BHV Nederland

# Reference book

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# 1. Introduction

Every person has a duty, the best of their ability, to render assistance to fellow human beings in distress. The distress may result from a sudden disorder in their state of health. Resulting from an accident, illness, imminent drowning or from exposure to harmful influences.

Within your organization the emergency response officer has the task of providing assistance when required, in the area of life-saving actions, fighting small fires and alerting and evacuating the persons present. The emergency response officer (ERO) is responsible for his/her actions and therefore must be properly trained and attend a periodic refresher course. This obligation is included in the Occupational Health and Safety Act: Chapter 3 article 5.

# 2. Approaching the victim

In any situation whether you are faced with an accident, fire or other unexpected emergency, your first consideration should be your own personal safety. This should always be considered during your deployment to an emergency.

**Watch out for danger:**

- **For yourself.**
- **For others.**
- **For the victim.**

When approaching a victim, we follow a set of procedures. The reason for this is when the procedure is remembered this way, this makes assistance easier.

The procedure is as followed below:

- **Approach the victim.**
- When there is danger, move the victim to a safe environment by using the Rautek Method.
- Check consciousness by talking to the victim and gently shaking the shoulders.
- No response? Turn victim from stomach to back if necessary.
- Have some immediately contact 911 (112), multiple bystanders? Have someone get an AED.
- Tilt head through the chin lift and check for breathing for 10 seconds (2 to 3 breaths every 10 seconds is normal).

**By doing this first you will get a better picture of what (probably) is going on with the victim. After this we check the vital functions: We check if the victim is conscious, breathing and/or if the circulation is fine. Only after this, we check for local injuries.**

- Victim is breathing but not responding – Call 911 let them know. Place the victim in the recovery position and continue to monitor breathing. When breathing stops, start CPR immediately.
- No breathing – call 911 let them know and start CPR immediately – if not present already have someone get an AED.

**CPR:**

30 chest compressions, 1/3 of the chest

2 x 1 second breaths

# 3. Disorders of vital functions

Vital functions are functions that are of immediate vital importance. Without these functions, we as human beings cannot live. Our vital functions are:

- The respiratory system (breathing).
- The circulatory system (blood circulation).
- Brain (consciousness).

To stay alive, the body needs oxygen and nutrients. The process by which oxygen reaches the cells is called oxygen transport. Oxygen is found in the outside air. Breathing causes the outside air to reach the lungs through the trachea. There is a network of vessels around the alveoli, which is where the oxygen from the air is absorbed into the blood. Nutrients are transported through the mouth, pharynx, esophagus and stomach to the small bowel, where they are absorbed into the blood. Because of the heart pumping the blood through out your whole body, all of your cells get nutrient. The cell uses oxygen to burn nutrients: metabolism. In process waste products are produces. These waste products are released into the blood, which flows through veins back towards the heart and from there to the lungs. Through the longs, some of the waste (carbon dioxide) enters the outside air. The remaining waste products leave the body through the kidneys and intestines. The flow of blood through the blood vessels, due to the hart pumping, is called the circulatory system. Respiration and circulation are therefore links in a chain. Both are regulated by the brain (“control”), which cannot work properly without oxygen, because the respiratory system, the circulatory system and the brain are life sustaining and cannot work well without each other. Together they are called the vital functions. These vital functions can be disturbed by a number of causes:

- A completely or partially closed airway due to e.g.: choking, blood, vomit, burns, swelling due to hot gases of fumes.
- Insufficient functioning of the longs due to e.g.: Shallow breathing due to broken ribs, a penetrating chest wound, drowning, begging, poisoning by gases or fumes.
- Insufficient functioning of the heart due to e.g.: Hart attack, arrythmia, significant loss of blood, electric shock, damage to the brain or spinal cord, respiratory failure.
- Insufficient amount of blood in the blood vessels due to e.g.: dehydration, internal or external blood loss.
- Impaired control from the brain due to e.g.: cranial brain injury, stroke, poisoning, overheating, hypothermia, diabetic, epilepsy, electric shock, respiratory and circulatory disorders.

# 4. CPR

How do we find out if we need to resuscitate someone? Go through the following steps:

- Sit next to the victim and speak to the victim, when there is no response gently shake them. When they are still not responding, have someone call 911 (112) immediately!
- Clear the air way by tilting the head back and use the chin lift to open up the air way.
- Now listen, feel and see for the next 10 seconds if the victim is breathing. This is done as follows: after you have performed the chin lift, move your chin and cheek just above the nose of the victim facing the direction of the chest and upper abdomen. Asses whether the chest goes up and down evenly.
- If the victim is breathing (two to three breaths per 10 seconds) have a bystander complete the call to 911 (112). Tell them that it concerns an unconscious victim with breathing. After this, place the victim in the recovery position.
- If the victim is not breathing, have a bystander pass on the message to 911 (112) and let them know that you are starting CPR. Start the CPR with 30 chest compressions followed by two breaths. You keep on doing this until an expert takes over from you. If there are multiple response officers present, rotate CPR after every 2 minutes.

Conditions for CPR:

- The victim must lay down on its back.
- The victim must lay down on a hard underground.

Giving chest compressions:

- Sit on 2 knees against the victim.
- With arms extended perpendicularly above the victim.
- Place the hands in the middle of the chest.
- Press sternum five to six inches deep, one third of the chest.
- Maintain a rate of 100 to 120 massages per minute.

Breathing:

- If necessary, clear the airway of the victim.
- Hold nose closed.
- Tilt the head back slightly.
- Lift the chin.
- Blow air gently into the victim for one second.
- Remove your mouth and let the victim breathe out.
- Take a breath yourself and breathe into the victim again.

If breathing fails, see if the head is tilted back properly. Is the chin lifted correctly? Check if there is something in the mouth. If the victim starts vomiting or gives up mucus, quickly turn the victim on their side.

The AED (Automatic External Defibrillator) is a device that can reset a fibrillating heart. We cannot detect a fibrillating heart. If we don't do anything the victim will pass away. The victim is not breathing and must be helped by preforming CPR and using an AED.

Have a bystander go get an AED, turn it on and follow the instructions given by the device. When there are multiple emergency response officers present make sure CPR continues as much as possible while the AED is applied. If you are alone first apply the AED, then start CPR.

Steps:

- Turn on AED.
- Apply the stickers, as instructed, to the exposed chest.
- Shock advised: press the flashing button (device chargers first for a few seconds).
- Start CPR.
- When the AED advices no shock, continue CPR.
- If the victim is breathing, place them in the recovery position.

# 5. Applying a quick dressing and pressure bandage

In the event of an injury to the skin that results in blood loss, it is important that the wound is covered. You can do this with a rolled quick dressing.

- Remove the dressing from the package.
- Apply a compress to the wound, do not touch the sterile piece.
- Hold the short end and roll the long end along the bottom and the top of the compress to ensure that all sides of the compress are closed.
- Secure the end with an adhesive dressing.

If the wound keeps bleeding after treatment or it is expected that the wound will continue to bleed, then you apply a pressure bandage:

- Apply pressure to the wound by pressing a sterile dressing on to the wound by using your hand (with gloves on).
- Apply the quick dressing as described above.
- Apply pressure to the wound by using an ideal bandage. You may want to apply extra pressure by placing a rolled-up roll of bandage on top of the wound.
- Make sure that the bandage is tight enough to stem the bleeding but not tight enough that it cuts of circulation. When the visible skin turns blue or becomes numb you should loosen the bandage.

# 6. Poisoning

Poisoning can be caused by ingesting, inhaling and ingesting through the skin of toxic substances. Examples include cleaning products but also from poisonous plants, berries, mushrooms, drugs or button cell batteries. Especially children aged 0-4 are often victims of poisoning. Therefore, always keep toxic substances out of their reach.

When someone has swallowed a toxic substance, you can recognize it by, for example:

- Pupils that are very large or very small.
- The skin might not have a normal color and might be pale, red or blue.
- The breath might smell of toxic substances.
- The victim might have trouble breathing, the breath is fast or slow and very shallow caused by swelling in mouth or throat.
- The victim has pain when swallowing.
- Suffer from excessive sweating.
- There is excessive production of spit.
- Abdominal pain.
- Nausea and vomiting.
- The victim is increasingly unresponsive (dazed).
- The victim experiences seizures or twitches similar to an epileptic seizure.

The packaging and/or remains of the toxic substance might be lying around. With a child, ask calmly and thoughtfully if he has snacked or drunk anything. Otherwise, he might not dare to tell the truth.

Call 911 (112) if the victim has shortness of breath, is barely responsive or unconscious. Put the phone on speaker. Follow the dispatcher's instruction. NEVER give mouth-to-mouth resuscitation in cases of poisoning with cyanide, hydrogen sulfide or phosphoric acid.

If toxic substances are swallowed, call the emergency number of the family doctor of family doctor's office. Tell the family doctor or assistant what harmful substance is involved and follow their instructions. If possible, take the packaging of the toxic substance with you when the victim needs to go to the family doctor or hospital.

# 7. Dental injury

The victim's dental injuries, such as a loose, chipped, knocked-out teeth, should be taken to a dentist as soon as possible. If a knocked-out teeth is put back quickly, it can grow back in place. Reinsertion is the most successful if it is placed back within 15 minutes (no baby tooth)

**Tooth through the lip.** Sometimes a victim has a tooth through the lip. The lip might bleed severely.

- Press a sterile compress against the wound with your thumb and forefinger for a few minutes.
- Then check to see if the tooth is still complete and is properly positioned in the jaw.
- Also check if there is a piece of tooth or another object in the wound.

**Toothache**. A person with severe and throbbing toothache must see a dentist. Usually, this severe and throbbing toothache indicates inflammation and must be treated. You can briefly relieve the pain with paracetamol. Consult the package for the prescribed amount. A cold compress on the painful side of the face can also ease the pain.

**Knocked-out teeth.** Look for the knocked-out teeth quickly, always grab it by the crown (the part of the teeth you can see) not the root. If there is visible debris, rinse the tooth with milk for a maximum of 10 seconds. If you do not have milk, let the victim lick the tooth clean. Never rinse the tooth with water or detergents. By rinsing the teeth briefly, you will minimize damage to the rood membrane. Is the tooth clean? Place the tooth preferably back in the position it was. Can't put it back into place? Then keep the tooth in milk or green tea. If this is not possible, keep the teeth in water. This will prevent the tooth from drying out. Take the victim to the dentist as soon as possible. The dentist will check the tooth and secure it.

# 8. Bug bites

A person who has been stung by an insect often has swelling at the site of the sting. This place hurts and might turn red. Somethings you can see the sting. The stung area might also itch.

- **Take a victim stung in the mouth or throat by a wasp immediately to the hospital or call 911 (112).**
- **Also call 911 (112) in case of a severe hypersensitive reaction with disturbances in consciousness and disturbances in breathing.**

**Was the victim stung by a bee?** Then remove the sting using tweezers, with your fingernail or with the blunt side of a knife.
**Was the victim stung in the finger?** If so, remove the rings, the insect sting might cause the finger to swell.
For pain or itching caused by insects or spiders, place a cold, wet compress, such as a gauze or flannel on the painful or itching spot. You can also use special ointment to soothe the pain or itching. For example, menthol, aloe vera or calendula. A vacuum pump will not help in case of a hypersensitive reaction, but it can help against itching.

**Call the family doctor or family emergency room:**

- If a child younger than the age of 3 has been stung multiple times.
- When a victim has swelling close to his eye or the place where he has been stung swells up extremely.
- When a victim has had an allergic reaction to a bug bye before. Think about a rash, redness, severe swelling or tightness of the chest.

**Tick bites**
Ticks live of blood. They hang from grass stalks and bushes. They cling to passing animals or people. The tick injects spit into the bite wound. This spit contains bacteria that can cause Lyme disease. Only a small percentage of people bitten by ticks get Lyme disease.
Symptoms include: fever, headache, stiff neck, muscle pain, joint pain, fatigue and paralysis (e.g. of the face). A read circle around the bite wound need not always be present. A victim with a thick bite will have a wound that looks like a small scab. Ticks can be anywhere on the skin. They are often behind ears, in the neck, in the groin, hollows of the knees or the ankles.

**Removing a tick:**

- Preferably grab a tick with a tick card, or else with tick forceps or pointed tweezers as close to the skin as possible and pull the tick out, avoiding squeezing the tick empty.
- Then disinfect the wound with disinfectant.
- Can't remove the tick yourself? Then go to the doctor's office.
- Contact your doctor if the tick has been on the skin for more than 24 hours.
- Write down the date of when the victim was bitten and contact the family doctor if the victim develops a red circle around the bite and if the victim develops one of the symptoms above.

# 9. fire and firefighting

**Duties of the company's emergency response officer in the event of a fire**

Fire is best described as "fire that causes damage and spreads unimpeded more or less" as soon as the fire is discovered in a company, the repressive task of the company's emergency response officer begins. The repressive task includes all activities that have to do with firefighting. These measures are taken to prevent casualties, limit damage and suppress fire. After a fire is discovered, you will need to respond quickly. You must take the right measures in the right order. The most important tasks for on-site emergency responders are listed below.

**Alarm/notification**

Report a fire always according to the fire instructions. Depending on local circumstances, you can report a fire as follows:

- Directly through the national emergency number.
- Through procedures in place at the company.

Never forget to mention where the fire is located and what is burning when you are reporting a fire.

**Possible extinguishing a starting fire**

When extinguishing a starting fire, always consider your own safety and the safety of others. Keep in mind that there are generally more casualties due to the burning products released by fire (smoke), than by the fire itself. Sometimes the fire is too big for the emergency response officer to extinguish it. When that happens close all windows and doors and warn not only the fire department but the people in immediate surroundings of the fire as well.

**Provide assistance other employees and/or visitors**

Guide other employees and/or visitors to a safe place. Allow them to remain at that place, in order to check if there are any missing people. Do not allow people to go back into the building!

**Provide assistance to the fire department**

Welcome the fire department and show them the way around the building and grounds. Point out hazardous situations or locations. Keep approach and exit routes clear of crowds and obstacles.

**Set a perimeter**

Keep people who have nothing to do with firefighting at a considerable distance. This will give the fire department the necessary working space. In this way, personal belongings in

and around the burning object are better protected against theft etc. Except for fire hazards, the personal property then lies “safe”

**Taking evacuation measures**

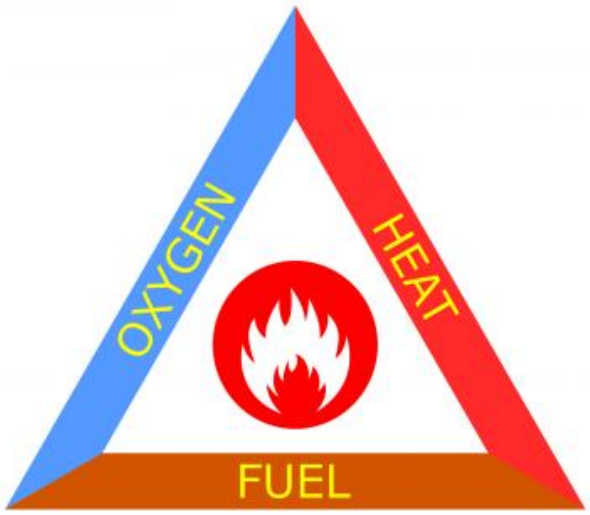
If an evacuation plan or attack plan has been adopted in your company, you must act accordingly in case of an emergency. Check how the following matters are arranged at your company:

- How should a fire bed reported?
- Where should the fire department be met and by whom?
- What are potentially dangerous situations or places which you can point out to the fire department?
- What are good entry and exit routes for the fire department?

**Limiting and extinguishing a starting fire**

So, what is fire? Fire is a chemical reaction of a flammable substance with oxygen, accompanied by heat and the side effects of smore and flame. If this burning is unwanted and/or results in damage, it is called a fire. As the company emergency response officer, you have the important task of firefighting and must react quickly after the discovery of a fire. In order for a fire or flame to occur, 3 factors must be present in sufficient quantity.

- Oxygen.
- Fuel (flammable substance).
- Heat (Ignition temperature).




Together we call these three factors the fire triangle. If we take away one of these factors from the fire triangle, the fire will be extinguished. Which means that extinguishing a fire is possible in one of three ways:

- Getting the temperature below the ignition temperature.

- Cut of oxygen supply.
- Remove flammable substance or make it inflammable.

**Fire stages**

**Smoldering stage.** This process is slow. In the unaffected area no increase in temperature can be measured. Because this goes so slowly, the smoldering nest is almost impossible to detect, which is also the danger of this stage. These smoldering fires produce flammable gases that can cause flash fires and explosions if enough oxygen is added. This phenomenon produces a considerable amount of carbon monoxide because there is an incomplete burn.

**Flame stage.** In every fire we see flames, these are the flammable gases that have bonded with oxygen and ignited. We call this the flame stage, so enough oxygen is present in this stage. The flame stages lasts around 10 to 15 minutes on average. When the flames are gone, this material continues to glow (only for solids). The flame stage and the glow stage occur side by side and merch into each other.

**Glow stage**. This process occurs only with solid flammable substances such as wood, paper, textiles and plastics. When these materials catch fire, we usually see flames first. Once the flames are gone, the remainder of the materials start to glow from the heat. In this process, the temperature released is quite high, this can reach above a 1000 degrees Celsius. For example, if you think about a barbeque that you light, first you will see flames, then the coals start to glow. If oxygen is added to this, then the flames will immediately flare up again. In this process, there is a shortage of flammable gases that emerge from the solids and there is a shortage of oxygen as well. It can be said that a fire might start with smoldering, then change to glowing after which the flames come. However, a fire can also begin with flames, proceed to glow and then end with smoldering.

**Kinds of fire**

There is a classification of fires according to the nature of the flammable substance. There are five classes:


Fire class A.  Fires of solid substances e.g. wood, paper, and textiles


Fire class B. Fires of liquid of liquefiable substances such as oil's, grease, tar and plastics


Fire class C. Fires of gases such as natural gas, propane, butane and LPG


Fire class D. Fires of metals magnesium, aluminum, sodium and potassium.


Fire class F. Fires of oils or grease frying grease, frying oil, vegetable oil

These pictograms are displayed on the portable extinguishers. This means that the extinguishers are suitable for the fire class(es) shown on it.

**Small extinguishers**

Small extinguishers are commonly used in practice to extinguish a starting fire. Smare extinguishers can be divided into:

- Portable extinguishers.
- Fixed fire hose.
- Fire blanket.

Portable extinguishers are only suitable for a starting fire, since they have a limited amount of extinguishing substance. As a result, the operating time of the extinguisher is rather short on average, about 20 to 30 seconds.

The extinguishing substances are divided into:

- **Dry extinguishing substance** such as powder, sand or fire blanked
- **Wet extinguishing substance** such as water, foam or steam
- **Gaseous extinguishing substance** such as Carbon dioxide (CO2)

Overview function of the extinguishing substances:

- Powder works flame breaking.
- Sand works covering, no more oxygen is added.
- Fire blanked works covering, no more oxygen is added.
- Water works cooling, it brings the ignition temperature down.
- Foam works covering, no more oxygen is added, and it cools the fire.
- Steam suppresses the oxygen.
- CO2 suppresses the oxygen.

**The door procedure**

If a door needs to be opened from a space where there is probably a fire, you don't just do so. If you just do so the smoke built up will come out, the smoke is toxic and is threatening for the life of the emergency response officer. There is also a chance of a flash fire occurring due to the sudden entry of extra oxygen when you open the door. We distinguish two types of doors with these procedures: a forward swinging door and a backward swinging door.

We will check the door with our hands; we will do this with the back of your hand. This is way more sensitive than the palm of your hand, which has calluses on it where heat can't be felt as well. Hold the back of your hand close to the edges of the door. When doing so keep some distance from the door. Due to the possible heat don't place your hand directly on the door. You will drop down along the seams of the door; on the way you may come across a door handle and hinges which we check for heat as well. We check the door handle after we have checked the whole door. When you inspect the door handle you are still using the back of your hand. If you do this using the palm of your hand, you could get a pinch reflex if the door is hot or under power.

If the door doesn't feel warm, put the back of your hand on the handle. If you feel heat, you can assume that there is a fire and keep the door closed. So, what are you going to do?

You are going to warn the persons in the area's next to the fire, you have someone alarm and you cool down the door with a Fixed Fire hose.

The door is not too hot, and you decide to open the door. First check in which direction the door opens and make sure you have an extinguisher close by.

- If the door is turs away from you (Forward swinging, towards the room of the fire), go to the side of the door handle, get down on one knee, sit with your back towards the door handle behind a wall, grab the door handle and open the door slightly. Look at the top of the door. If there is no smoke or fire, you can look into the room.
- If the door tuns towards you (Backward swinging, away from the room of the fire), go sit behind the door on one knee and one foot four to five inches from the door, face away from the door and open the door, open it until the door hits your foot and look at the top of the door. If there is no smoke or fire, you can look into the room.

In either case, if you see a fire or smoke development close the door immediately, go to alarm and evacuate the immediate area.

## Dangerous substances

Dangerous substances carry a warning label. From these labels and the R- and S-phrases you can tell which substances are in the packaging. The R-phrases give you information about the risks. The S-phrases say something about safety and storage. Make sure that there is a list available which has statements on it from the R- and S-phrases. In the event of an emergency involving dangerous substances, you always have to notify the fire department. A MSDS sheet or safety data sheet must be present of every dangerous substance. Here you can see what first aid or firefighting measures you can take.

Corrosive

Oxidizing

Environmental hazardous

Flammable

Explosive

Long-term harmful effects

Poisonous

Irritating

Gas Cylinders (Pressurized containers)

# 10. Evacuation

Because of various reasons it might be wise to evacuate a building, these reasons include a bomb threat, fire, explosion, flooding, an accident involving dangerous substances, toxic gasses or as a result of an emergency in the surrounding area. Evacuation is necessary in some cases to allow people to escape acute danger, but most of the time it is a preventive measure. In other words, it is about preventing people from getting into a dangerous situation. In almost all cases, it is desired for the evacuation to take place quickly. Therefore, it is necessary to prepare the evacuation properly. The preparation includes developing (and keeping up to date) an evacuation plan, making provisions in the building and regularly practicing fixed evacuation procedures.

**Evacuation plan**
The evacuation plan is a step-by-step plan outlining how to proceed when a building must be evacuated. The plan includes a checklist, with floor plans of the building or buildings. It also includes the authority of the emergency response officers, how to evacuate, how to control is arranged and many other important points of attention. Although the evacuation plan differs for every company, in every case it contains a number of points such as:

- Who initiates the evacuation?
- How is the internal alerting of supervisors arranged? (For example, group calls, personal calls or an alarm for all)?
- Which officers perform monitoring?
- Where do the employees gather?
- Who registers attendance at the gathering point?
- Is the evacuation arranged per building, block or floor?
- Who receives the professional emergency responders and where?
- What are the duties of the emergency response officers and staff?

Much depends on the kind of business and the type of building. Keep in mind that an evacuation plan only is of real value once it is regularly tested through an exercise. Check with your company where your evacuation plan is located and make sure you know the content of the plan.

**There are two laws that require or make it necessary to have an evacuation plan:**

- **Building act:** this only applies to buildings that have a fire alarm system or evacuation alarm system.
- **Occupational Health and Safety act:** As part of health care, each organization is obligated to guarantee a safe stay at the location for volunteers and visitors.

With an evacuation plan, you ensure that your company fulfills these requirements. The evacuation plan contains agreements and procedures on how to act in the event of an evacuation. The evacuation plan also contains what is expected from the emergency response officers in case of an emergency (fire, bomb threat, power failure, etc.)

**Customized evacuation plan**

BHVNederland can provide your company with a customized evacuation plan for your building and companies, which complies with the NEN 8112. This is guideline that fire departments in the Netherlands use when approving an evacuation plan for a building. This ensures that your evacuation plan meets the legal requirements and, more importantly, that it works well for your organization.

Method of evacuation

If a building must be completely evacuated, it is done in three stages:

1. The floor where the incident takes place.
2. The floors directly above and below of the floor where the incident takes place.
3. The rest of the building.

If buildings are divided into fire compartments, it is often not necessary to proceed to an entire evacuation of the building. In most cases, the spread of fire and smoke is limited to the fire compartment where the fire started.

The evacuation can take place according to phases:

Phase 1: Horizontal evacuation

1. The room where the fire started.
2. The opposite spaces.
3. The adjacent spaces.
4. The adjacent, adjacent spaces
   etc.

Phase 2: (partial) vertical evacuation

1. The floor where the fire started.
2. The floor directly above.
3. The floor directly under
   Etc.

Phase 3: General evacuation
Finally, we can proceed with a general evacuation. Escort all those present by a safe route to the assembly point. This prevents all attendees from exiting through the same exit and causing collisions (accidents)

**Tasks of an emergency response officer:**

In case of an evacuation the emergency response officer has the following responsibilities:

- To make sure that everyone leaves their workplace calmly and goes to the assembly point.
- Check whether your assigned area has completely evacuated.

- Report findings to the leader of the emergency response team or the person responsible for the department or floor.
- Register those present at the assembly point.

**Exploring a room**

When you have to explore a room or building during an evacuation, the following points are important:

- Always work with two emergency response officers at the same time
- Start on the side of the greatest danger.
- Never go through smoke, stay away from fire
- Walk back systematically: go around to the left, then back to the right.
- Don't walk past adoors.
- Return as soon as you see smoke or fire and report it to the leader of the emergency response team.

# 11. Good to know

**RI&E**

The occupational Health and Safety act Chapter 3 Article 15 is the basis for emergency response. To know whether there are enough emergency response officers present at a location, you can use the results of the RI&E

**Risk-inventory and -evaluation (RI&E)**

The RI&E is a list of potential risks. With this list, companies can map out their risks. Because only when you know what kind of risk exists, you can take the right measures. With the RI&E, a plan of action (PoA) is drawn up. The PoA states who will take the measures and when. By carrying out the PoA, companies can work safer and healthier.

Topics covered in the RI&E are:

- Emergency response.
- Equipment of workplaces and workstations.
- Physical strain and screen work.
- Undesirable behavior and work pressure (Psychosocial Workload (PSA).
- Work and rest periods.
- Dangerous substances.
- Environmental factors.
- Machine safety.
- Personal protective equipment, safety and health signage.
- Occupational health and safety and organizational labor.
- Working from home.

**The labor inspection says the following:**

“Every company with personnel must investigate (or have investigated) whether the work can cause danger or damage to the health of employees. This investigation is called an RI&E and must be recorded in writing.” The Risk Inventory & Evaluation (RI&E) has now been made mandatory for some time for all employers: with the exception of self-employed entrepreneurs without staff. The Plan of Action (PoA) is a mandatory part of the RI&E (Occupational Health and Safety Act)

**In short sentences, a risk inventory and evaluation must answer the following questions:**

- Have there been any accidents in my company in the past?
- What could go wrong with my company at this moment in order for accidents and/or absenteeism to occur?
- How likely is it that this will happen?
- How do I minimize this risk or damage if it does go wrong?
- What measures are needed? And how do I implement them?

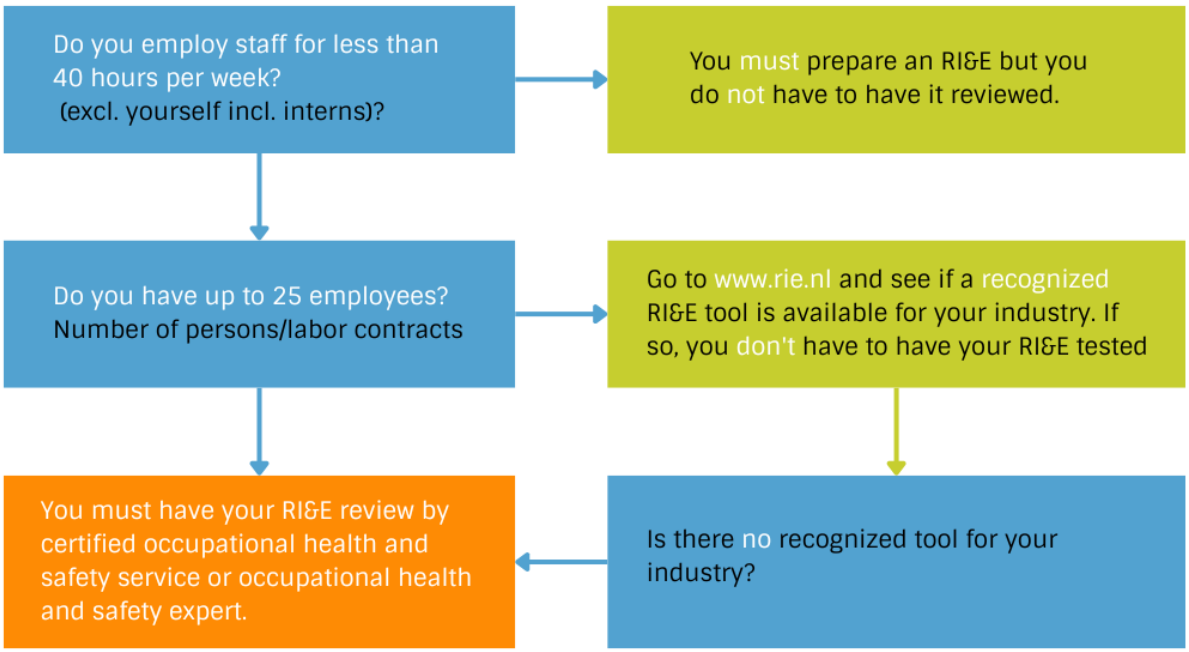
- How do I ensure that these measures continue to work?

**Reverse risks in three steps:**

Step 1: Inventory. All problem areas on one list.
Step 2: Evaluation. Sort the risks, the most important at the top.
Step 3: Plan of action. Who does what and when?

**Implementation:**
During our visit to the location(s), we test the organization in terms of legislation. Using the labor Inspectorate's checklist, we will go through all the topics and assess them. To do this, we will walk around the organization and speak with different officials within the organization.

**Assessment:**
In the plan of action, the employer must indicate in which period of time his company will take concrete measures against the inventoried risks, and what these measures will yield.



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