

AN ANALYSIS OF OCCUPATIONAL SAFETY AND HEALTH STANDARDS IN THE UNITED KINGDOM

AUTHOR – GOWSALYA. S. & POORNAMATHI N.C.

LLM STUDENTS AT SCHOOL OF EXCELLENCE IN LAW, THE TAMIL NADU DR. AMBEDKAR LAW UNIVERSITY

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ABSTRACT

The United Kingdom's approach to Occupational Health and Safety (OHS) is globally recognized for its comprehensive, risk-based framework, rooted in the **Health and Safety at Work etc. Act 1974 (HSWA)**. This article traces the evolution of OHS in Britain from the social upheaval of the Industrial Revolution and the ensuing Factories Acts to the modern, integrated system overseen by the **Health and Safety Executive (HSE)**. It examines the fundamental shift brought about by the HSWA, which established universal responsibilities for all employers and employees and defined the structure for regulation and criminal enforcement. Furthermore, the analysis details the critical regulatory pillars, including the **Management of Health and Safety at Work Regulations 1999** (which cemented the risk-assessment duty) and other specific regimes like those governing Manual Handling and Hazardous Substances (**COSHH**). Finally, the article explores contemporary strategies for OHS, highlighting the ongoing challenge of addressing occupational health and the shift towards a partnership-based approach in a dynamic, service-sector-dominated economy, confirming the HSWA's enduring legacy in reducing workplace harm.

KEYWORDS:

Occupational Health and Safety (OHS), Health and Safety at Work etc. Act 1974 (HSWA), Health and Safety Executive (HSE), Risk Assessment, Management of Health and Safety at Work Regulations, Control of Substances Hazardous to Health (COSHH), UK Legislation.

I. INTRODUCTION:

Occupational health and safety (**OHS**) is an essential practice dedicated to safeguarding the **safety, health, welfare, and overall well-being of people** in the workplace. In the United Kingdom, providing a safe working environment is not merely a corporate best practice but a **fundamental legal responsibility** for all companies. The OHS framework in Britain requires both the proactive **prevention** of health issues and the **treatment** of any conditions that staff may experience as a result of or during their work.

The successful implementation of OHS standards ensures that every worker can

perform their role in a **safe and secure environment**, free from recognized hazards. Critically, modern OHS also addresses inclusivity by ensuring that individuals with disabilities or impairments are not unreasonably excluded from job opportunities and that work processes are appropriately adapted to support people with specific conditions to work safely.

The demonstrable effectiveness of the UK's OHS system is evident in national statistics. Despite the tragic loss of 142 workers in 2020 due to workplace accidents, overall figures show a dramatic decline in harm. For instance, the reported rate of significant injuries in 2019 (65,427) represents an approximately **80% drop**

since the introduction of the cornerstone legislation, the **Health and Safety at Work Act 1974**. This sustained decline, continuing since 2021, underscores the positive impact of effective OHS practices on workforce well-being, productivity, and organizational performance.

II. EVOLUTION OF THE UK HEALTH AND SAFETY SYSTEM

The current robust OHS system in the UK is the product of centuries of gradual, often reactive, legislative change. Historically, consideration for the welfare of workers often lagged behind periods of significant **industrial change**, reflecting prevailing social attitudes. Early labor practices, particularly in harsh environments like mining, often treated workers, especially those in antiquity, as little more than slaves, reflecting the societal stigma associated with "mechanical arts".

The **Industrial Revolution (1760-1830)** triggered profound social change in the UK, leading to rapid urbanization, squalid living conditions, and epidemics of infectious diseases. The detrimental effects of these working and residential conditions on both adults and children in the 1830s were meticulously documented by **Charles Turner Thakrah**, often hailed as the father of occupational medicine in the UK. Public reflection at the time acknowledged the injurious nature of employment, yet many believed the evils were unavoidable.

Increasing public intolerance of these conditions ultimately forced government intervention. This began with the **Health and Morals of Apprentices Act, 1802**. This early legislation established a localized system of **voluntary factory inspection** by "visitors" who possessed the right to mandate sanitary regulations. A far more significant step was taken in **1833** with the establishment of a formal **Factory Inspectorate**. These inspectors were granted the crucial rights of **entry into factories**, the **power of prosecution** against non-compliant owners, and the responsibility for overseeing factory schools.

The next 150 years saw a proliferation of specific, industry-focused health and safety legislation. Key milestones included the **Factory Act of 1833** and its subsequent amendments, the burgeoning concept of "**duty of care**" developing in 1837, and the **Employer's Liability Act of 1880**, which allowed workers to seek compensation for work-related injuries resulting from negligence. However, these reforms largely remained **industry-specific** for almost a century.

The Watershed Moment: The Health and Safety at Work Act 1974

The introduction of the **Health and Safety at Work etc. Act 1974 (HSWA)** marked the single most significant "step change" in the evolution of health and safety enforcement in the UK. For the first time, this overarching primary legislation extended coverage to **all industries and employers**, fundamentally redefining responsibility for workplace safety.

The HSWA achieved several critical objectives:

1. **Established a Universal Framework:** It defined the fundamental structure and authority for regulation and enforcement.
2. **Defined General Duties:** It placed general duties on **all employers, employees, contractors**, and others who own or manage workplaces.
3. **Created Enforcement Bodies:** It established a system of public supervision via the creation of the **Health and Safety Commission (HSC)** and the **Health and Safety Executive (HSE)**. The **HSE** was specifically charged with **enforcement**, backed by **criminal sanctions**, including fines and imprisonment.
4. **Defined Commission Duties:** The HSC's role, which was later subsumed by the HSE in 2008, was to assist, encourage, conduct research, provide information and advisory services, and **propose regulations**.

The impact of the HSWA was immediate and dramatic, contributing to a **90% reduction** in workplace fatalities between 1974 and 2019. Today, the HSWA remains the **core** of Britain's health and safety legislation.

III. THE MODERN REGULATORY LANDSCAPE

The current OHS legal framework in Britain rests on three main legislative pillars:

1. **The Health and Safety at Work etc. Act 1974 (HSWA).**
2. **The Management of Health and Safety at Work Regulations 1999 (MHSWR).**
3. **The Workplace (Health, Safety and Welfare) Regulations 1992.**

A. The Influence of European Directives

The UK's membership in the European Economic Community (EEC) in 1973 subjected it to European legislation. European Directives have since been incorporated into UK law via health and safety regulations. The 1990s saw a significant expansion of detailed standards, largely driven by these EC directives. This culminated in the so-called '**Six Pack**' of **regulations** taking effect in January 1993. These introduced rules in new areas such as **manual handling** and **Visual Display Unit (VDU) work**, and, most importantly, the **Management of Health and Safety at Work Regulations (MHSWR)**.

B. The Management of Health and Safety at Work Regulations 1999

The MHSWR 1999 is arguably the most important piece of subordinate legislation, introduced to support the HSWA by specifying concrete duties for employers and employees. While the 1974 Act introduced the *principle* of risk assessment, the MHSWR placed a definitive **legal duty of care** on employers to conduct **suitable risk assessments** of work-based activities.

Duties under MHSWR:

- **Risk Assessment:** Employers must suitably assess work-based activities and implement appropriate controls to

manage potential risks to the health, safety, and welfare of employees and others. Companies with **five or more employees** must keep a written record of their significant findings.

- **Vulnerable Groups:** Separate risk assessments are required for vulnerable persons, specifically **new or expectant mothers** and **people under 18**.
- **Implementation and Emergency Planning:** Following assessment, suitable measures must be implemented. Procedures for serious emergencies, such as fire evacuation, must also be prepared.
- **Training and Competence:** Employers have a duty to provide **adequate and proportional health and safety training** and to appoint **competent person(s)** to manage workplace health and safety.

C. Specific Regulations

The HSWA and MHSWR are supplemented by numerous specific regulations, detailing how hazards must be managed:

1. **The Workplace (Health, Safety and Welfare) Regulations 1992:**
 - These regulations aligned Great Britain with the European Commission directive on minimum health and safety requirements for a workplace (excluding construction sites, which are covered by the **Construction, Design and Maintenance Regulations 2015**).
 - They cover essential environmental and welfare provisions, including **ventilation, comfortable temperatures, lighting, equipment maintenance, waste, cleanliness, sufficient space, seating, building access**, and

welfare facilities (bathrooms and kitchens).

2. **Manual Handling Operations Regulations 1992 (MHOR):**

- Manual handling is defined as the moving of items by **lifting, lowering, carrying, pushing, or pulling**. Since these movements involve a potential risk of injury, employers must follow a hierarchical control approach.
- The employer's duties are to: **Avoid** hazardous manual handling operations where reasonably practicable (e.g., by redesigning the task or automating); **Assess** the risk of operations that cannot be avoided; and **Reduce** the risk (e.g., by providing mechanical assistance like a hoist or making changes to the task, load, or environment).

3. **Control of Substances Hazardous to Health Regulations 2002 (COSHH):**

- **COSHH** requires employers to control the use, storage, and transport of substances that may be harmful to health to **reduce worker exposure**.
- Hazardous substances include **chemicals, fumes, dust, vapor, gases, and biological agents**.
- Duties include: **identifying and assessing** the risk of using such substances; **reducing or eliminating** the risk through control measures; providing **training and instructions**; and planning for **emergencies**.

4. **Health and Safety (Display Screen Equipment) Regulations 1992 (DSE):**

- These regulations protect DSE users—workers who habitually

use DSE equipment for a significant time (generally over an hour a day). The regulations also apply to remote workers.

- Employers must carry out a **risk assessment** for each DSE user at their workstation, take measures to reduce identified risks, make provision for **eye tests** with an optician, ensure **regular breaks** are taken, and provide **adequate training**.

5. **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR):**

- **RIDDOR** mandates the reporting of certain workplace incidents, including **fatal and non-fatal injuries, occupational diseases, dangerous occurrences ('near misses'), and incidents resulting in more than seven days' absence from work**. Employers, managers, and supervisors have a legal obligation to follow correct reporting procedures.

6. **Personal Protective Equipment Regulations 2018 (PPE):**

- In high-risk environments, employers have a duty to provide workers with Personal Protective Equipment (PPE) to reduce harm **when the risk cannot be reduced by any other means** (the "last resort" principle).

IV. EMPLOYER AND EMPLOYEE RESPONSIBILITIES

The HSWA and its supporting regulations established a mutual and distinct set of responsibilities for all stakeholders in the workplace.

A. Employer Duties

Under the HSWA and its subsequent regulations, employers are specifically required to provide:

- A **safe working environment** that is properly maintained and in which operations are conducted safely.
- **Adequate welfare provisions.**
- Suitable provision of **relevant information, instruction, and supervision.**
- **Adequate staff training** to ensure health and safety procedures are understood and adhered to.
- For workplaces with five or more employees, a **written record of their health and safety policy** and consultation with employees or their representatives on relevant policies.

B. Employee Duties

Employees also bear responsibility for maintaining workplace safety. They must:

- Work in accordance with the **health and safety training** provided to them.
- **Utilize any controls and/or equipment** provided in the interest of health and safety (including PPE).
- **Notify** whoever is responsible for health and safety in the working environment if they identify an **unsafe condition, hazard, or risk.**

C. Worker Consultation and Representation

Worker involvement is a key element of the UK system. Under the **Safety Representatives and Safety Committees Regulations 1977**, employers are legally required to consult with safety representatives nominated by recognized trade unions. These representatives are crucial in reducing the likelihood of accidents and ill health and have legal rights to:

- Raise **health and safety complaints** with management.
- **Investigate** hazards, complaints, and accidents.
- **Inspect** workplaces.

- Obtain **information and facilities** from employers/inspectors to carry out their role.
- Insist on the formation of **safety committees.**

The **Health and Safety (Consultation with Employees) Regulations 1996** further cemented the employer's obligation to inform and consult with all employees on matters relating to their health and safety.

V. CONCLUSION

The United Kingdom's Occupational Health and Safety (OHS) framework, fundamentally rooted in the **Health and Safety at Work etc. Act 1974 (HSWA)**, represents a profound and successful response to the inherent risks of industrial and post-industrial society. Tracing its origins from the limited, reactive Factory Acts of the 19th century, the system achieved a paradigm shift in 1974 by establishing a **universal, self-regulatory duty of care** for all workplaces, enforced by the **Health and Safety Executive (HSE)**. This legislative cornerstone has driven a remarkable reduction in workplace fatalities and serious injuries over five decades.

The efficacy of the UK system lies in its hierarchical and adaptable structure. The broad principles of the HSWA are underpinned by specific, risk-focused regulations—the 'Six Pack'—such as the **Management of Health and Safety at Work Regulations 1999 (MHSWR)**, which institutionalized the **legal duty of risk assessment** as the core mechanism for hazard control. This framework is further strengthened by the mandatory involvement of employees through safety representatives, confirming OHS as a **shared responsibility** rather than a purely top-down imposition.

Looking ahead, the system faces evolving challenges, particularly the shift from managing acute **safety** hazards to addressing chronic **occupational health** issues, such as work-related stress, long-latency diseases, and musculoskeletal disorders. The HSE's contemporary strategy acknowledges that

continued improvement requires a **partnership-based approach** that engages small businesses, adapts to a service-sector-dominated economy, and focuses strategically on the **prevention of ill health**. By empowering workers, utilizing social research to influence behavior, and prioritizing occupational health expertise, the UK system is positioned to uphold the enduring legacy of the HSWA: guaranteeing, as far as is reasonably practicable, a safe and healthy working life for every citizen.

VI. CONTEMPORARY STRATEGIES AND FUTURE CHALLENGES

Thirty years after the HSWA's advent, a new strategic approach was launched in 2004, titled *A strategy for workplace health and safety in Great Britain to 2010 and beyond*. This vision sought to establish health and safety as a cornerstone of a civilized society, aiming for a world-leading record.

Earlier targets, launched in the **Revitalising Health and Safety strategy** in 2000, had set ambitious goals for 2010:

- **20% reduction** in the rate of work-related ill health.
- **10% reduction** in the rate of fatalities and major injuries.
- **30% reduction** in the rate of working days lost.

The later strategies recognized that resources are limited and that the effective **engagement of all stakeholders** (public and private sectors) is vital for achieving desired results. They also acknowledged the fundamental shift in the nature of work since 1974:

- The decline of **manufacturing** and the prominence of the **service sector**.
- A growing number of **small companies** (over 90% employ fewer than 10 employees).
- Increased **part-time working** and the **feminization** of many workforces.

These changes highlighted that the primary challenges for OHS are now focused mainly on **health**, rather than just safety, as the rate of improvement in safety had slowed. A key feature of the ongoing strategy is the challenge of **occupational health**, requiring a strategic, **partnership-based approach** to ensure access to occupational health expertise and a continuing emphasis on the **prevention of ill health** supported by proactive safety inspections addressing underlying causes. The contemporary goal remains to empower workers to take a greater leadership role in their own well-being and engage more fully with all stakeholders.

VI. REFERENCES

Acts of Parliament

1. **Health and Morals of Apprentices Act 1802**, 42 Geo. 3 c. 73.
2. **Factory Act 1833**, 3 & 4 Will. 4 c. 103.
3. **Employers' Liability Act 1880**, 43 & 44 Vict. c. 42.
4. **Health and Safety at Work etc. Act 1974**, c. 37 (Eng.).

Statutory Instruments (Regulations)

1. **Safety Representatives and Safety Committees Regulations 1977**, S.I. 1977/500 (Eng.).
2. **Workplace (Health, Safety and Welfare) Regulations 1992**, S.I. 1992/3004 (Eng.).
3. **Manual Handling Operations Regulations 1992**, S.I. 1992/2793 (Eng.).
4. **Health and Safety (Display Screen Equipment) Regulations 1992**, S.I. 1992/2792 (Eng.).
5. **Health and Safety (Consultation with Employees) Regulations 1996**, S.I. 1996/1513 (Eng.).
6. **Management of Health and Safety at Work Regulations 1999**, S.I. 1999/3242 (Eng.).

7. **Control of Substances Hazardous to Health Regulations 2002**, S.I. 2002/2677 (Eng.).
8. **Regulatory Reform (Fire Safety) Order 2005**, S.I. 2005/1541 (Eng.).
9. **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013**, S.I. 2013/1471 (Eng.).
10. **Personal Protective Equipment at Work Regulations 2022**, S.I. 2022/8 (Eng.).

Government and Agency Reports

Health and Safety Executive, *A Strategy for Workplace Health and Safety in Great Britain to 2010 and Beyond* (2004).

1. **Health and Safety Executive, *Revitalising Health and Safety Strategy* (2000).**
2. **HSE, *Health and Safety Statistics for Great Britain* (2020).**

