particular characteristics of the sector or size of company’ . Just less than three-quarters of employers reported that their training was compulsory with a fifth of respondents leaving
this section blank. 68% said that they considered the training to be adequate and a fifth of those responding again chose not to complete this question.

Some of the comments provided in the comments space linked to this question were as follows; (quotes from the employers questionnaires start with the number ‘0’):

‘Operatives showed no interest and regard it as a waste of time’. 0073 and ‘no qualified staff to promote training.’ 0058.

‘None is actually required apart from H&S at employment and review.’ 0188

‘no qualified staff to provide training’ 0058

‘past experience of poor candidates’ prevents employer from doing training. 0101

‘newly established company with limited resources and time, something we hope to provide in the future’ 0159

3.3 HEALTH AND SAFETY INFORMATION

This section asked for information on whether companies monitored sickness absence and whether they provided any rehabilitation programme to facilitate a return to work. This was again considered an important area for investigation because the Faculty of Occupational Medicine clearly advocate changing the focus of treatments from a purely symptomatic treatment to an active ‘rehabilitation programme’.[11]

85% of employers reported that they monitored sickness absence by various methods for example, wall charts, ‘my diary’, electronic attendance system, clock cards and self-certification. Just over half of employers reported that they did not have any kind of rehabilitation programme for their employees.
95% investigated accidents that occurred in the workplace with just over three-quarters of them acting on the outcome of the investigation. 88% thought that back injuries could be avoided in the workplace with the following comments attached to this response:

‘better training or refresher training’ 0003
‘with hindsight any accident can be avoided’ 0138
‘through awareness and risk assessments’ 0170

51% of employers thought they received enough help from the Health and Safety Executive, but the help received was not specified, with 3% responding negatively and 46% opted not to complete this question. By comparison only 28% employees responded positively. (Fig 1).

Fig 1

71% of employers reported that they had a health and safety representative, 14% said they did not and 15% did not complete this question. Some respondents took advantage of the opportunity to provide additional comments in this section and the following are some examples of what they thought about the HSE and the service they provide;
'Not normally willing to provide detailed help, usually refer to legislation' 0149

‘HSE should be more proactive’ 0170

‘Only contact with HSE on site is during accident investigation’ 0176 (construction manager)

‘only ever seen statutory posters more face to face communication needed’. 0058

‘what should I expect’ 0148

‘we have had no help or advice from the HSE, everything we know we have had to find out ourselves’ 0159

3.4 GENERAL HEALTH AND SAFETY INFORMATION

35 out of the 41 employers who completed the questionnaires stated that they carried out a risk assessment of safety issues. The most popular way of updating themselves with current safety issues was from trade journals (54%), only 34% obtained their information direct from the HSE. (Fig 2).

The Health and Safety Commission (HSC) in their annual report of 1998/99^12 are concerned about a lack of access to occupational support and this in turn contributes to health inequalities in the working population. At the end of 1997 Ministers invited the HSC to undertake a programme of work, in liaison with the Department of Health, to advise the government on ways of ‘driving forward’ a framework of occupational health support aimed at improving access for everyone, especially those who work in small and medium-sized enterprises (SME’s) ^12 however in this study 61% of employers said they would not be prepared to pay for an occupational health advisor.

The Health and Safety Commission Strategic Plan 1999/2002^13 states that one of their key programmes will be to improve the management of health and safety in small firms and access to occupational health support.

In general there was a lack of awareness of the existence of the Liverpool Occupational Health Project with 85% of employers stating that they had not heard of it.

Fig 2
3.5 MANUAL HANDLING OPERATIONS REGULATIONS (MHOR)

This section was the penultimate section of questionnaire, the final section provided an opportunity to make general comments not covered in the rest of the questionnaire.

This set of questions dealing with the Manual Handling Operations Regulations (MHOR) was included to test the level of knowledge within an organisation of the regulations.

83% said they had seen information on manual handling but the figure dropped to 54% when they were specifically asked if they had seen information relating to the MHOR. When asked where they had seen information on manual handling 45.5% of respondents referred to their own company information, with 41% reporting that they has seen the HSE information. 66% thought the HSE’s Manual Handling Operations Regulations would be useful in preventing back injury.

Fig 3

In the MHOR section contributors were also asked if they had heard of the government’s Back in Work Initiative (BiW) 73% responded by ticking the box marked no. The comments section linked to this part of the questionnaire provided an opportunity to provide details of what employers knew about MHOR and what they thought would be helpful in preventing back injury. The following are a few examples of the comments related to knowledge about MHOR;

‘nothing’ 0005

‘a limited amount’ 0152

‘correct lifting procedures etc’ 0160

‘weight limits on manual handling awkward objects etc’ 0004

‘not a lot’ 0031
Peninsula is an independent organisation who advise on health and safety issues.

3.6 **SUGGESTIONS ON WAYS TO PREVENT BACK INJURY**

The following ways of preventing back injury were suggested:

- ‘laws enforced by government on all HSE issues rather than guidelines’
- ‘promotion of use of mechanical aids’
- ‘simple leaflets for staff explaining how to avoid back injury’
- ‘closer adherence to manual handing regulations by all staff’
- ‘informative talks that are regularly carried out in the workplace’
- ‘greater awareness’
- ‘better education throughout life on H&S issues, including back injury’
- ‘early training in schools as a child you automatically bend your knees as you grow older you get lazy.’
- ‘change in site culture regarding lifting and speed of operations’
- ‘suppliers not overfilling boxes’ and ‘absence of macho behaviour’
- ‘good risk assessments’

3.7 **GENERAL COMMENTS**

Engineering Telecommunications Company:

‘I think all training in this field should be delivered with a genuine concern for the individuals in receipt of it. I think that if an employer accepts a “just fulfilling our obligation” attitude this will send bad signals out to the staff’

Flooring business:

‘The people working within the health and safety industry as a whole have no practical experience of working to site conditions and the bulk loads that require lifting, the workplace is not an ideal world’
Marine engineering:

‘If lessons are learned and backs are treated with respect from an early age retro education in the workplace would become unnecessary!’ 0172

3.8 EMPLOYEES QUESTIONNAIRE

The first two sections of the questionnaire distributed to employees were very similar to the employer’s questionnaire.

The majority of those responding were males 67 % with 26 % females (some respondents did not complete this question) ages ranged from 18 to 64 years of age.

Occupational Details

Job titles provided included, administration staff, assistant buyer, painter and decorator, joiner, heating engineer, warehouse/driver, apron hand and gas fitters.

The length of service ranged from as little as 2 months to as much as 27 years.

The majority of respondents’ jobs (80%) involved manual handling without aids.

48% of employees reported sickness absence in the last 12 months with only 11% of this group stating that it was due to a recurring problem and 47% of all employees who reported sickness absence said it was due to a work related injury.

3.9 TRAINING

The fourth section of the questionnaire covered training. 69.5% of employees reported that training was provided in their place of work with 80% of this being training in lifting. However, later in the questionnaire only 50% stated that they had received instruction on safe handling and lifting. Some felt that the training was ‘non-existent’ (Fig 4).

Fig 4
Training was compulsory in just over half of the employees place of work, however only 39% said they thought it was adequate compared to 68% of the employers who thought that the training they provided met their employees needs.

One of the reasons given for considering the training inadequate was as follows; (quotes from the employees questionnaire start with the number ‘1’);

‘cost to company when training is in company time’ 1346

Some of the suggestions for training provided by employee’s were as follows;

‘We have received training but none that applies realistically’ 1007
‘practical training in the actual workplace’ 1445

3.9.1 **Health & Safety Information**

As is clear from the heading, this section contained questions related to health and safety. Just under three-quarters of employees (74%) understood that their sickness was monitored (Fig 5). The methods used varied from company to company e.g., time sheets, personnel department, sick notes and appraisal schemes. Only a fifth of employees reported that there was a rehabilitation programme in place to help them back to work following an extended period of absence.

**Fig 5**

![Sickness Monitoring](image)

Both the questions, relating to the recording of work injuries and employers reaction to the outcome of an accident investigation provided a strong positive response (85%). Only 46% believed that they thought work related injuries could be avoided and 65% thought that back injury could be prevented. When asked about what measures their employer had taken to prevent problems associated with lifting and handling the most favoured answer given was training (33%), with 28% reporting equipment and 15% risk assessment.
Only 28% of employees thought they received enough help and advice from the HSE. Examples of the type of advice they got from the HSE ranged from:

‘never been privy to any HSE information relating to the job’ 1457

‘I do not recall seeing anyone from HSE ever assessing the business end of my job’ 1445

‘Advice comes after something has happened’ 1433

This compares with 51% of employers who thought that the advice from the HSE was adequate. 76% of employees said that their company provided a health and safety person with 61% saying that their employer had made them aware of possible risks in their workplace.

3.9.2  General Health & Safety Information

This sixth section of the employee’s questionnaire included a question about whether the employee had been given a risk assessment. Only 28% of employees answered yes.

In the space provided to make additional comments, some people commented that they;

‘didn’t know what one is’ 1446

‘I am sure the company does risk assessments on all aspects of the job’ 1445

The most popular source of information for employees keeping themselves up to date with current safety issues was from colleagues (50%) with only 9% obtaining information direct from the HSE. The following are some comments related to how employees updated themselves with current safety issues:

‘by accident’ 1050

‘we don’t’ 1350

‘college refresher courses’ 1409

‘from management’ 1377

‘weekly staff meetings’ 1003

3.9.3  Manual Handling Operations Regulations

In this section 65% of employees had seen information regarding manual handling, with only just under a quarter having seen the Manual Handling Operations Regulations. However, 26% had only seen information on this subject from their company. With 6.5% claiming to have seen HSE literature. This is less than the employers, 41% of whom had claimed to have seen the HSE information on MHOR.

The following illustrates the kind of reply when employees were asked what they knew about MHOR;

‘nothing’ 1047

‘your employer has to show/tell you’ 1016

‘lifting technique’ 1006
‘only the information given on courses and on posters’ 1002

‘not enough’ 1439

60% of respondents left the question about, whether the manual handling regulations were helpful in preventing back injury, blank. Only 30% thought that the regulations were useful in preventing back injury. This contrasts with the employer’s view where 66% of employers responded positively to the same question (Fig 6).

Fig 6

Suggestions of what they thought would be useful in preventing back injury ranged from;

‘practical and relevant advice’ 1445

‘special lifting belts’ 1484

‘don’t think you can prevent it’ 1439

‘strict rules for employers to follow in providing good equipment where necessary’ 1308

‘no work’ 1408

‘penalties against people who flout the regs’ 1377

‘staff training allied to correct equipment’ 1056

‘even spread of workload, more equipment’ 1007

‘unsure’ 1443
3.9.4 Comments

The last section in the employee’s questionnaire allowed the respondent to make any additional comments that they wanted to make. The following is a selection of the comments received;

‘The MHOR we have been shown do not work in a realistic work environment’ 1007

‘The health and safety standards at...are virtually non-existent yet we get on with it’ 1439

‘manual handling is not given at present and equipment training has been suspended due to financial reasons, until this is addressed accidents will continue’ 1453

‘It is not sufficient to demonstrate the perfect way in which to perform a task in the perfect working environment. As we do not live in a perfect world advice must be relevant and realistic’ 1445

This highlights the need for information, regulations and advice of this kind to be appropriate to the needs of individuals in their particular working environment.
4. MAIN THEMES FROM INTERVIEWS

All requests for interview were made by telephone and calls were followed up with a confirmation letter, which assured contributors of the care taken to maintain confidentiality. Before the interview commenced respondents were asked if they had any objections to an audio tape recorder being used during their interview. They were assured that if at any time during the interview they wished the tape to be turned off this would be done.

After the interviews all interviewees were sent a letter thanking them for their time and the information that they had supplied. Apart from the telephone interviews and one where the interviewee asked to come to the University all interviews took place at the interviewee’s place of work. Interviews were deliberately kept brief in an attempt to minimise disruption to production time.

Two topic guides were prepared, one for the employers the other for the employees. (Appendix 7&8). Both topic guides covered a similar range of topics e.g.; length of employment, job description, Manual Handling Operations Regulations (MHOR), risk assessment, main problems with health and safety, views on HSE, awareness of the Back in Work Initiative and its relevance and occupational health.

The length of employment of those interviewed ranged from 1 to 30 years. Job descriptions were similar to those obtained from the questionnaires.

The main themes that emerged from the employers and employees interview data were that the MHOR were;

- Impractical and inflexible
- Grey and overbearing
- Inappropriate

4.1 IMPRACTICAL AND INFLEXIBLE

One employer, due to his work environment, felt that the MHOR’s were as follows; ('er' represents a quote from an employer and 'ee’ is a quote from an employee)

‘totally impossible’ ncn / er.

In his company, it was difficult to assess what the weight of a component was going to be before it was lifted. They could not use mechanical aids because this was impractical in their situation. The regulations did not deal with his particular requirements. When asked if he had brought this to the attention of the HSE his response was;

‘I won’t mention it to the health and safety because if I did so, I know the response would be sorry that’s the law and that’s what you’ve got to do’ ncn / er.

Some employers expressed the opinion that because of the way the MHOR’s are written many companies cannot comply and there needs to be;

‘some latitude shown and degree of discretion.’ ncn / er

This would encourage employers to contact the HSE for advice without fear off;

‘potential enforcement’ ncn / er.
4.2 GREY AND OVERBEARING

One manager (classed as an employer) thought the title was;

‘overbearing’ and some of the ‘guidelines are quite grey and getting the HSE to take the greyness out is very difficult’ ncj / er.

This has led to him having to contact the HSE for clarification. He also consulted another guide “Croner” simply because it was easier to access and they also provided;

‘training programmes’ that are ‘brilliant’ ncj / er.

4.3 INAPPROPRIATE

Another manager felt that due to his specific work environment it was difficult;

‘to adapt manual handling for (NAME OF COMPANY)....and that is one of the reasons why the Health and Safety Executive have always taken a step back from. (NAME OF COMPANY..)’ nc1 / er.

When asked if this particular company ever had random inspections from the HSE he replied;

‘We very rarely see the HSE’ nc1 / er.

Another thought that MHOR was;

‘ a fairly good guide. I think the biggest problem again is the interpretation of some of the regulations at times, could be simplified. Because if you can simplify things then people are more likely to take them on board more easily and apply the regulations.’ ncs / er.

4.4 OTHER FINDINGS FROM INTERVIEWS

The main responsibility for risk assessment was not always clear with some undertaken by managers while others were carried out by the employees. Unions did not appear to play any significant role within medium or small organisations however one comment by a manager about unions was very clear;

‘I think there can be interference from the unions trying to use health and safety as an industrial relations tool.’ ncs / er .

The main problem with implementing good lifting and handling techniques, from an employer’s opinion was one of bravado and time. For example;

‘if it is a question of moving a hundred boxes from A to B then I think you will cut corners. Partly because of time and partly because of bravado partly to prove it can be done’ nc7 / er.

Laziness is another;

‘people just forget and get lazy and do things their own way.’ nc4 / er

In some of the larger organisations health and safety was promoted as part of their culture and ‘image’. While others found it an inconvenience, expensive and time consuming. Due to expense
some companies employed an independent consultant because they are ‘cheaper’. It is difficult to understand this attitude, some employers were under the impression that the HSE charge for their advice. The other connotation is that it is justified in the long run because it avoids potential litigation.

Some companies relied on more experienced members of staff to impart health and safety information in place of formal written procedures. This is encouraging a ‘word of mouth culture’, which has a potential for error.

A significant number of employers were wary of the Health and Safety Executive (HSE) because of their role in enforcing regulations.

‘there to penalise you not to help you’ nc6 / er and ‘They don’t have a friendly attitude’ nc5 / er.

Others had a more open dialogue with the HSE, however there were few of these. 48% of employers viewed the HSE as enforcers with only 17% viewing them as advisors and 26% saw them as both, the rest did not have an opinion or just declined to comment.

Only one company had a full time health and safety representative. The others added health and safety responsibilities to the duties of an operational employee. Some employees were unsure whether they had a health and safety representative.

‘I think we probably have but I don’t know who it is’ nc5 / ee.

As one employer put it;

‘It’s very hard trying to put pressures of business, levels of enthusiasm and health and safety back to back because basically they don’t fit in’ nc7 / er.

Knowledge about the government’s Back in Work Initiative (BiW), was very limited and only 4 out of the 23 employers had even heard of it and even these were not really fully aware of what it was actually about, only one person was able to give an accurate account of what the initiative was. This suggested that although employers may have been aware of the MHOR they knew little or nothing about the BiW initiative. If government is spending money on BiW initiative they should consider the name/title of the initiative more carefully as BiW has been confused with the Back to Work strategy.

Response to the Liverpool Occupational Health Project is covered in section 6 of the report.

Occupational Health was another area covered during the course of the interviews with the two groups. In the majority of cases businesses left any decisions about health up to the individual’s general practitioner. In most cases people could only realistically return to work if they were fully fit and there was no provision for any rehabilitation;

‘no such thing as light duties’ nc3 / er

and in some cases it is left;

‘entirely up to the individual in this place’ nc3 / ee. As one employer put it

‘don’t come back to work unless you are fit and able’ nc33 / er.

Another area explored was training. Most people said that it was difficult to implement training due to resources and most of the training was performed ‘in house’.

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Interviewees were asked if they had any suggestions that they would like to make regarding health and safety in the work place. The following are some examples from the employers;

‘ I would like to see possibly more health and safety incorporated into the national curriculum, I think it has been introduced but its been introduced around 13 years of age but I think you need to look at slightly younger than that. I think 10.’ ncs / er.

‘ a full time health and safety officer.” ncm / er.

employees suggestions;

Training

‘ we could do with someone coming in. People would do it then, it’s when you have got to go somewhere and you think I haven’t got time for a day’ ncu ee

‘ I think the training could be better’ nc6 / ee

‘I’d like to have a proper manual handling trainer come in and do the training’ nc4 / er

This he felt would eliminate any bias.

General comments;

‘ We should have a hands on supervisor walking round watching people work and saying yes or no’ nc2 / ee

The rest were about the equipment or lack of it and the actual environment they worked in for example;

‘not many companies have all the equipment because of the expense’ nc1 / er

‘there’s no room for a fork lift truck because the aisles are so narrow’ nc3 / ee

The common denominator in many companies that prevented them from providing the correct equipment or environment was;

‘ down to cost’ nc6 / ee
5. ATTITUDES TO THE STUDY

No incentives were offered to the companies who participated apart from the fact that they were able to express their opinions and anonymity was guaranteed.
6. LIVERPOOL OCCUPATIONAL HEALTH PROJECT (LOHP)

The Liverpool Occupational Health Project (LOHP) is an independent research and development organisation, aiming ‘to protect and improve the health of the people of Liverpool by increasing the recognition of occupational influences on health and effecting change where necessary, in partnership with different sectors including health business, education and other organisations, both public and private’.14

LOHP was established ten years ago by a local general practitioner, a member of the Trades Council Health and Safety Sub Committee and a representative from the Health Authority, based on a process operating in Sheffield. The steering committee is multi disciplinary with representatives from organisations such as, General Practice, Public and Occupational Health and the Liverpool Trades Council.

Funding for this project comes from a variety of sources including the Liverpool Health Authority and the National Lottery Charities Board.

Main areas of work include Primary Health Care, the SHAW (Safety and Health Awareness at Work) project and CHAT (Community Health Advice and Training) project.

The project also looks at health and safety in small businesses. Literature supplied by LOHP states that ‘over 120 companies have been assisted in improving their health and safety standards and more than 850 hours of health and safety training have been carried out’.

The findings from the interviews with employers demonstrated that the level of knowledge that existed about this project was low, in fact only 14% had heard of the LOHP most of whom said it was only ‘in passing’ and were vague as to where they had heard of them. From the questionnaires only 5 employers, from small and medium sized businesses out of 41 had heard about the Liverpool Occupational Health Project (12%) and when probed during the interviews for any information about the project nobody was able to offer any further details.
7. DISCUSSION

Though the Health and Safety Executive (HSE) consider they make adequate provision for small and
medium sized businesses (SME),\textsuperscript{13} it is apparent from the questionnaire and interview data that many
respondents feel that the guidelines and regulations are not specific enough for their business. In
particular the Manual Handling Operations Regulations are considered to be impractical and
inflexible, with many ‘grey’ areas.

This may reflect an inability to interpret and apply the regulations because of inadequate skills or
more accurately the high costs of a skilled practitioner. Many employers interviewed would have
liked to employ a full time health and safety officer but could not afford to do so. In some areas the
health and safety officer had a dual role, combining the duties of health and safety with their main job
within the company. Others had no designated member of staff to deal with health and safety issues.
Many small companies do not view the management of health and safety risks as a ‘core business
activity’.\textsuperscript{15} They feel that a bigger company could swallow up the costs of health and safety where as
the SME would find it more difficult.

This view of health and safety as a peripheral activity results in a lack of knowledge about what
companies are required to do by law. An employer with a small business said that he was below the
level required to comply with health and safety since he employed less than 5 people.

‘I feel that health and safety can be another one of these hurdles or hoops that small
companies have to jump through and when you get very small companies it’s physically
impossible there aren’t enough hours in the day to take care of business and do these things
as well.’ nc7 / er

This provides a link to another theme within the research, the perceived conflict that exists between
the role of the HSE as an advisor and a regulator. Some people were hesitant to contact the HSE for
help because they are viewed as;

‘the enemy...they don’t have a friendly attitude.’ nci / er

and

‘their job is to enforce and that’s why I am hesitant to consult them’ ncn / er

The image most small companies have of the HSE is summed up in the following comments;

‘The only time you hear of the HSE’s high profile is when there has been a serious accident
and then unfortunately fines are not deterrents....The larger industries can cope with fines it’s
not a problem. The people who tend to suffer...are more likely to be the smaller industries’. ncs / er

‘Well our opinion of the HSE is that they are there to penalise you not to help you.’ nci / er

This conflict of roles is likely to reduce the effectiveness of the HSE both as an advisory body and as
a regulator. The two roles also require different skills and it may be worthwhile considering two
specialist bodies within the HSE dealing with these two very different activities.

There are two areas of further research that should be conducted in order to establish whether this
division of roles is likely to be practical and effective. The HSE may have good reasons for not
adopting a separation of the advisor and regulator roles and it will be necessary to investigate why
they have not already developed specialist departments. In addition the reaction of industry to a new
advisory body needs to be investigated. It may be that the existing image of the HSE is too deep
rooted in the minds of managers for them to accept that specialist advisors can provide help and advice. Any new initiative will need to overcome the fear that advisors will revert to type and become ‘regulators’ or ‘enforcers’.

The role of consultants is significant and may be worth further investigation. Employers of small and medium sized businesses are turning to the very often cheaper and friendlier services of independent consultants because;

‘it’s cheaper to get an independent consultant in.’

There is a danger that this kind of independent specialist advice may not be reliable. Who regulates these consultants? A voluntary form of self regulation or accreditation may be in use but it is only likely to be applied by the more expensive consultants. As an alternative to the HSE developing a specialist advisory body it may be worth considering a more rigorous form of regulation for approved independent advisors.

The final theme running through the data collected from employers was that the regulations were difficult to apply to specific areas of industrial activity. The need to regulate health and safety practice across all industrial activity inevitably leads to difficulties in translating general regulations to make them practical to specific environments. This lack of specificity can be overcome by large companies who employ a health and safety specialist but it seems that smaller companies require additional guidance. An example of this kind of supplementary guidance information is that adopted by the Chartered Institute of Environmental Health where industry guides are available to translate legislation into a simple and practical code of practice.

In conclusion the comments provided strongly suggest that the HSE needs to rethink its image. It also needs to make the regulations and its publications more accessible to meet the requirements of the many SMEs operating in the UK. This industrial sector generates the majority of industrial activity and provides the greatest potential for hazards in the workplace. The HSE needs to present itself in a more advisory role and adopt a different attitude to the small to medium sized employer. Companies need to be able to communicate with the HSE or have access to reliable health and safety information without fear of prosecution. While a climate of fear persists inappropriate and dangerous practice will continue to go undetected and plague small business. The result will be continuing poor occupational health and an increase in preventable accidents and statistics that demonstrate ineffective regulation, which in turn will effect the economic position of this country.
8. RECOMMENDATIONS

The following summarises the data collected via questionnaires and taped interviews during the course of the study. The sample size was small and reflects the attitudes of the employer’s and employee’s in one geographical area of the United Kingdom. It would be interesting to see if the opinions expressed would be mirrored in a larger study elsewhere.

- A dedicated small business section/unit within the HSE to oversee the needs of small to medium sized companies whose requirements are very different to those of larger organisations. Having fewer employee’s and less financial investment impact on health and safety;

- The HSE need to be more flexible and have a greater awareness of the restraints experienced by small companies;

- The current image of the HSE needs to be reassessed, it is seen primarily as an enforcer, its role as an advisor is not fully appreciated and needs to be promoted;

- New inspectors should have industrial experience, they lack credibility in the workplace if they have come straight from university and appear to be in some cases over zealous in their approach to SMEs;

- Lines of communication between the HSE and small companies should be improved, some of the companies in the study had not been visited by an inspector;

- HSE publications should be more user friendly and applicable to the needs of small companies – a good start would be to improve and simplify the title of the MHOR. Confusion exists around the regulations particularly relating to risk assessment requirements;

- A closer working relationship between the HSE and local Chamber’s of Commerce and small business organisations should be explored. In the area covered by the study there seemed to be little or no lines of communication;

- The high profile received by the HSE at times of major accidents is in some ways counter productive. By highlighting its role as an enforcer not an advisory body the valuable role it performs in preventing accidents is overlooked;

- In the new millennium the HSE needs to pursue issues at the ‘grass roots’ in manufacturing and industry rather than being preoccupied with the burden imposed by its political masters whether in the UK or Europe.
9. REFERENCES


3. CBI Working for Your Health (1993)


8. Ottawa Charter for Health promotion WHO Journal of Health Promotion Supplement 1 1-5


10. APPENDICES

1. Letter to members of Liverpool Chamber of Commerce.
2. Article for the Wirral Chamber of Commerce newsletter.
3. Covering letter for the questionnaires.
4. Questionnaire for employers.
5. Questionnaire for employees.
Dear Member

LIVERPOOL UNIVERSITY RESEARCH STUDY

We are asking if you would be interested in taking part in the following piece of research. The study will examine the attitudes of employer’s and employee’s to the government’s recent back pain initiative and the problems encountered in trying to establish good lifting and handling procedures in the work place. The Liverpool Chamber of Commerce have offered their assistance in recruiting companies of all sizes through their network of members. Very little company time will be required to take part in this study. A researcher will visit each company who participates in the study, for a brief interview with a member of management and an employee from the shop floor. All interviews with participants and questionnaires will be anonymised in order to maintain confidentiality.
ARTICLE FOR WIRRAL CHAMBER OF COMMERCE NEWSLETTER

RESEARCH STUDY

Liverpool University are carrying out a research study that will examine the attitudes of employer’s and employees to the government’s recent BACK PAIN INITIATIVE and the problems encountered in trying to establish good lifting and handling procedures in the work place. Wirral Chamber of Commerce have offered to help with this study and your company may be approached by one of the research team.

Very little company time will be required to take part in this study. A researcher will visit each company who participates in the study, for a brief interview with a member of management and an employee from the shop floor. All interviews with participants and questionnaires will be anonymised in order to maintain confidentiality.

For more details about the above study please contact Wendy Wilson on 0151 794 5330.
September 2000

EMPLOYERS’ AND EMPLOYEES’ RESPONSE TO THE HEALTH AND SAFETY EXECUTIVE’S GUIDANCE ON MANUAL HANDLING OPERATIONS REGULATIONS (MHOR).

The Health And Community Care Research Unit (HaCCRU), at the University of Liverpool, is carrying out a research study that will examine the attitudes of employers’ and employees’ to the government’s recent back pain initiative and the problems encountered in trying to establish good lifting and handling procedures in the work place.

To help us identify these attitudes we would be very grateful if you could take a little time to complete the enclosed questionnaire, and return it as soon as possible

IN THE PRE-PAID ENVELOPE PROVIDED to:-

NORMA CURRIE
RESEARCH ASSISTANT
HACCRU
UNIVERSITY OF LIVERPOOL
FREEPOST
THOMPSON YATES BUILDING
QUADRANGLE, BROWNLOW HILL
LIVERPOOL
L69 1XY

Thank you for your time and co-operation
Appendix 4

Employers
Occupational Health Questionnaire
In Confidence

PLEASE USE BLACK INK AND WRITE IN BLOCK CAPITALS WHEN COMPLETING THIS QUESTIONNAIRE, THANK YOU.

1.0 General Information

1.1 Name of Company

1.2 Address

1.3 Post code

1.4 Contact Number

1.5 Nature of Business

1.6 Approximate Annual Turnover

(Please tick appropriate box)

a. Very Large (>£500M)

b. Large (£50M to £499M)

c. Medium (£500,000 to £49M)

d. Small (£100,000 to £500,000)

e. Very Small (<£100,000)

1.7 Please indicate the number of staff in each category

a. Total employees

b. Management

c. Shop floor

1.8 How long has your company been trading?

[ ] Years [ ] Months

2.0 Personal Information

Please provide the following

2.1 Your gender

(Please tick appropriate box)

Male [ ] Female [ ]

2.2 Your age

[ ] Years
### 3.0 Occupation Details

3.1 What is your job title? 

3.2 Job Description  
(Please give details about your job that you feel may be relevant).

### 4.0 Training

4.1 Is any training provided in your workplace?  
(Please tick appropriate box)  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Go to Q4.5</th>
</tr>
</thead>
</table>

4.2 Is training provided for any of the following?  
(Please tick all of the boxes that apply)  

- Lifting  
- Use of machinery  
- Health & Safety Issues  
- Risk assessment  
- Other  

(Please specify)

(Please tick appropriate box in each case)  

4.3 Is the training compulsory?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

4.4 Do you think the level of training is adequate?  

(If no please state why)  

Go to 5.0 Health & Safety Information

4.5 What prevents you from providing training?  
(Please tick appropriate box)  

- Time  
- Resources  
- Other  

(Please specify)
5.0 Health & Safety Information

5.1 Does the company monitor sickness absence?
(Please tick appropriate box)    Yes    No

5.2 How is sickness absence monitored?
(Please specify)  

5.3 Does the company have a programme to help employees get back to work after an extended period of absence?
(Please tick appropriate box)    Yes    No

5.4 Does the company investigate accidents that occur in the workplace?
(Please tick appropriate box)    Yes    No

5.5 Do you act on the outcome of the investigation?
(Please tick appropriate box)    Yes    No

5.6 Do you think that work related injuries can be avoided?
(Please tick appropriate box)    Yes    No
(Please specify)  

5.7 Do you think back injury can be prevented?
(Please tick appropriate box)    Yes    No
  Go to Q5.9

5.8 Do you provide employees with information on how to prevent back injuries?
(Please tick appropriate box)    Yes    No

5.9 Do you think you get enough help and advice from the Health and Safety Executive (HSE)?
(Please tick appropriate box)    Yes    No
(Please specify)  

5.10 Does your company have a designated health and safety person?
(Please tick appropriate box)    Yes    No
6.0 General Health & Safety Information

6.1 Does the company carry out risk assessment of safety issues?
(Please tick appropriate box)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
</table>

(Please specify)

6.2 How do you update yourself with current safety issues?
(Please tick all of the boxes that apply)

- a. Internet
- b. Radio / TV / Press
- c. Trade Journals
- d. HSE
- e. Trades Union
- f. Colleagues
- g. Chamber of Commerce
- f. Other

(Please specify)

6.3 Would you be prepared to pay for an Occupational Health Adviser?
(Please tick appropriate box)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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6.4 Are you aware of the Liverpool Occupational Health Project?
(Please tick appropriate box)

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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</thead>
</table>
### 7.0 Manual Handling Operations Regulations

7.1 Have you seen any information on manual handling?  
(Please tick appropriate box)  
Yes [ ]  No [ ]  
(Please specify)  
Go to Q7.6

7.2 Have you seen a copy of the manual handling operations regulations?  
(Please tick appropriate box)  
Yes [ ]  No [ ]

7.3 Where have you seen information on manual handling operations regulations?  
(Please tick all of the boxes that apply)  
- a. HSE [ ]  
- b. Trade Union [ ]  
- c. Company [ ]  
- d. Other [ ]  
(Please specify)

7.4 What do you know about manual handling operations regulations?

---

7.5 Do you think that these regulations are helpful in preventing back injury?  
(Please tick appropriate box)  
Yes [ ]  No [ ]  
(Please explain why you think this)

---

7.6 What do you think would be helpful in preventing back injury?

---

7.7 Have you heard of the Government's Back in Work Initiative?  
(Please tick appropriate box)  
Yes [ ]  No [ ]
Employers
Occupational Health Questionnaire
In Confidence

8.0 Any other comments

PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENVELOPE PROVIDED.

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL.

THANK YOU FOR YOUR TIME AND CO-OPERATION.
Appendix 5

Employees

Occupational Health Questionnaire

In Confidence

PLEASE USE BLACK INK AND WRITE IN BLOCK CAPITALS WHEN COMPLETING THIS QUESTIONNAIRE, THANK YOU.

<table>
<thead>
<tr>
<th>1.0 General Information</th>
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<tbody>
<tr>
<td>1.1 Name of Company</td>
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<td>1.2 Address</td>
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<td></td>
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<tr>
<td>1.3 Post code</td>
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<tr>
<td></td>
</tr>
<tr>
<td>1.4 Contact Number</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>1.5 Nature of Business</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.0 Personal Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please provide the following</td>
</tr>
<tr>
<td>2.1 Your gender (Please tick appropriate box)</td>
</tr>
<tr>
<td>2.2 Your age</td>
</tr>
</tbody>
</table>
3.0 Occupation Details

3.1 What is your job title? ____________________________________________

3.2 Job Description
(Please give details about your job that you feel may be relevant).

3.3 How long have you worked for your present company?

☐ Years ☐ Months

3.4 Does your job involve lifting/handling?
(Please tick appropriate box)

☐ Yes ☐ No

3.5 Which of the following best describes what is involved in your job?
(Please tick all of the boxes that apply)

a. Manual handling without aids
b. Manual handling with the aid of machinery
c. Operating machinery
d. Use of automated process
e. No handling involved

3.6 Have you had any sickness absence in the last 12 months?
(Please tick appropriate box)

☐ Yes ☐ No

Sickness absence details

(Please specify)

3.7 Is the sickness absence due to a recurring problem?
(Please tick appropriate box)

☐ Yes ☐ No

3.8 Was any of the sickness absence work related?
(Please tick appropriate box)

☐ Yes ☐ No

(Please specify)
### 4.0 Training

4.1 Is any training provided in your workplace?  
(Please tick appropriate box)  
Yes □  No □  
Go to Q4.5

4.2 Is training provided for any of the following?  
(Please tick all of the boxes that apply)  
- a. Lifting  
- b. Use of machinery  
- c. Health & Safety Issues  
- d. Risk assessment  
- e. Other  
(Please specify)

(Please tick appropriate box in each case)  

4.3 Is the training compulsory?  
Yes □  No □

4.4 Do you think the level of training is adequate?  
(If no please state why)  
Yes □  No □

Go to 5.0 Health & Safety Information

4.5 What training do you think would be helpful?  
(Please provide details)

4.6 Have you had any instruction on safe handling and lifting?  
(Please tick appropriate box)  
Yes □  No □
5.0 Health & Safety Information

5.1 Does the company monitor sickness absence? (Please tick appropriate box)
Yes ☐ No ☐

5.2 How is sickness absence monitored? (Please specify)

5.3 Does the company have a programme to help employees get back to work after an extended period of absence? (Please tick appropriate box)
Yes ☐ No ☐

5.4 Does the company record work related injuries? (Please tick appropriate box)
Yes ☐ No ☐

5.5 Does the company act on the outcome of the investigation? (Please tick appropriate box)
Yes ☐ No ☐

5.6 Do you think that work related injuries can be avoided? (Please tick appropriate box)
Yes ☐ No ☐
(Please specify)

5.7 Do you think back injury can be prevented? (Please tick appropriate box)
Yes ☐ No ☐

5.8 What measures has your employer taken to prevent problems associated with lifting and handling? (Please tick all of the boxes that apply)

- Equipment ☐
- Risk assessment ☐
- Job design ☐
- Training ☐
- Other ☐
(Please specify)

Official Use Only

Page 4 of 7
5.9 Do you think you get enough help and advice from the Health and Safety Executive (HSE)?
(Please tick appropriate box)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

(Please specify)

5.10 Does your company have a designated health and safety person?
(Please tick appropriate box)

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<thead>
<tr>
<th>Yes</th>
<th>No</th>
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5.11 Has your employer made you aware of any possible risks in your workplace?
(Please tick appropriate box)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
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</table>

6.0 General Health & Safety Information

6.1 Have you had a risk assessment?
(Please tick appropriate box)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
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(Please specify)

6.2 How do you update yourself with current safety issues?
(Please tick all of the boxes that apply)

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Internet</td>
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<tr>
<td>b. Radio / TV / Press</td>
</tr>
<tr>
<td>c. Trade Journals</td>
</tr>
<tr>
<td>d. HSE</td>
</tr>
<tr>
<td>e. Trades Union Rep.</td>
</tr>
<tr>
<td>f. Colleagues</td>
</tr>
<tr>
<td>g. Chamber of Commerce</td>
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<tr>
<td>f. Other</td>
</tr>
</tbody>
</table>

(Please specify)
Employees

Occupational Health Questionnaire
In Confidence

**7.0 Manual Handling Operations Regulations**

7.1 Have you seen any information on manual handling?  
(Please tick appropriate box)  
(Yes)  
(No)  
(Please specify)  
Go to Q7.6

7.2 Have you seen a copy of the manual handling operations regulations?  
(Please tick appropriate box)  
(Yes)  
(No)

7.3 Where have you seen information on manual handling operations regulations?  
(Please tick all of the boxes that apply)

- a. HSE  
- b. Trade Union  
- c. Company  
- d. Other  
(Please specify)

7.4 What do you know about manual handling operations regulations?


7.5 Do you think that these regulations are helpful in preventing back injury?  
(Please tick appropriate box)  
(Yes)  
(No)  
(Please explain why you think this)

7.6 What do you think would be helpful in preventing back injury?
8.0 Any other comments


PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENVELOPE PROVIDED.

ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL.

THANK YOU FOR YOUR TIME AND CO-OPERATION.
Dear Sir/Madam

EMPLOYERS’ AND EMPLOYEES’ RESPONSE TO THE HSE’S GUIDANCE ON MANUAL HANDLING OPERATIONS REGULATIONS (MHOR).

Further to the recent questionnaire that you were sent regarding the above study, I would be extremely grateful if you could please complete and forward it in the pre paid envelope originally provided with the questionnaire.

Thank you for your support.

With best wishes,

Yours sincerely,

Norma Currie,
Research Assistant.
BACK PAIN STUDY

TOPIC GUIDE EMPLOYERS

1. How long have you worked for this company? / your job description.
2. What do you manufacture and produce?
3. Does this involve lifting and handling?
4. What are the problems that you encounter in establishing good lifting and handling procedures?
5. Do you provide risk assessment/equipment?
6. Do you provide training? If yes, what type? If no, what prevents you from doing so?
8. What are the main problems you encounter with health and safety?
9. Do you have a health and safety representative?
10. How helpful are the Health and Safety Executive? Do you see them as enforcers or advisors?
11. Have you heard of the government’s Back in Work Initiative? If so, is it relevant to your situation?
12. What happens when an employee is absent due to a work related injury? Do you have a rehabilitation programme or do you leave it up to the General Practitioner?
13. Are you aware of the Liverpool Occupational Health Project and its function?
14. Wish list. What do you think would be really helpful/suggestions around manual handling?
15. Any other comments?
Appendix 8

BACK PAIN STUDY

EMPLOYEES

TOPIC GUIDE

1. How long have you worked for this company?
2. What do you manufacture and produce?
3. Does this involve lifting and handling?
4. What are the types of problems you have with lifting and handling?
5. Have you had a risk assessment for particular tasks?
6. Is there a union present within the company?
7. Is there any training? If so, what?
8. What type of training would you like?
9. Have you heard of the Manual Handling Operations Regulations? If yes, can you tell me a little bit about them? (What do you think of the title?)
10. In your opinion what are the main problems with Health and Safety within your place of work?
11. Do you have a Health and Safety Representative?
12. Do you get enough help from the Health and Safety Executive?
13. Have you had any visits from the HSE? If so, tell me a little about them.
14. What happens if you are absent due to a work related injury? Have you had any experience of this yourself? Is there any system within the company to manage a return to work or is it left up to your General Practitioner?
15. What do you think could be done to improve the situation in the work place? Could things be better?
16. Any other comments?