"I feel that if people are conscious enough of a problem to moan about it, they should be prepared to do something about it. If everyone moans but nobody does anything, then nothing will ever change. And if you're not empowered to do it, why would you expect someone else to do it. The way I see it we're all adults, and are responsible for our own actions.

Changes don't have to be trust wide or expensive to make a difference. Even small things like buying rubber mats to cover electrical wires can reduce the number of slips, trips and falls. So it can involve quite small changes, but if nobody makes them then nothing will change.

You get a great sense of achievement being a safety representative. Quite simple things can make a big difference to a lot of people.

As a safety representative, I have access to up-to-date, higher level information. It gives you a lot of knowledge and power within the workplace; safety representatives are resources for other staff to use. I provide information and advice, not just to staff nurses on the wards, but to my own manager and above.

My own experience of moving from one part of the trust to another made me realise that there can be pockets of good practice and pockets where things are not so up to date. Although there's strong commitment to health and safety (H&S) at senior management level, the message can get lost when it is communicated down to staff level. Safety representatives help to bridge that gap.

Some of the changes made been within my own unit, but as other staff or students come through the unit, they get first hand experience of the benefits of good health and safety practice, and gradually spread the word.

Issues addressed: infection control
I worked on a surgical unit for nine years. I moved to work in intensive care and was surprised that some of the practices were out of date compared with procedures used on a surgical unit. Intensive Care Units (ICUs) are small units and can become insular. When I went there, I felt procedures needed to be brought up to date. I raised issues at meetings and my own unit was happy to bring in change. Issues were mainly raised through the monthly staff meetings within the ICU. It's a way of creating awareness and reminding staff of latest policies and procedures on things like infection control.
**Needle-stick injury/latex allergy**

I used publications and materials to raise awareness of these issues in the multi-disciplinary H&S meetings trust wide. I gradually introduced people to these issues and since then have had senior nurses/modern matrons in different parts of the trust asking for more information and taking forward these issues in their own areas.

It’s difficult to measure fully the impact that raising awareness has, as there are problems in general with incident report forms (IR1s) being under-reported but I feel it had made a difference.

**Manual handling**

It’s been instrumental in updating practice, which is a benefit to both patients and staff. I attended a manual handling facilitator’s training course, worked with the unit manager and trust manual handling coordinator, then undertook a risk assessment in the ICU, and reviewed the type of equipment in use and the type of patients.

As a result we introduced a programme to update staff in manual handling, and bought new equipment that was required. The results of the risk assessment were fed back to the H&S group (a trust wide multi-disciplinary group that meet every three months), and it was through that group that some of the funding required for the new equipment was obtained.”

**Becoming a RCN safety representative**

If you are interested in becoming a safety representative you can find further information on the RCN website [www.rcn.org.uk/support/becoming_activist/how_to_become_a_representative](http://www.rcn.org.uk/support/becoming_activist/how_to_become_a_representative)