# TEDAILY HAZARD

# Hospital fined after fungus escapes

The United Medical and Dental School (UMDS) at Guy's Hospital, once the flagship hospital in London for the NHS reforms, has been fined £1,000 with £6,000 costs for two breaches of the Control of Substances Hazardous to Health (COSHH) Regulations. This resulted from the uncontrolled release of two pathogenic fungi more normally found in the soil in the United States and South America.

An experiment went wrong in a laboratory which did not have the required level of containment. The release may only have been detected some days after it occurred, during which time more than 20 workers could have been exposed to the fungi which can cause a fatal respiratory disease. It is also possible that the fungi could have entered the hospital's general air handling system, infecting others and escaping to the environment. All workers possibly exposed to the fungi



Hospital laboratories, with the risk of exposure to hazardous chemicals and biological organisms, can be dangerous places to work

were given health tests and shown to be free of infection. However, one of the fungi has an incubation period of up to 40 years, so it will be some time before the workers can be fully confident they have escaped.

A complex decontamination pro-

cedure had to be carried out and the laboratory, which is usually used for tuberculosis testing, was out of action for a week. The hospital management had been instructed by the Health and Safety Executive (HSE) some 18 months prior to the release that the laboratory needed to be upgraded but lacked the funds to carry out the necessary work.

The UMDS management was convicted of a failure to prevent exposure to a substance hazardous to health (COSHH Regulation 7) and to provide sufficient information (Regulation 12). They were acquitted of a further charge of failing to write a suitable and sufficient risk assessment (Regulation 6) after expert defence witnesses claimed they could not possibly have foreseen the accident which occurred. UMDS is to appeal against the convictions. Immediately after the case finished, the management put out a special issue of their in-house newsletter to all staff, giving their version of events. UMDS was able to deploy a galaxy of lawyers against a HSE inspector before a lay magistrate. This seems an unsatisfactory means of setting precedents with far reaching consequences in such technical matters.

However, the point that COSHH covers biological organisms as well as chemicals has been reinforced. Medical laboratory managers in both the public and private sectors are going to have to review their risk assessments as a result of this case. Members of the public might also like to reflect on the fact that one of the leading hospitals in the country apparently doesn't have the money to handle dangerous pathogens properly.

# PRIVATIS ATION It can cost an arm and a leg

Since Ealing's Technical Services have been contracted out by the former Tory Council to BRETS, a company owned by the US multinational Brown and Root, there have been two serious health and safety incidents. It wasn't BRETS' workers who suffered though, but council employees.

The first incident took place when Mr Burry, who works at Gurnell Leisure Centre, received a severe electrical burn to his hand while investigating the possibility of a fire in the ventilation machine room. The safety interlock on the door of an electrical switch box had been

deliberately defeated. When operated properly it impossible for anyone to be burnt or shocked in the way that Mr Burry was.

The other incident involved the collapse of a disabled persons' stair lift; fortunately the person using the lift wasn't injured; but the care worker was! Both these incidents could have resulted in the deaths of workers, were completely unnecessary, and the result of unsafe working practices. The hurried privatisation of services by a Council driven by dogma must also be seen as a factor in these accidents.

If thorough health and safety

arrangements had been made prior to privatisation, the probability of workers being injured in this way would have been minimised. The privatisation of Council departments replaced the commitment to public service with a suspect profit motive. The citizens of Ealing showed that they had had enough of it in the borough elections but Council staff are still having to live with the consequences. A former council employee said,' Since BRETS took over the change has been colossal. Even their safety manual is secret and the safety committee have been refused a copy.

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# Teaching staff are close to breaking point



Jane Paul of the broadcasting union BECTU, Maggie Alexander from the London Hazards Centre and Rosemary Morris, NATFHE health and safety representative, at the launch of Hard Labour

'His eyes were full of tears, he was distraught,' said Rosemary Morris, NATFHE (University and College Lecturers' Union) health and safety representative, describing a colleague under pressure. She was speaking at the launch of the new London Hazards Centre publication, Hard Labour: Stress, ill-health and hazardous employment practices.

A constant round of preparation, marking and administrative tasks and the lack of any secretarial assistance, combined with increasing student numbers are bringing teaching staff to 'breaking point'. After the results of a survey showed that more than two thirds of staff recognised themselves to be 'burned out', citing increased administrative tasks and an authoritarian management style as the major causes of stress, Rosemary's branch decided to take a motion to NATFHE conference this year. The motion was passed, committing the union to a 'year of health and safety' with stress as a major

# RSI Action Week in October

The Health and Safety Executive (HSE) has called for a workplace action week from 17-21 October. As part of their Lighten the Load campaign, the HSE suggests that the emphasis of activities should be on musculoskeletal disorders, better known as RSL.

The HSE has produced a free booklet encouraging employers, unions and others interested in health and safety to organise events during the week. Copies can be obtained by calling the freephone number 0800 500565. UNISON and MSF, among other unions, are encouraging their branches to raise awareness of RSI and lifting and back injuries as a trade union issue by:

- conducting a workplace inspection during the week with a special emphasis on work activities which can lead to RSI or back injuries
- calling a special members' meeting on RSI
- planning a day or week of activities through the Safety Committee
- issuing a special newsletter on health and safety
- running a stall in the workplace.

The TUC's RSI campaign is also using the week to promote activity. A range of leaflets have been produced: supplies can be obtained at £20 per 1,000 by contacting Owen Tudor on 071 636 4030. The London/South East campaign has invited an HSE inspector to its next meeting to put the case for stronger enforcement of the Display Screen Equipment Regulations against employers who are making no effort to bring their VDU workstations up to par. An approach is going to be made to a number of major un-unionised employers in the South East to enquire what they plan to do during the week of action and offering to organise events for their workers. All the evidence is that large numbers of workers in many different sectors of the economy are falling victim to RSI and action is badly needed to combat this affliction. Let's hope there is a lot of action in October and this is the prelude to bigger events next year on Workers' Memorial Day and during National Hazards Week.

# Radiation report threatens VDU agreements

Union representatives who have negotiated right-to-transfer terms for VDU operators who are pregnant or planning to become pregnant should watch out for threats to those agreements following the publication of a report\* from the government's National Radiological Protection Board (NRPB).

The NRPB set out to 'review work on the biological effects of non-ionising radiation relevant to human health' and concluded that there is no increased risk of spontaneous abortion (miscarriage), fetal abnormality, cataracts or skin diseases for VDU operators, and that further research is unjustified.

Such a report would be welcome — if it was based on clear evidence that VDU operators' worries are unfounded. But close examination shows that it is far too soon to come to such a sweeping conclusion.

These are some reasons for continuing to keep an open mind about VDUs and pregnancy:

• The report is a review of research that has been carried out by other scientists — it is not original research i.e. the authors have produced no new results.

The review does not encompass all research into VDU hazards — just the authors' selection of particular studies

• The report recognises that findings have shown that electric fields of the type generated by VDUs can affect nerve cell growth, embryological development and immune cell function. However, for every experiment which shows an effect, the authors discount the results on the grounds that they have not been repeated, or that the experiments were flawed, or that the results have different significance if analysed differently. This argument about failures in experimental design is not applied to studies which do not show a significant effect.

• Despite several studies showing an increase in skeletal abnormalities and 'post implantation deaths' in animals,

the report concludes that these results have no relevance for exposed pregnant women. They appear to be using the argument that one positive result cancels out one negative result, which is open to question.

• Despite a number of studies which show that women working 20 hours or more at a VDU may be at increased risk of spontaneous abortion, the review argues that experiments specially set up to examine this have failed to produce conclusive results, and that these previous studies were 'weaker' in design. But one of the key 'special studies' relied on for this conclusion only involved 250 VDU workers.

• The report deals only with the effect of radiation from VDUs on reproductive health. But stress, ergonomics and other workplace factors may singly, or in combination, also affect reproductive health.

\* Health effects related to the use of visual display units, National Radiological Protection Board, 1994.

## COCKROACHES

Cockroaches are among the oldest creatures on earth. Fossils not so different from modern cockroaches have been found in 250 million year old rocks. They are also ubiquitous; though originating in hot climates they are now found everywhere. In cooler climates they live predominantly inside warm human habitations. A survey of local authorities in England and Wales in 1993 found that over 80 per cent of authorities had infested premises. More than 60 per cent of hospitals are infested. Cockroaches are large, robust insects with whip-like antennae and two pairs of wings. The most common species in Britain are German and Oriental cockroaches: **Brown-banded and American** varieties are also found (the names have little real bearing on the origin of the insects). Adult cockroaches live about 4-14 months, during which time females can produce up to 50 oothecae (egg sacs). Each ootheca contains 12-30 eggs. A female German cockroach would produce about 150 live offspring in an average 8 month lifetime.

## Where cockroaches are found

Cockroaches like:

- concealment
- comfortable temperature
- food and moisture
- society

Cockroaches like to avoid daylight and hide in cracks and crevices, known as harbourages. They eat almost anything, ncluding cardboard, and come out to forage at dusk and early night. They thrive at temperatures of 20-35°C, more towards the higher end of the range They need access to water. They stay together in groups. They are mostly found in kitchens and toilets, e.g. behind cookers or in laundry baskets, at the backs of drawers, behind peeling wallpaper, etc. They move along water pipes and air ducts. Tower blocks are particularly vulnerable to infestation because of the ease with which cockroaches can move through the building. The design of buildings and the materials used in their construction can facilitate the spread of cockroaches.

Cockroaches can walk, run, jump and sometimes fly. But probably their main movement from building to building is in transported goods; this can even occur in ships and aircraft.

# Cockroaches and disease

There is a possibly apocryphal story of the effects of cockroaches in a clean but overcrowded dwelling where a large number of children occupied a single bedroom. it was observed that none of the children had evebrows and it was discovered that cockroaches were feeding on the eyebrows while the children slept, there being no other source of food available. Whether or not this story is true, cockroaches are implicated in the transfer of disease. They are bearers of pathogens such as salmonella and staphylococcus. They have been associated with outbreaks of gastroenteritis, typhus and skin diseases. They taint human food. They are a particular menace in hospitals.

Contact with cockroaches can lead to a number of allergic illnesses, including dermatitis, urticaria (another skin disease), rhinitis, bronchitis and asthma. Laboratory workers involved in the breeding of cockroaches for research are particularly prone to these conditions.

Some people have an aversion to cockroaches amounting to phobia and can suffer anxiety when in the presence of the insects.

## Keeping cockroaches out

Cockroaches are vermin which should be denied access or which should be eradicated if they obtain access.

Good hygiene is essential in preventing or limiting infestation, it is vital to deny cockroaches food, water and shelter. Dishes should be washed promptly, food stored in tightly sealed containers, working surfaces kept clean, and all scraps and crumbs cleared up. Rubbish should be kept in containers with tight lids and the bags properly sealed when moved outside. Water spills should be mopped up and all water leaks, sweating pipes, etc. repaired. Remove any clutter where cockroaches might live and mend any holes and cracks in walls. Seal openings around pipes, remove paint and loose wallpaper and replace broken tiles.

# Insecticides and other treatments

Eradication of an infestation is a professional job, if complete and permanent removal of cockroaches is to be achieved. Some of the older insecticides can be purchased by members of the public but more modern and effective chemicals are only available for professional use. Insecticides are toxic and present a risk to the user unless properly employed. Once cockroaches have appeared in a block of dwellings, treatment is needed throughout the block to bring about eradication. Both home owners and tenants should report the presence of cockroaches to local authority Environmental Health Departments and demand that eradication is carried out.

Eradication begins with trapping and monitoring. Traps are open cardboard boxes placed near harbourages, coated on the inside with adhesives, and containing bait which consists of food mixed with secticide. For blocks of flats, a representative selection of flats (say 15-20 per cent of the total) needs to be chosen. The number of cockroaches trapped indicates the extent of infestation.

Once this is established, a treatment strategy has to be applied. Wandsworth Council employs five levels of treatment based on the extent of infestation:

- four double treatments per year on a quarterly basis, including four trapping programmes associated with double treatment
- four single treatments per year with trapping each time
   one double treatment per year with trapping
- 4. a single annual monitoring visit
- 5. one-off treatment of individual dwellings

Many different insecticides in many different formulations have been tried to kill or repel cockroaches. One of the oldest, borax, is one of the most effective. Among the older types of insecticides used are organophosphates,

carbamates, organochlorine compounds and pyrethroids. However, there are drawbacks to these chemicals:

- they are not particularly effective in killing cockroaches
- while they do kill cockroaches in the immediate area of application, they are not effective in reducing the overall population
- resistance to pesticides is growing among some strains of cockroach
- some have a limited effective lifetime, requiring repeated applications
- they are toxic to humans
- they have undesirable environmental effects

More recently, attention has focused on the insecticide hydramethylnon (main trade name Maxforce) and the juvenile hormone hydroprene (main trade name Protrol). They are often used in conjunction with the drying agent Drione; the cockroaches die from dehydration.

Hydramethylnon can be applied as a gel near harbourages and disrupts the cockroaches' metabolism. Cockroaches are cannibals and this assists the spread of the pesticide. Though slower acting than conventional pesticides, hydramethylnon has a very high kill rate.

Hydroprene acts by preventing cockroaches from reaching sexual maturity and therefore from reproducing. It does not affect adult cockroaches and is usually used with a conventional insecticide. It is reported to be 100 per cent effective. At the moment it is only permitted for use in spraying but research is taking place into other ways of applying it. Other juvenile hormones are also being developed.

Hydramethylnon and hydroprene are not regarded as significantly toxic for humans but caution is advisable. This may be due to their recent introduction and the lack of appropriate research. But they are a definite improvement on previous chemicals.

#### Taking action

Some councils now try to

inform residents of the health effects of cockroaches and the importance of block treatments in eradication and to persuade residents to cooperate with treatment programmes. Residents' and tenants associations have a vital role to play in dealing with cockroach infestation by:

- educating their members about cockroaches by leaflets, posters, public meetings, etc.
- persuading their members to agree to access to dwellings for trapping, monitoring, and pesticide application
- bringing pressure to bear on councils to ensure eradication programmes are implemented
- ensuring that the pesticide and application method and frequency are not dangerous to people.
   Complete information about the chemicals, method and precautions should be provided and residents should be able to question council officials before treatment begins.

Councils are able to take action under the Public Health Act 1936 to obtain access to premises and carry out treatments. Council officials must obtain a warrant from a magistrate and can enter at 24 hours notice.

Conversely, residents have a right to require councils to carry out eradication and this has been sustained in a number of court cases. A tenant obtained over £10,000 compensation from Tower Hamlets Council in 1993 after her flat had been infested for over 10 years. The County Court ruled that the Council's negligence resulted in 'severe and persistent nuisance.'

The cockroach population increased rapidly in the 1980s but it is now possible that it is being held in check, though no-one really knows. However the combination of public demands for action and the advent of more effective eradication methods do provide an opportunity to bring this major public health hazard under control.

# Victory for tenants over Jubilee job

Residents of the St. Crispin Estate in Bermondsey must endure construction work on the Jubilee Line extension going on literally on their doorsteps. Concrete is being pumped under buildings to stabilise them during and after tunnelling. Two massive holes have appeared right beside peoples' homes. Tenants were forced to stop the work in order to protect themselves from the dangers of construction machinery.

Residents were not consulted initially about the work or the safety implications. They were just sent a letter from construction firm Aoki Soletanche just stating they were going to do the work on behalf of London Underground Limited (LUL). Tenants became angry when machinery was driven onto public areas where children play. There was no fencing or safe working method to separate the machinery from residents and children. Workers driving dumper trucks shouted at people to get out of the way. This occurred just at the start of school holidays.

When tenants complained they were rudely dismissed and ignored. So they blockaded the site with cars and prevented access for 10 days, stopping the work. They were supported by Construction Safety Campaign.

A letter was sent to the Health and Safety Executive (HSE) ex-

pressing concerns about the work and the risks to children. The HSE agreed that safety barriers were necessary but this was ignored by the contractors.

A concrete pillar blocking traffic access to the estate was then smashed by the construction team and a large excavator moved in Residents reacted by blocking the machinery's exit. There immediately followed meetings with LUL representatives where site security was discussed but no action was taken. Residents sent another letter to LUL, HSE, and their MP and Councillors, and LUL finally gave in to their demands.

LUL secured the whole site with fencing and provided a play

area for the kids. They also provided a play group leader and a bouncy castle and promised two day-trips every week for the

There was worry about older children getting into the main site at night. LUL provided a 24 hour security guard system. Individual properties had no fences and these have been provided, with gates and child proof locks.

Local resident Ann Crispin said, We never got together to fight for improvements in the past. But we were treated so poorly and subjected to such serious risks we got united, started fighting, and won! We will be watching the site closely to ensure they work safely.'

### Safety campaigner dies

London Hazards Centre workers and management council members were stunned by the tragic news that fellow safety campaigner, Tommy Harte, died recently of a heart attack. A tireless worker for Birmingham's Health and Safety Advice Centre and the Hazards Campaign he will be missed by us all. There are few people indispensable to the Hazards Movement but Tommy was exactly that. Tommy's greatest achievement was to develop Workers Memorial Day, 28th April, as a national day of activity. The Memorial Day slogan is a fitting epitaph: Remember the dead; fight for the living.

Anyone who wishes to write to Tommy's family and friends can send a letter to The Union Club, 723 Percher Road, Birmingham B29. Tommy's family wishes any donations to be made to the Union Club itself.

- Hard Labour: Stress, ill-health and hazardous employment practices. August 1994. £6.95
- VDU Work and the Hazards to Health. August 1993. £6.50 Protecting the Community: A worker's guide to health and safety in Europe. May 1992. £9.95
- Basic Health and Safety: Workers' rights and how to win them. June 1991, £6.00
- Repetition Strain Injuries: Hidden harm from over-use. January 1988. £3\*/£6.00
- Out in the Open (supplement to Repetition Strain Injuries). January 1993. £1.00 (free with Repetition Strain Injuries.
- Sick Building Syndrome: Causes, effects and control. June 1990 \$450
- Fluorescent Lighting: A health hazard overhead. March 1987. £2.00\*/£5.00
- Toxic Treatments: Wood preservative hazards at work and in the home. January 1989. £5.95
- After the Sprayer: investigation and treatment of ill-health caused by wood preservatives and how to get help. January 1992. Factsheet. £1.00
- ▲ Factpack: Set of factsheets from the Daily Hazard. £5.00
- ▲ Daily Hazard complete run: £25.00
- \* Price to community/tenants/union groups.

Add £1.00 post and packing up to the first £10.00 worth of books, add an additional £1.00 up to each subsequent £10.00 worth. Discounts for 10 or more copies. All orders must be accompanied by a cheque made payable to London Hazards Centre. HAZLIT is London Hazards Centre's library database. For information about on-line access, contact the Centre.

## **Deregulation:** bonuses for bosses

A recent report\* by Charles Woolfson of Glasgow University examines the history of the Robens report in the period leading to the 1974 Health and Safety at Work (HSW) Act to explain firstly, why health and safety legislation is open to attack by the Government, and secondly, why the current deregulation exercise does not command support, even among the Government's friends.

Woolfson argues that although a study commissioned by the Robens Committee showed that most workplace accidents were caused by 'breaches of common law duty of care by employers', it was decided that a prescriptive approach would not succeed. Thus the policy of persuasion and a broad, goal-based, legal framework has been in place for twenty years.

However, a policy of flexible compliance which allows a Government to move the goal posts, also ensures wide support for current legislation among businesses. Woolfson argues that employers want to maintain the status quo because it is 'congenial to business'. Business has it easy and individuals are hardly ever prosecuted. For those that are prosecuted, the average fine in 1992/3 was just £1,384.

\* Deregulation: the politics of health and safety. A report prepared for the STUC in conjunction with the International Centre for Trade Union Rights. University of Glasgow, 1994.

The Centre Management Committee and Staff would like to thank all those who responded to our recent appeal. In addition to the donors listed in Daily Hazard No.43, the following have responded to our appeal. Your support is greatly appreciated.

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