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| **CAL-HS-PD-6002** |
| **Employees with Epilepsy**  **\*Includes Risk Assessment** |
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# WHAT IS EPILEPSY?

1. Epilepsy is a condition that affects the brain. When someone has epilepsy, it means they have a tendency to have epileptic seizures.
2. Anyone can have a one-off seizure, but this doesn’t always mean they have epilepsy. Epilepsy is usually only diagnosed if a doctor thinks there’s a high chance that the person could have more seizures.
3. Epilepsy can start at any age and there are many different types. Some types of epilepsy last for a limited time and the person eventually stops having seizures. But for many people epilepsy is a life-long condition.

# WHAT ARE EPILEPTIC SEIZURES?

1. Electrical activity is happening in our brain all the time, as the cells in the brain send messages to each other. A seizure happens when there is a sudden burst of intense electrical activity in the brain. This causes a temporary disruption to the way the brain normally works, so the brain’s messages become mixed up. The result is an epileptic seizure.
2. There are many different types of seizure. What happens to someone during a seizure depends on which part of their brain is affected, and how far the seizure activity spreads. During some types of seizure the person may remain alert and aware of what’s going on around them, and with other types they may lose awareness. They may have unusual sensations, feelings or movements. Or they may go stiff, fall to the floor and jerk.
3. [Read more about different types of epileptic seizures](https://www.epilepsy.org.uk/info/seizures-explained) or take click [here](https://learn.epilepsy.org.uk/what-to-do-when-someone-has-a-seizure/) to access an e-learning module provided by Epilepsy Action, to see what different types of seizures look like and learn what to do when someone has one.

# HOW COMMON IS EPILEPSY?

1. Epilepsy is one of the most common serious neurological conditions in the world. It affects around 600,000 people in the UK. This means that almost 1 in 100 people in the UK have epilepsy. Around 87 people are diagnosed with epilepsy in the UK every day.

# WHAT CAUSES EPILEPSY?

1. Possible causes of epilepsy include:

* Brain damage, for example damage caused by a stroke, head injury or infection
* Brain tumours
* Problems with the way the brain developed in the womb
* Genetic factors

1. But in over half of all people with epilepsy, doctors can’t find a cause. It’s thought that our genes play a part in who does and who doesn’t develop epilepsy. This may explain why some people develop epilepsy with no clear cause. Researchers have found a number of genes linked to particular types of epilepsy. There are many types that doctors suspect are genetic, but they don’t yet know which genes are involved.

# HOW IS EPILEPSY TREATED?

1. The main treatment for epilepsy is epilepsy medicines. These are sometimes called anti-epileptic drugs or AEDs. The medicine doesn’t cure epilepsy, but helps to stop or reduce the number of seizures.
2. Many people find that their seizures stop with the first or second medicine they try. But some people need to try a few medicines before they find one that works well for them. And some people need to take 2 or more epilepsy medicines together.

If epilepsy medicine doesn’t work well for someone, their doctor might suggest other types of treatment. Other types of treatment include brain surgery, another type of surgery called vagus nerve stimulation, and a special diet called the ketogenic diet which is sometimes used for children.

# WHAT TO DO IF SOMEONE HAS A SEIZURE

## Tonic-clonic seizures

1. Tonic-clonic seizures are the type of seizure most people recognise. They used to be called grand mal seizures. Someone having a tonic-clonic seizure goes stiff, loses consciousness, falls to the floor and begins to jerk or convulse. They may go blue around the mouth due to irregular breathing. Sometimes they may lose control of their bladder or bowels, and bite their tongue or the inside of their mouth.

## Do

* Protect them from injury (remove harmful objects from nearby)
* Cushion their head
* Look for an epilepsy identity card or identity jewellery – it may give you information about their seizures and what to do
* Time how long the jerking lasts
* Aid breathing by gently placing them in the recovery position once the jerking has stopped (see picture)
* Stay with the them until they are fully recovered
* Be calmly reassuring

## Don’t

* Restrain their movements
* Put anything in their mouth
* Try to move them unless they are in danger
* Give them anything to eat or drink until they are fully recovered
* Attempt to bring them round

## Call for an ambulance if

* You know it is their first seizure or
* The jerking continues for more than five minutes or
* They have one tonic-clonic seizure after another without regaining consciousness between seizures or
* They are injured during the seizure or
* You believe they need urgent medical attention

## Focal Seizures

1. You may also hear this type of seizure called a partial seizure. Someone having a focal seizure may not be aware of their surroundings or what they are doing. They may have unusual movements and behaviour such as plucking at their clothes, smacking their lips, swallowing repeatedly or wandering around.

## Do

* Guide them away from danger (such as roads or open water)
* Stay with them until recovery is complete
* Be calmly reassuring
* Explain anything that they may have missed

## Don't

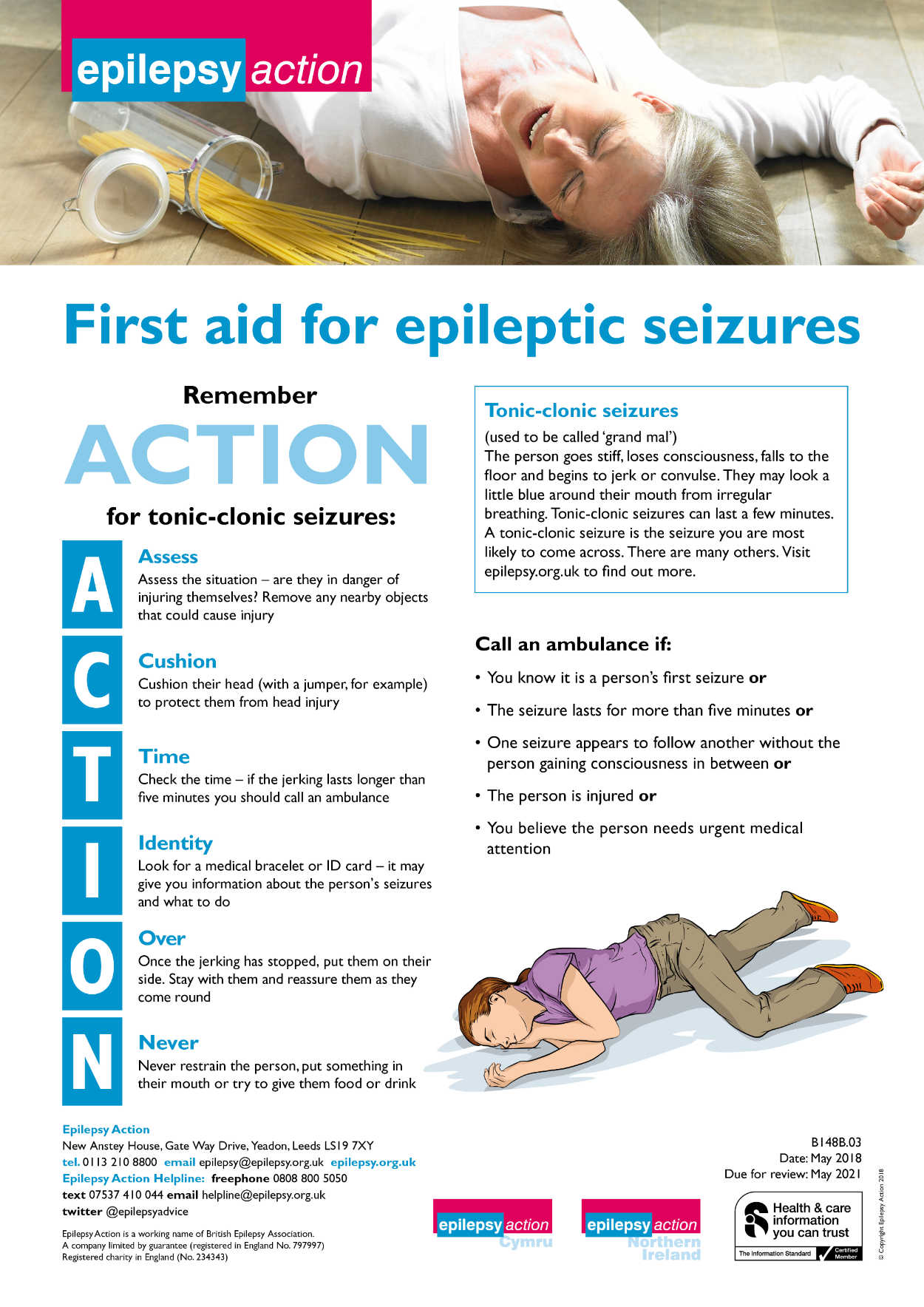
* Restrain them
* Act in a way that could frighten them, such as making abrupt movements or shouting at them
* Assume they are aware of what is happening, or what has happened
* Give them anything to eat or drink until they are fully recovered
* Attempt to bring them round

## Call for an ambulance if

* You know it is their first seizure or
* The seizure continues for more than five minutes or
* They are injured during the seizure or
* You believe they need urgent medical attention

# POSTER

1. The below poster is available at <https://www.epilepsy.org.uk/info/firstaid/what-to-do> and can be printed out and displayed in your Office(s) and on site(s).
2. Alternatively it can be copied and pasted into a word document, direct from this procedure, which can then be printed out.



# POINTS FOR EMPLOYERS TO CONSIDER

1. When employing someone with epilepsy, it is important to consider their individual situation, and base any decisions on fact. This means looking at their epilepsy and the effect it might have on their work. Talking to them about what their epilepsy is really like, and how it might affect their work, is more helpful than making assumptions about how it affects them.

## Things to consider

1. About their epilepsy

* What type of epilepsy do they have?
* Do they have seizures? What are their seizures like, how often do they happen and how do they affect them?
* Do they have any warning before a seizure (sometimes called an aura)?
* Do they lose consciousness, and how does this affect them?
* Do they need an ambulance to be called and is there someone who can do this for them?
* How long do they need to recover from a seizure? Some people can return to work quickly, while others may need more time.
* Are their seizures brought on by anything, such as tiredness or stress?
* Do they take medication to control their seizures and how does this affect them (they may feel tired or find it hard to concentrate)?

1. Read more about seizures and understand the condition. This procedure will be a starting point and please see a list of websites that can be accessed to find out further information at the end of this procedure.

## About the job

1. Does the job involve any equipment, working at heights or near water, or any other potentially risky situation?
2. Do they work alone or with other people (who could help if they had a seizure)?
3. Would they be responsible for other people, such as children?

## Risk assessments

1. Under the Health and Safety at Work Act, employers have to make sure that all their employees are safe at work. To be able to do this, you need to know about your employees’ disabilities or medical conditions, and assess any possible risks by doing a ‘risk assessment‘.
2. The Health and Safety Executive (HSE) say it is important that risk assessments:

* are based on the individual’s circumstances, as each situation and each workplace is different
* include only factual information
* avoid assumptions – for example, do not assume that something is going to happen just because they have epilepsy.

1. For some people within certain jobs, their epilepsy may pose a risk to their health or safety, or to that of other people. However, health and safety law should never be used as a reason not to employ someone without first looking at any risks individually and considering reasonable adjustments.
2. Attached to this procedure is a ‘generic’ risk assessment covering various control measures to be considered when a member of your team suffers from Epilepsy. Read the risk assessment with the employee following a discussion with them about their Epilepsy. If the risk assessment is suit to the type of work and your employees Epilepsy, then all involved to sign it. If amendments or advice and assistance is required call M2 Safety so changes can be made BEFORE your employee commences work.
3. Ensure the employee has complete the form ‘M2S-HS-F-0700-ConfidentialHealthQuestionnaire’ and details about the Epilepsy has been recorded after discussion with the employee. Consider basing your questions on the points raised in Section 8.1 of this document.

# RISK ASSESSMENT (GENERIC)

Risk assessment M2S-HS-RA-6011-EmployeesWithEpilepsyhas been included with this document, however, it is also included in your safety management system.

Please ensure point 8.3 (4) is followed with regards signing off the risk assessment.

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| Completed by: | | | | Fraser Morrison | | | | | | |  | | | | | | | | | Date: | | | 26 Feb 2020 | | | | Review Date: | | | | | | 06 Feb 2020 | | | | | Permit Required: | No | | |
| Checked by: | | | | Ron Murray | | | | | | |  | | | | | | | | | Date: | | | 06 Feb 2020 | | | | Revision: | | | | | | 01 | | | | |  |  | | |
| General activities for which this risk assessment could apply to: | | | | | | | | | | | | | | **Employees with Epilepsy** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tick the box to identify the groups of persons who could be affected by this work: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Own Personnel: | | | | |  | | Other Contractors: | |  | | | Clients Personnel: | | | | |  | Public: | | | |  | Vehicles: | | |  | | Emergency Services: | | | | | |  | | Young/Inexperienced Workers: | | | |  | |
| Will the work involve, or be near: (tick the appropriate boxes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Working at Height | | | | | | | | | |  | | 13. | Poor Lighting Levels | | | | | | | | | | | | |  | | | 25. | | Hand Tools and Equipment | | | | | | | |  | |
| 2. | Ladders | | | | | | | | | |  | | 14. | Legionella | | | | | | | | | | | | |  | | | 26. | | Emergency Procedure | | | | | | | |  | |
| 3. | Stepladders | | | | | | | | | |  | | 15. | Water Systems | | | | | | | | | | | | |  | | | 27. | | Handling Glass | | | | | | | |  | |
| 4. | Manual Handling | | | | | | | | | |  | | 16. | Working in Hazardous Areas\* | | | | | | | | | | | | |  | | | 28. | | Eye Injuries | | | | | | | |  | |
| 5. | Using Electrically Powered Tools & Equipment | | | | | | | | | |  | | 17. | Asbestos\* | | | | | | | | | | | | |  | | | 29. | | Syringes | | | | | | | |  | |
| 6. | Services (Existing & New) | | | | | | | | | |  | | 18. | Noise Dust & Vibration | | | | | | | | | | | | |  | | | 30. | | Abrasive Cutting or Grinding | | | | | | | |  | |
| 7. | Electrical Isolation, Commissioning & Testing\* | | | | | | | | | |  | | 19. | Lifts and Lifting Operations | | | | | | | | | | | | |  | | | 31. | | Client Specific Measures | | | | | | | |  | |
| 8. | Hot Works\* | | | | | | | | | |  | | 20. | Substances Hazardous to Health | | | | | | | | | | | | |  | | | 32. | | Temporary Installations | | | | | | | |  | |
| 9. | Mechanical Equipment | | | | | | | | | |  | | 21. | Roads and Vehicles | | | | | | | | | | | | |  | | | 33. | | Excavations\* | | | | | | | |  | |
| 10. | Environmental Including Disposal of Waste | | | | | | | | | |  | | 22. | Selection and Use of PPE | | | | | | | | | | | | |  | | | 34. | | Gas Systems | | | | | | | |  | |
| 11. | Confined Spaces \* | | | | | | | | | |  | | 23. | Housekeeping | | | | | | | | | | | | |  | | | 35. | | Mobile Phone Masts | | | | | | | |  | |
| 12. | Lone Working | | | | | | | | | |  | | 24. | Work on or Near Pressure Systems\* | | | | | | | | | | | | |  | | | 36. | | Weather | | | | | | | |  | |
| \* May require additional control measures such as a permit to work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tick the box to select the minimum PPE requirement: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hard hat: | |  | Hi-Viz top: | | |  | Safety glasses/goggles: |  | | Gloves (general handling): | | | | |  | Gloves (Specialist): | | |  | | Safety boots: | | |  | Coveralls (flame retardant): | | | |  | | Respiratory protection: | | | |  | | Other: N/A | | | |  |

| L | = Likelihood of an event occurring where: | | | | 1 = Very Unlikely | | | 2 = Unlikely | | | 3 = Likely | | | | 4 = Very Likely | 5 = Almost Certain | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S | = Severity where: | | | | 1 = No injury | | | 2 = Minor injury or illness | | | 3 = Less than 7-day injury or illness | | | | 4 = Major injury or illness/ 7 day plus injury | 5 = Fatality, disabling injury | | | |
| Risk = Likelihood × Severity | | | | | Acceptable: | |  | | Tolerable: |  | | Unacceptable: |  | If the risks are unacceptable do not proceed – contact your Line Manager. | | | | | |
| Hazards Identified from Above | | L | S | R | | Control Measures | | | | | | | | | | | L2 | S2 | R2 |
| 1. Working at Height  Employee has a seizure while working at height | |  |  |  | | * If a MEWP is being utilised ensure that a rescue plan has been completed in operation. * Employee can use a MEWP, but can only be the ‘man on the ground’ if there are other employees there too. If 2 people using a MEWP, employee can operate, but not act as the man on the ground. * Ensure there is sufficient room to access the scaffold in case someone has to be removed from it – review of on site recue plans. | | | | | | | | | | |  |  |  |
| 2. Ladders  Employee has a seizure while using a ladder | |  |  |  | | * Ladders can be used if they are tided off and the base is secure. * Consider if the task can be used without the use of ladder (alternative means of access). * One person to foot the ladder while it is in use. | | | | | | | | | | |  |  |  |
| 3. Stepladders  Employee has a seizure while using a step ladder | |  |  |  | | * Step ladder can be used, ideally podium steps where there is an enclosed working platform. | | | | | | | | | | |  |  |  |
| 4. Manual Handling  Employee has a seizure while manual handling items | |  |  |  | | * Review of item to be handled. If dropped suddenly, would it cause serious injury. If so, the item is not to be lifted and alternative means to be used. * Minimise the amount manual handling performed by the employee. | | | | | | | | | | |  |  |  |
| 5. Use Electrical Tools/Equipment  Employee has a seizure while using electrical equipment | |  |  |  | | * Tools can be used but must be other employees present. * Ensure the tool is in good working condition and that the power supply can be cut off which immediately cuts off the tool. Perform a pre work check of this. * Ensure all guards and safety devices are present. | | | | | | | | | | |  |  |  |
| 6. Services (Existing & New)  Injury from contact with live services | |  |  |  | | * Be aware, consider ALL services such as overhead electric cables, other cables, pipework and underground / hidden services; anticipate the presence of services in the ground, walls, floors and ceilings. * Check drawings. * Use a service locator. * Mark service routes before drilling or digging. * Only trained and competent operatives are to work on electrical systems. Isolate known live supplies and positively lock off. * Use of safety notices. | | | | | | | | | | |  |  |  |
| 7. Electrical Isolation / Testing  Electrocution; Moving parts of equipment; Getting trapped with moving fan belts; Loss of fluids | |  |  |  | | * Only trained and competent operatives are to work on electrical systems. * Inform the client/end user of your actions. Isolate circuit/system prior to works. * Lock off and tag isolated circuit/system. * Confirm circuit/system is dead using appropriate test equipment. * All equipment to be within calibration and correct selection of appropriate tools. * All works and test equipment to conform to BS7671 and Electricity at Work Regulations. | | | | | | | | | | |  |  |  |
| 8. Hot Works  Employee has a seizure while undertaking hot work operations | |  |  |  | | * Hot works to be performed while other employees are present with the appropriate fire extinguisher on hand. | | | | | | | | | | |  |  |  |
| 9. Mechanical Equipment  Employee has a seizure while operating machinery | |  |  |  | | * No mechanical equipment to be used unless a Doctor’s note is supplied stating employee can do so. | | | | | | | | | | |  |  |  |
| 10. Environmental Including Disposal of Waste  Incorrect disposal of waste | |  |  |  | | * Ensure redundant electrical parts, compact lamps, fluorescent tubes etc are disposed correctly. | | | | | | | | | | |  |  |  |
| 11. Confined Space  Employee has a seizure while involved in confined space work | |  |  |  | | * Ensure rescue plan has been reviewed and that there is easy access and egress in the event of a rescue. * Employee, along with another, can act as the ‘top man’, but is not to enter any confined space. | | | | | | | | | | |  |  |  |
| 12. Lone Working  Employee working alone with no one to help if they take ill. | |  |  |  | | * No lone working under any circumstances. | | | | | | | | | | |  |  |  |
| 13. Poor Lighting Levels  To avoid slips, trips and falls | |  |  |  | | * Ensure lighting levels are adequate for the work – if not install temporary extra lights. | | | | | | | | | | |  |  |  |
| 14. Legionella  Spread of legionella bacteria | |  |  |  | | * Inspect the Legionella Risk Assessment and associated compliance documents prior to working on any water storage systems. * Ensure that appropriate PPE is used i.e FFP3 disposable face masks are used if there is a chance of any contaminated water or water spray. | | | | | | | | | | |  |  |  |
| 15. Water Systems  TBC | |  |  |  | | * Isolate water supply and / or circulating pumps if working on a pumped system where appropriate. * Beware of hidden dangers i.e. sharps/hypodermic needles etc in false ceiling and in toilet cisterns. * Ensure that good personal hygiene is used i.e. ensure hands are washed after carrying the work, wear disposable waterproof gloves, uniform or work wear. | | | | | | | | | | |  |  |  |
| 16. Working in Hazardous Areas  Employee has a seizure while working in hazardous work environments | |  |  |  | | * Employee can work in hazardous environments along with other employees who are aware of their condition. * Ensure rescue plans have been updated to take into account the employees disability. | | | | | | | | | | |  |  |  |
| 17. Asbestos  Release of asbestos fibres | |  |  |  | | * Refer to site asbestos register for identification of any ACMs. * Technicians must have had asbestos awareness training if they are likely to come in contact with it. | | | | | | | | | | |  |  |  |
| 18. Noise Dust & Vibration  Work conditions cause the onset of a seizure | |  |  |  | | * Ensure PPE issued does not affect the provision of any first aid if it is to be administered or make a seizure worse. * Medical questionnaire to be completed and triggers for seizures ascertained. | | | | | | | | | | |  |  |  |
| 19. Lifts and Lifting Operations  Employee has a seizure during lifting operations | |  |  |  | | * Employee can take part in lifting items, but must not be the only person involved in the lift on the ground. * Should not operate crane or lifting equipment unless a Doctor’s note supplied. * Crane/ plant operator to remain extra vigilant for employee encountering difficulties and lift to stop immediately. * Lift plan to take cognisance of employee’s condition. | | | | | | | | | | |  |  |  |
| 20. Substances Hazardous to Health  Chemicals cause the onset of a seizure | |  |  |  | | * Ensure substances do not affect/ trigger any seizures or worsen employee’s disability. | | | | | | | | | | |  |  |  |
| 21. Roads and Vehicles  Employee has a seizure while driving | |  |  |  | | * Employee can only drive if he has a note from his Doctor. If no note then employee cannot drive to/ from work and while at work. | | | | | | | | | | |  |  |  |
| 22. Selection & Use of PPE  PPE hinders first aid. | |  |  |  | | * Ensure PPE can be easily removed in the event of the employee having a seizure. * Ensure the PPE does not make the application of first aid harder or hinder it. | | | | | | | | | | |  |  |  |
| 23. Housekeeping  To avoid slips, trips and falls | |  |  |  | | * Ensure work areas are tidy and clear of debris to reduce slip/ trip/ falls and if the employee falls, due to a seizure, they won’t land on anything sharp/ impale themselves. | | | | | | | | | | |  |  |  |
| 24. Work on or Near Pressure Systems  Injury caused by the sudden unexpected release of stored pressure. | |  |  |  | | * Look at the system owners or manufacturer’s instructions before starting work and ensure the system is vented down to atmospheric pressure before opening up any part of the pressure system. * Ensure that the system is cooled down before starting any work to prevent any scolding. | | | | | | | | | | |  |  |  |
| 25. Hand Tools & Equipment  Employee has a seizure while using hand tools | |  |  |  | | * Tools can be used but must be other employees present. * Ensure the tool is in good working condition. * Ensure all guards and safety devices are present. | | | | | | | | | | |  |  |  |
| 26. Emergency Procedure  Failure to respond in the event of an emergency | |  |  |  | | * Ensure you receive a site induction to include and explain, fire exit routes, fire action and emergency assembly points. First aid and accident reporting arrangements, location of toilets, location of refreshments, signing in and out procedure, details of any identified significant risks and the actions to be taken to ensure safety. * Refer to site Emergency Preparedness Plan (EPP). | | | | | | | | | | |  |  |  |
| 27. Handling Glass  Cuts | |  |  |  | |  | | | | | | | | | | |  |  |  |
| 28. Eye Injuries  Blinding | |  |  |  | |  | | | | | | | | | | |  |  |  |
| 29. Syringes  Needlestick injuries Infection | |  |  |  | |  | | | | | | | | | | |  |  |  |
| 30. Abrasive Cutting or Grinding  Employee has a seizure while operating tools that cut/ grind | |  |  |  | | * Tools can be used but must be other employees present. * Ensure the tool is in good working condition and that the power supply can be cut off which immediately cuts off the tool. Perform a pre work check of this. * Ensure all guards and safety devices are present. * Tools cannot be used while they are alone. | | | | | | | | | | |  |  |  |
| 31. Client Specific Measures  TBC | |  |  |  | | * Ensure that the client is aware of the work to be carried out and the working areas could be disrupted. * Ensure all necessary approvals or permits are obtained prior to undertaking any works as appropriate i.e. permit to work / access. | | | | | | | | | | |  |  |  |
| 32. Temporary Installations  Electrocution. Fire. Damage to equipment | |  |  |  | | * Temporary supplies will be planned to take into account foreseen load requirements, environmental conditions, and progress of work and compatibility/maintenance of equipment. * The installation will be certified before being brought into use. * Locked supply cabinets will form part of the system, with the keys controlled. * Offices, stores, drying rooms and canteens will be regarded as permanent installations, and IEE Wiring regulations will apply. | | | | | | | | | | |  |  |  |
| 33. Excavations \*  Employee has a seizure while carrying out excavation work | |  |  |  | | * Ensure there is good access and egress points to the excavation should a rescue have to be performed. * Review of site rescue plan. * Employee to remain away from edges of excavations. * Employee never to be alone within an excavation. | | | | | | | | | | |  |  |  |
| 34. Gas Systems  Explosion from release of gas in work area. | |  |  |  | | * Ensure only competent and suitably qualified gas engineers only used for works involving gas boilers and associated maintenance. * If equipment requires stripping down, gas supply to be isolated and tagged. | | | | | | | | | | |  |  |  |
| 35. Mobile Phone Masts  Radiation | |  |  |  | | * Ensure that mobile phone operator guide lines and instructions of the technical safety information provided that is usually attached to the inside of the roof access door is read and followed at all times. * Do not work within 5 metres in “front” or where any antennas or masts are facing. * Do not walk across the roof area in front of any antenna/masts. * If required then walk quickly and do not linger. * If work area is within 5m of front of antenna, inform line manager so arrangements can be made with mobile phone operator for outage. | | | | | | | | | | |  |  |  |
| 36. Weather  Danger arising from weather conditions. | |  |  |  | | * Plan activities with the weather forecast in mind. * Do not undertake works in adverse weather conditions. * Select and use the appropriate PPE (suitable outdoor clothing). * Take care in hot sunny weather by protecting skin from sun burn. | | | | | | | | | | |  |  |  |

# FURTHER READING

* TUC Information for employers and employees:

<https://www.tuc.org.uk/sites/default/files/EpilepsyInTheWorkplace.pdf>

* Epileptic seizures explained:

[www.epilepsy.org.uk/info/seizuresexplained](http://www.epilepsy.org.uk/info/seizuresexplained)

* Epilepsy and driving

[www.epilepsy.org.uk/info/driving/applyingfor-your-licence](http://www.epilepsy.org.uk/info/driving/applyingfor-your-licence)

* Photosensitive epilepsy

[www.epilepsy.org.uk/info/photosensitiveepilepsy/computer-television-screens](http://www.epilepsy.org.uk/info/photosensitiveepilepsy/computer-television-screens)

* Epilepsy and work

[www.epilepsy.org.uk/info/employment/workplace](http://www.epilepsy.org.uk/info/employment/workplace)

* Epilepsy, employment and the law

[www.epilepsy.org.uk/info/employment/legal-matters](http://www.epilepsy.org.uk/info/employment/legal-matters)

* HSE guidance on employing people with disabilities

[www.hse.gov.uk/disability/index.htm](http://www.hse.gov.uk/disability/index.htm)

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| M2 Safety Consultants Ltd |
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