



April 2024

NEWS • UPDATES • EVENTS • WORKGROUPS • PLAY YOUR PART

1. Quarterly Themes



Prevention of Personal Injury

All available resources and links can be accessed from the [Prevention of Personal Injury](#) page or accessed via the [Focal Point Resources](#) area.

If you are unable to access the restricted Focal Point Resources area, contact: aimie@stepchangeinsafety.net



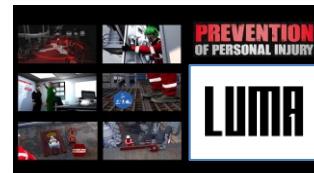
Line of Fire

Keep yourself and others out of the line of fire

FEATURED RESOURCES:



[Prevention of Personal Injury - Resource Pack](#)



[6 Online Interactive Films](#)



[Dynamic Risk Assessment Poster](#)



[Interventions – Be open to challenging or being challenged](#)



[COSHH Awareness Presentation \(TRAC\)](#)



[Situational Awareness Safety Moment \(Salos Sunesis\)](#)



[Safety Moment – Line of Fire - Hazards & Controls](#)



[Safety Moment – Flexible hose whipping hazard management](#)



1. Quarterly Theme (continued)



Safe Space Discussion

29th May / 10:00 – 11:30/ Aberdeen

In this Safe Space, we will focus on a major accident that occurred in 2003 in which two lives were tragically lost. The presentation will include a video podcast filmed in 2023 about what happened from the people who were there, visuals to support the understanding of the incident, the causes of the incident, and what has been learned across the organisation and industry since. We will also concentrate on the importance of refreshing the understanding of the hazards and continuing to embed the learnings. Following the presentation there will be a Q&A session to share perspectives and experiences.

This event is viewed as a high value learning opportunity across the sector, which will only be shared with an invited audience out of the public eye of the media and press. This is the very nature of the “safe space” forum.

Target Audience:

- Managing Directors / CEOs
- Leadership
- HSE Professionals

Please confirm if a member of your team would like to attend by confirming their Name, e-mail address and role – Invites and joining instructions will be issued on confirmation aimie@stepchangeinsafety.net



2. Safety Alerts & Moments

HSE Alert - Manufacture, storage and carriage of thermites and thermite containing articles

Target Audience: The offshore sector, the explosives sector, people transporting dangerous goods by rail, road, sea and air, and those...

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Manufacture, storage and carriage of thermites and thermite containing articles

Health and Safety Executive - Safety notice

Department name: Chemicals, Explosives and Microbiological Hazards Division (CEMHD)

Bulletin number: CEMH/HD01-2024

Issue date: 03/24
Target audience: The offshore sector, the explosives sector, people transporting dangerous goods by rail, road, sea and air, and those involved in the supply of thermites and thermite containing articles.

IMCA - Worker injured by falling stack of batteries in Flexible Intermediate Bulk Containers

The UK Health and Safety Executive (HSE) have issued a press release relating to a case where an employee was severely injured after...

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5 UK HSE: worker injured by falling stack of batteries in Flexible Intermediate Bulk Containers

What happened

The UK Health and Safety Executive (HSE) have issued a press release relating to a case where an employee was severely injured after a stack of batteries weighing at least 300kg fell onto him. The worker was working in a workshop repairing flexible intermediate bulk containers (FIBCs) when he was struck by the batteries. The three workers had been restacking the batteries, which were stored in Flexible Intermediate Bulk Containers (FIBCs), after the stack had toppled over.

However, the worker started to tip over in front of them leading to the batteries falling on to one of the workers. He suffered multiple injuries including a fractured right leg, a fracture to the left tibia, a fractured right collar bone, some bruising to his ribs and a cut on his forehead.

What went wrong

The HSE's findings were that the site was overstocked, bags of batteries had been stacked in an unsafe manner and there was no specific documentation or safe systems of work for the correct stacking and storage of batteries. This was not an isolated incident.



Image: <https://www.global-pak.com/fibc-safe-handling-instructions>

IMCA - A reminder on watertight doors

Watertight doors that ought have been secured shut, were observed open during a safety walkaround. It's worth reiterating the importance of...

[Download here](#)

4 A reminder on watertight doors

What happened

Watertight doors might have been secured that were deemed open during a safety walkaround. It's worth reiterating the importance of watertight doors - the one in the name. Watertight doors are special types of doors fitted on vessels, which prevent the ingress of water into the ship's interior spaces. They are designed to withstand hydrostatic pressure, and therefore act as a safety barrier limiting the spread of water inside the vessel.



IMCA - Lone worker collapsed at onshore site

A person collapsed at a workshop facility due to a non-work related, pre-existing medical condition. The person was unable to call for help...

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3 Lone worker collapsed at onshore site

What happened?

A person collapsed at a workshop facility due to a non-work related, pre-existing medical condition. The person was unable to call for help and was not discovered until the following day. While carrying out routine activity at an onshore operational site, the worker collapsed in a workshop facility. The person was working alone, and despite having a phone, was unable to call for help.



IMCA - Main bell wire rope failed destructive test

A main bell wire rope sample from a DSV failed to an adequate safety factor after 245 bell runs since installation. Following this failure...

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2 Main bell wire rope failed destructive test

What happened

A main bell wire rope sample from a DSV failed to an adequate safety factor after 245 bell runs since installation. Following this failure of the annual breaking load test the DSV reported a premature retirement of the main dive bell wire rope after it had been in service for approximately eighteen months from March 2021 to October 2022.



Showing fracture point of destructive test



2. Safety Alerts & Moments (continued)

IMCA – Main bell wire rope damaged

At the end of a saturation dive, a main bell wire was damaged by the proximity switch bracket (chandelier) being picked up by a single...

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1 Main bell wire rope damaged

What happened?

At the end of a saturation dive, a main bell wire was damaged by the proximity switch bracket (chandelier) being picked up by a single proximity sensor. The proximity switch bracket (chandelier) was secured to the main bell wire rope. The incident occurred during a bell recovery procedure following a saturation dive. The proximity switch bracket (chandelier) was secured to the main bell wire rope by a single proximity sensor. The proximity sensor had been installed on the main bell wire rope to prevent the main bell wire rope from being damaged by the proximity switch bracket (chandelier) being picked up by a single proximity sensor.




Energy Safety Canada - Eye Injury During Routine Maintenance

A mulcher unit was clearing a right-of-way during pipeline construction when an electrical issue caused a breakdown. A mechanic was called...

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SAFETY ALERT

Eye Injury During Routine Maintenance




What happened?

A mulcher unit was clearing a right-of-way during pipeline construction when an electrical issue caused a breakdown. A mechanic was called to the work site and suffered an eye injury.

What did they learn?

The mechanic were safety glasses with no face shield as required by the standard. The mechanic had been working many times in the past. The incident occurred during a bell recovery procedure and an Safety Analysis (SA) required both safety glasses and a face shield. The SA was completed and the SA was reviewed before work started. The SA was not reviewed before work started.

IMCA - Person slipped climbing out of tank

A crew person was injured getting out of a fresh water tank on a vessel. The incident occurred during cleaning of the tank. The injured...

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5 LT: person slipped climbing out of tank

What happened?

A crew person was injured getting out of a fresh water tank on a vessel. The incident occurred during cleaning of the tank. The injured person was in the process of exiting the tank for a rest break. He was on the same level as the exit hatch. He slipped and fell onto the floor of the tank. He was able to get up and get help from another crew member. He was able to get to the surface and get medical treatment. He was able to return to the vessel due to the nature of the injury – a closed fracture of the right forearm.





IMCA - Person injured when chain hoist container failed at securing point

An overhead electric chain hoist container/box weighing approx. 30kg fell around 0.8m onto a crew member. The incident occurred whilst crew...

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4 Person injured when chain hoist container failed at securing point

What happened?

An overhead electric chain hoist container/box weighing approx. 30kg fell around 0.8m onto a crew member. The incident occurred whilst crew were working on a vessel. The overhead electric chain hoist was secured to a sheet metal box around 3.2 m above the deck. A permanently installed 3.2 T x 500L overhead electrical chain hoist, mounted on a steel beam, was being used to lift a sheet metal box. The sheet metal box was secured to the overhead chain hoist. The sheet metal box fell onto one of the crew present, hitting the right shoulder/back, causing considerable pain.

What went wrong?

- An improvement/alteration of the overhead chain hoist was carried out locally without proper engineering supervision. The original bag removed from the sheet metal box had been added.
- There was inadequate engineering supervision: the DROPS retention had not been assessed.
- There was inadequate maintenance/inspection: the sheet metal box had not been assessed.





IMCA - Hazard from discarded munitions

The United States Coastguard (USCG) had published Safety Alert 02-24 relating to hazards presented by discarded ammunition. The alert was...

[Download here](#)

3 USCG: hazard from discarded munitions

What happened?

The United States Coastguard (USCG) had published Safety Alert 02-24 relating to hazards presented by discarded ammunition. The alert was issued to raise awareness of lurking hazards associated with discarded munitions, including explosives or chemical agents. Although the practice of dumping munitions at sea is prohibited, they are still occasionally found hidden in coastal waters, posing a safety hazard to commercial fisheries, bridge operators, and others who travel and work the ocean floor.

What went wrong?

- A discarded gas cylinder was severely burned when a cylinder was dredged up and brought onboard with fuel and other debris. The cylinder had been dumped at sea as a blistering agent, but did not display any obvious visual, audible, or other means of detection. The cylinder was later discovered and the cylinder and debris were taken back onboard. Several hours later the cylinder exploded, causing significant damage and injury. Mounted gas is a chemical weapon developed during World War I. A portion of this period's other chemical weapons, bombs, torpedoes, artillery, and munitions were routinely disposed of in U.S. coastal waters.





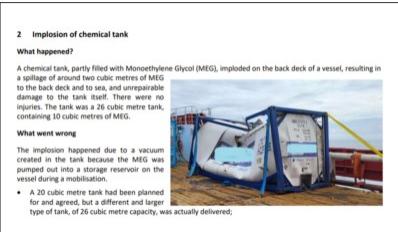


2. Safety Alerts & Moments (continued)

IMCA – Implosion of chemical tank

A chemical tank, partly filled with Monoethylene Glycol (MEG), imploded on the back deck of a vessel, resulting in a spillage of around two...

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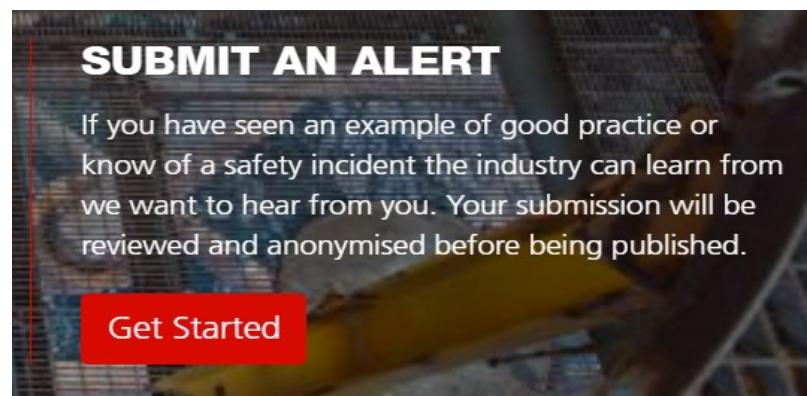
IMCA – Loss of heading control on an FPU during diving operations

During diving operations at an FPU (floating production unit), the forward thruster was isolated, and the turret locked, in line with...

[Download here](#)



Search or submit your own learnings via the [Alerts and Moments](#) page.





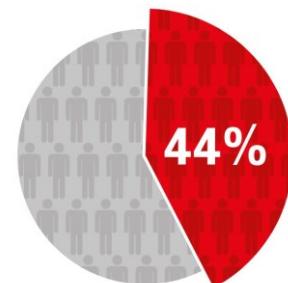
3. Process Safety Workforce Survey is now LIVE

The member-wide survey, aimed at our offshore and onshore energy workforce is now live. You should have already received an email containing:

- [Link to survey](#)
- QR code to survey
- Slides to launch survey at worksite
- Poster to advertise survey (attached to this email)

The purpose of the survey is to identify areas of process safety improvement and guide development of resources. It augments the survey undertaken by senior leaders in 2023.

A list of questions contained in the survey is available on request from gillian@stepchangeinsafety.net



44% of all fatalities in Oil & Gas industry are due to process safety events

4. Wellbeing Survey



Step Change in Safety is joining forces with IADC's Mental Health Task Force to identify the state of wellbeing in our industry.

An industry-wide survey is being created to cover the following areas of wellbeing:

- Physical health
- Nutrition and lifestyle
- Work environment
- Financial
- Purpose and community
- Intellectual
- Emotional and mental health



5. Tea Shack News (TSN)



LIFE AFTER AN ACCIDENT

An interview with Paul Blanchard

Paul Blanchard worked in the construction industry for nearly 40 years; 25 of those successfully running his own building business, largely developing and renovating properties. On Sunday 18 July 2010, whilst working on a roof at a farm, Paul fell from a height of 12ft. Suffering life-threatening injuries, he spent three months in a medically induced coma and six months in hospital. The accident left him paralysed and he now relies on a wheelchair.

Now a professional Motivational and Behavioural Speaker, Paul delivered an honest and thought-provoking account of his 'Life After an Accident' at our Safety Rep Forum (see page 6 for more information on the event). He spoke not only about the incident but, more significantly, about the consequences, and how it affected him physically, mentally and financially. And how his accident affected his family. Paul gave a deeply personal account of his story, talking openly about the incident, the realisation of how much his life had changed and his determination to adapt.

"I went from 6' 2" to 4' 4" overnight. There was physical and financial pressure put on my family and friends, taking on the responsibilities that I could no

longer do – something as simple as walking our dog, or taking the bins out."

Paul's drive and motivation to keep others safe across all industries is inspiring, focusing on the emotional perspective of Health & Safety and the empowerment of the workforce to take responsibility for both their own safety and that of their colleagues.

"Always come back to the risk assessment, do the analysis. If you think this doesn't feel or look right, say 'No'. Don't be intimidated, whether that's by a customer, your boss or peer pressure. If you're not comfortable, don't go ahead. Put boundaries on your own wellbeing, if you feel that there's a potential risk to yourself or your colleagues."



Our audience was captivated from start to finish, and the take-away message was clear to everyone: look after yourself and look after others, because safety is everyone's responsibility.

Paul Blanchard is an Ambassador for No Falls Foundation and RoSPA. He was presented with a RoSPA Guardian Angel Award in 2015.

Find out more about Paul's work and his story:

[Behavioural Safety Training: Paul Blanchard: Life After an Accident](#)
[No Falls Foundation](#)

 In one year 2022/23...

40
people lost their lives

5,000
people were left injured

Email: editor@teashack.news
www.stepchangeinsafety.net/teashack-news

 **STEP CHANGE
IN SAFETY**

... after falling from a height at their workplace

#playyourpart




This quarter's issue includes:

- An interview with Paul Blanchard, keynote speaker at our recent Safety Rep event who was paralysed after a fall from height
- E-obs feature – how the electronic observation card system works at site
- Offshore Nesting Bird Census 2024 – how to get involved
- Safety Smarts: interactive quiz, sudoku, general knowledge and crossword

We need you to help us find people who are willing to write articles or be interviewed. Please contact gillian@stepchangeinsafety.net for more information or to submit ideas.

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#playyourpart



6. Events

All events can be viewed and booked via the [**EVENTS**](#) section of the website

 <p>16 May</p> <p>Human Factors Quarterly Forum: Leadership and Behavioural Safety</p> <p>09:00–11:30 4th floor, Annan House</p>	 <p>30 June</p> <p>Sunday Safety Session - Q2: Prevention of Personal Injuries</p> <p>15:00–15:45 Online Event</p>	 <p>02 July</p> <p>Offshore Safety Awards 2024</p> <p>09:00–16:00 Beach Ballroom</p>
 <p>12 September</p> <p>Human Factors Quarterly Forum: Human Factors in Incident Investigation</p> <p>09:00–11:30 4th floor, Annan House</p>	 <p>24 September</p> <p>Safety Rep Forum - 24th September</p> <p>09:00–17:00 Union Kirk</p>	 <p>25 September</p> <p>OIM Event - 25th September</p> <p>09:00–17:00 Union Kirk</p>
 <p>14 November</p> <p>Human Factors Quarterly Forum: Human Factors in Risk Assessment</p> <p>09:00–11:30 4th floor, Annan House</p>	 <p>15 December</p> <p>Step Change in Safety Annual Quiz</p> <p>15:00–16:00 Online Event</p>	



7. Q2 Focal Point Engagement Session

The Q2 Focal Point Engagement session is scheduled to take place :

9:30 Wednesday 15th May @ Annan House

Agenda:

- Welcome and Introductions
- Safety Moment
- Strategy & Support Team
- Quarterly Themes Overview and Live Feedback with Menti
- Workgroup and Project Update
- Events
- AOB

There is a remote link available on request to those who are unable to attend in person due to location based.

If you have not received your invitation to attend, require a remote link, or would like to add to the agenda, please contact aimie@stepchangeinsafety.net.

Slides and supporting material from previous sessions can be viewed in the [Focal Point Network Teams site](#).