

NO.81 MAY 2004

THE

News from the London Hazards Centre | [www.lhc.org.uk](http://www.lhc.org.uk)

# Daily Hazard

ISSN 0269-2279

## Death at the National Stadium



*The Wembley Stadium construction site emptied on Workers' Memorial Day (28 April) as hundreds of workers marched in memory of Patrick O'Sullivan, crushed to death there by a falling scaffold in January.*

We print Patrick O'Sullivan's daughter Margaret O'Sullivan's speech in full as a reminder of why it is still necessary in 2004 to remember the dead, but fight for the living.

Meanwhile, we still wait for the corporate killing law promised by the government since its election in 1997.

“I find it difficult to believe that I am standing here today talking to you with the utmost sadness about my father, Patrick O'Sullivan.

He was a man of great talent, wit and dedicated to his family.

On the 15th January, our lives changed beyond recognition when my father was killed here, at Wembley.

My mother became a widow at the age of 54 and John and I lost our father.

How does it feel to lose someone so precious in such a horrific and unjust way?

*Site workers sweep along the Olympic way, supported by the Construction Safety Campaign, the Mayor of Brent, TGWU, GMB and UCATT, and heralded by the bagpipes.*



*'Built on sweat and blood,' the stadium steelwork towers over Margaret O'Sullivan's head as she delivers her indictment of the building industry.*

It seems almost impossible for me to convey the trauma and sense of loss my family has been enduring for the past 3 months.

My father arrived at work early on that Thursday morning, and before most people had even started their working day, my father had been killed.

I will never forget identifying his body...

Such a warm, vibrant, wonderful man reduced to a corpse.

Gone was everything we recognised, all the familiarities of our dad. Where we were so used to seeing a smile and hearing him laugh, we saw only a broken body that had been smashed; and the silence and stillness in the mortuary chapel emphasised we would never hear his voice again, never speak to him, never hold him.

I remember how cold he felt and the blood and dirt in his hair.

I remember when he was lying in his coffin – he still had that dirt of the building site engrained in his fingers. They just couldn't scrub it out.

His last rites were given whilst he lay in the mud at Wembley. The last words my father heard were 'Run, Patsy, run...!!!'

What kind of terror & fear must he have felt?

No one should have to die like that – to be treated like fodder, just



*Continued from page 1*

another payroll number to be struck from the list. Surely a man's life is worth more than that? It has to be.

People try to be kind and say, 'At least he didn't suffer, it was quick...' and that's supposed to be some sort of consolation to Mum, John and me. But the fact is, he was denied an old age, the chance to enjoy his retirement after working so hard all his life. But more so, he was denied a dignified and peaceful death surrounded by his family who loved him.

It was my mum and dad's birthday last month. They were the same age, born only a day apart. On dad's birthday we went to his grave. That day should have been a celebration of a man's life, not the marking of his death.

I had no real comprehension of the dangers he faced at work. He was a carpenter all his life, so too was his father and his father before that. It was a trade that was passed from father to son and he was proud of this tradition. You can see the buildings he helped build, homes where families are now living, landmarks like Canary Wharf, Wimbledon...so many... and now Wembley. Yet all these landmarks were built on the sweat and blood of carpenters, scaffolders, labourers, and the hundreds and hundreds of men who work and suffer within this industry.

How many men have to die? How many fathers, sons, brothers must be maimed or killed before governments say enough is enough?

The level of complacency that exists within construction would never be tolerated in any other industry. And in this, the twenty-first century, men are injured and killed everyday on building sites around the country – most going unreported by the press. It takes a high profile site like Wembley to highlight the appalling safety record that these men are forced to endure.

It's too late for my dad.

His blood was spilt at Wembley and his blood is on the hands of those responsible for his death. ”

# Asbestos: back to s

*From 21 May, it's a criminal offence not to manage asbestos in workplace and public buildings properly. That's when Regulation 4 of the Control of Asbestos at Work Regulations 2002 came fully into force. Recent events in Islington and Dagenham schools suggest that councils and education service contractors are among the many employers not up to speed with their twenty-first century obligations regarding the twentieth century's biggest industrial killer.*

In March, parents, staff and governors of Winton Primary School, Islington, clashed with CEA, the contractors currently running Islington's education services. A few weeks before, school staff had been shocked to discover that classrooms closed for "electrical work" were really being smoke tested as part of an asbestos investigation. The building had to be closed until it could be declared safe.

CEA had been forced to apologise for its communication failures and to acknowledge its duty to consult union safety representatives and inform staff. CEA managers expected to carry out that duty at the public meeting on 13th March by declaring the school safe and re-opening it two days later, in time for the final two weeks of term. Hazards centre adviser David Drury was at the meeting.

By this time the staff, through their UNISON and NUT representatives, had taken their own steps to be informed. They confronted CEA's suits with a survey report that both amosite (brown) and chrysotile (white) asbestos were still exposed both in the boiler room and in the service ducting which runs under the school.

The survey carried out by the HSE-tested Euro Lab Environmental Ltd, and commissioned by Bluestone plc, a construction company carrying out works at the school, also warns of breaches in the fabric of the building which could allow air containing asbestos fibres to flow into classrooms. Euro Lab says these breaches should be sealed and air tests repeated afterwards. The report said access to the ducting or works in the area should be prohibited until the asbestos had been removed under controlled conditions by a licensed contractor.

CEA managers claimed the contaminated area was sealed off from the rest of the school. It was quickly pointed out to them that the door leading to the contaminated area was not only unsealed but had been seen swinging wide open less than half an hour before the meeting started. They defended asbestos as perfectly safe if undisturbed and sealed. It was pointed out to them that this wasn't of much relevance because, according to a second report provided to them by ACE Laboratory, the asbestos in the basement of Winton Primary was highly damaged and unsealed in 19 identified areas.

They further revealed their detachment from reality when they praised asbestos for its excellent tensile strength and thermal insulation properties, but didn't know that the importation and use of asbestos materials in the UK was banned in 1999.

In all, CEA failed to win the confidence of the meeting. They had to agree to keep the school closed until damaged and otherwise dangerous asbestos had been removed.

David also used his visit to see the layout of the school areas above the contaminated boiler room and service duct. Heating pipes and wiring trays lead from the boiler room and mains electricity intake via the contaminated duct. He also examined the cavities and breaches referred to in the Euro lab report between the corridor and class room areas, and the contaminated duct. There was no evidence that any attempt had been made to seal these areas.

UNISON and NUT safety representatives were not consulted by CEA



# School for employers



*Islington's Winton School on a sunny day is like any other school building but Gary's photos of Monteagle School's boiler room show what can lie beneath.*



when the Winton School asbestos problem was uncovered. After its humiliation at Winton, CEA provided union representatives with copies of asbestos survey reports for another 10 Islington schools. Nine of the reports identified asbestos debris and exposed asbestos in basement areas and recommended emergency remedial works. Some of this work was done over the Easter holiday and it is unclear how much is left to do.

## Support group in East London

A similar story is told by Gary McCarthy, site manager at Monteagle Primary School in Barking and Dagenham. Gary had to take the initiative to seal off the school boiler house after a contractor tipped him off to damaged asbestos lagging. The council officer responsible for managing asbestos claimed the site was safe, 'from the comfort of his chair in his office without the courtesy of visiting either the school or myself,' Gary commented. The support of the head teacher and the UNISON branch brought an apology and appropriate action.

If any council understands asbestos, it should be Barking and Dagenham, former site of the Cape asbestos factory and much of London's docklands. Since the 1920s its people have suffered an epidemic of asbestos-related diseases. It now has the highest rate of male mesothelioma (see our Asbestos Diseases factsheet, p7-8) outside the shipbuilding regions, at three times the normal rate, and the worst female rate anywhere, six times worse than normal, with corresponding lung cancer rates. And as elsewhere, asbestos-related deaths are increasing as the history of neglect comes home to roost.

Barking's history underlines why the management of asbestos in schools has to be taken far more seriously. Among its victims have been Fred Lodge, who grew up in a house by the Cape factory, never worked with asbestos, and died of mesothelioma at the age of only 39. Children's growing tissue may be more susceptible to cancer than that of adults.

Barking and Dagenham UNISON and the London Hazards Centre are working to set up a support group on asbestos-

related disease in the borough. A first step is the launch of our joint campaign document, *Rising from the Dust*. As well as Gary's present-day story, *Rising from the Dust* looks at the massive pollution left by the area's industrial history, at the toxic materials used by industries still sited there, and at the possibilities for action by trade unionists and the community.

- ▲ *Rising from the Dust: building a support network on asbestos and environmental disease in Barking and Dagenham.* From London Hazards Centre 020 7794 5999 or Barking and Dagenham UNISON 020 8227 2012; online at [www.lhc.org.uk](http://www.lhc.org.uk).
- ▲ LHC factsheet on CAW Regulation 4: *Management of asbestos in non-domestic premises.* From the centre and on [www.lhc.org.uk](http://www.lhc.org.uk)

## Testing the testers

The HSE's Health and Safety Laboratory runs two proficiency testing schemes for laboratories who identify asbestos. Euro Lab Environmental have passed the Asbestos in Materials Scheme (AIMS) which covers asbestos fibre identification in materials. Counting asbestos fibres in air is covered by the RICE (Regular Inter-Laboratory Counting Exchange) scheme. Participating companies are listed at [www.hsl.gov.uk/proficiency-testing](http://www.hsl.gov.uk/proficiency-testing)



# Katsouris food workers organise

*If you enjoy ready-made snacks and dips, the chances are you've tried some of Katsouris Fresh Foods' produce. Every day Katsouris workers in Wembley, North London, produce about 110,000 ready meals, 150,000 dip pots and 30,000 snack foods. These are distributed to major retailers, such as Tesco (its largest customer), Marks and Spencer, Sainsbury and Waitrose. Every day there are also three to four accidents in Katsouris's three sites, according to GMB Branch Secretary Hiten Vaidya.*

These vary from cuts and bruises to broken limbs and back injuries. London Hazards Centre worker Angie Birtill recently attended a meeting of Katsouris workers who are fighting for union recognition, to find out why health and safety is so central to their organising agenda.

The meeting called by GMB shop stewards Varsha Unadkat, T Sriskantharajah and Krimila Chunilal took place in the Brent Indian Association hall in Wembley on Sunday 28th March. The stewards were joined on the platform by Hiten Vaidya, GMB organiser Tahir Bhatti and GMB shop steward R Murliharan from a neighbouring food production company, Noon Products. Speeches were translated into Gujarati and Tamil and refreshments were provided throughout the afternoon.

Katsouris came under fire from the GMB speakers for its low pay and inadequate sick leave provision, but most of all for its failure to provide a safe workplace for Katsouris's 1200 employees.

Noon Products safety representative R Murliharan (left) describes how union recognition changed things at his workplace



GMB shop stewards Krimila Chunilal (left) and Varsha Unadkat (right) and union organiser Tahir Bhatti (centre, back) organised a packed meeting

degrees centigrade.' Although the Workplace Health, Safety and Welfare Regulations require employers to limit

the time for which workers are exposed, 'in practice this doesn't happen,' one Katsouris employee said. 'You can be making trips to get items from the freezers every 10 minutes and when you get inside you have to climb over boxes and stacks of pallets in order to reach the freezers,' he explained. Employers are meant to provide suitable Personal Protective Equipment (PPE) and rest facilities when workers are exposed to unreasonable temperatures but our source complained that the locker room where his PPE equipment is kept is upstairs 'which meant an extra journey'.

Manual handling and slip hazards are also big issues for Katsouris workers.



PICS: ANGIE BIRTILL / LHC

Workers testified to hazardous working conditions at Katsouris

'There is no limit on the amount of lifting and handling we are expected to do all day,' another employee reported. 'The trolleys used by the company are too small. They are often stacked with as many as 18 full trays of food and big bowls of meatballs. One person is expected to manoeuvre this through narrow aisles. You end up with pains in your arms and back afterwards'.

Varsha told the Daily Hazard that slip hazards were very common at Katsouris because there was often spilt olive oil on the ground and the company did not employ cleaners. Katsouris's welfare provision is extremely poor in Varsha's view. 'There is no proper place to hang overalls or leave shoes. The canteen at the Cumberland site is too small and I have to breathe in smoke from the smoking area whenever I eat there,' she said.

The situation at Katsouris and the attitude of its management towards health and safety is illustrated by the case of a twenty-year-old kitchen worker who took part in Sunday's meeting. This man's foot had been scalded when the nozzle on a pan containing 250 litres of boiling water was suddenly opened. The victim showed us the scars on his foot, which remain months after his accident.

'There was no guard on the cooker when our member was burnt,' Hiten, his Branch Secretary, told the Daily Hazard. 'The company didn't even take him to hospital. The company nurse told him to wait in the canteen where he remained in agony from midday until 5.30pm when I collected him and drove him to casualty.' The GMB officers have since submitted a

compensation claim on behalf of their member. They also secured him full wages during the four months he was off work. Since returning to Katsouris, management

have moved the man to an even heavier job in the packing department.

The HSE has served five improvement notices on Katsouris. 'But these have made little difference,' GMB organiser Tahir Bhatti claims. 'Workers are forced to get the place clean and tidy before the inspectors' visits and that's the only way they know the HSE is coming.'

So Katsouris workers have strong motives for organising. 'Where GMB workers have gained union recognition, health and safety improvements have followed,' Tahir told the meeting. Noon Products shop steward and safety representative R Murliharan agreed. 'We had no safety shoes or first aid facilities before the union got involved. There weren't enough breaks from the cold areas and like Katsouris no information was provided in the languages spoken by the workforce. Since winning union recognition in 1999 many gains have been made. There are now first aid facilities in every area. The company provides information and training in Punjabi and Tamil. We've also negotiated proper sick pay and two weeks extra leave.'

Despite the problems experienced by Katsouris workers and the petty harassment of its shop stewards, its GMB members are determined to succeed. The union is now in its final stages of negotiating a recognition agreement with Katsouris. 'The ball is rolling' according to Tahir Bhatti.

## Refugee & Migrant Workers Occupational Health & Safety Project

The London Hazards Centre is developing a proposal to set up a health and safety advice and training project for refugees and migrant workers in London. We are currently seeking funds that would enable us to provide advice and training to workers who are concentrated in the most dangerous jobs.

Our proposal has so far been received with support and enthusiasm from several refugee and migrant workers organisations including Evelyn Oldfield Unit, Migrant Training and the Refugee Council. We have also received expressions of support from the TUC and several trade unions and a

meeting was held in February to discuss the proposal.

We will be setting up a Steering Committee to guide this project later this year. We particularly welcome refugees and migrant workers to take part in this committee and we would also welcome trade unionists and community activists. The HSE will take part in the committee and admit they need to improve their work in this area

*If you are interested in finding out more, please ring Angie Birtill or Mumtaz Mahmood at the Centre 020 7794 5999 or e-mail [angie@lhc.org.uk](mailto:angie@lhc.org.uk)*



The company nurse left this worker to wait for over five hours before a union rep took him to hospital. Pictures taken just after the incident show skin stripped from the scalded foot.







## Centre supports BME groups

The Greek Cypriot Women's Organisation (GCWO) (pictured) is one of many BME voluntary organisations who have taken advantage of the London Hazards Centre's free training and developmental support in recent weeks.

GCWO was set up in 1982 in response to the growing need for health information and education amongst mainly Greek Cypriot women. GCWO provides a warm and friendly meeting space for Greek Cypriot and other local women. The organisation provides advice and counselling services, alongside classes ranging from English for speakers of other languages to Greek dancing and step aerobics.

Last November, GCWO hosted two LHC training days for Haringey's BME

groups and this year its manager, Kiki Karatzaferi, decided to have a health & safety training morning for the centre's staff and volunteers. 'It gave us an opportunity to brush up on our health and safety knowledge' said Kiki afterwards. 'We're grateful to the London Hazards Centre for giving us this opportunity'.

Other groups benefiting from the BME project this year have included Kurdish Housing Association, Lee Housing Association, London Wildlife Trust, St Luke's Aftercare service, West London Mission and Yad Voezer. If your group has taken part in the BME project and wants further training or developmental support, contact Angie or Mumtaz on 020 7794 5999.

## News shorts

### Who does the DPA protect?

Accident and sickness reports are a vital resource for safety reps. So the new format Accident Book, supposedly compliant with the Data Protection Act (DPA), has caused a lot of trouble, with employers arguing that the DPA prevents them from giving reps access.

Unions have approached this by negotiating local agreements or obtaining a waiver from the worker as data subject.

But it seems that safety reps' information rights may be embedded in the DPA itself, according to David Lucas of Greenwich TGWU.

Under Section 31 (1) of the DPA, personal data processed for certain functions is exempt from the subject information provisions where those provisions would be likely to prejudice the proper discharge of those functions.

Section 31 (2) goes on to include functions for securing the health, safety and welfare of persons at work (s.31(2)(e)) and functions for protecting persons other than

persons at work against risk to health or safety arising out of or in connection with the actions of persons at work (s.31(2)(f)).

The Safety Representatives and Safety Committees Regulations give safety reps a legal function under these heads. So that should be that. We'd be interested to hear from reps on the subject.

▲ Data Protection Act 1998: [www.hmsso.gov.uk/acts/acts1998/19980029.htm](http://www.hmsso.gov.uk/acts/acts1998/19980029.htm)

### Revitalising 'Revitalising'

Only 67 MPs have signed this Early Day Motion (no 997) from Austin Mitchell MP. Has yours?

That this House expresses great concern that the 46 recommendations for improving health and safety at work contained in the HSC strategy statement, *Revitalising Health and Safety*, published in June 2000 have still not been implemented; is concerned that as a result many more employees have had to take time off sick, have been injured, have



## Training

### COURSES TO ORDER

We run tailor made courses on a range of health and safety topics for unions, charities, community groups and councils. Contact us to discuss training for your organisation or workplace.

## Welcome David

Our new advice and training worker is David Drury. David has previously worked in local authority environmental health, while also being active in health and safety as a UNISON rep. He has been involved with the Centre for many years as a UNISON delegate to the management committee. We will miss him from the committee, while welcoming him to the staff team.

## London Hazards Advice Line

Free advice and support for Londoners on health and safety at work and in the community. We aim especially to work with local groups such as tenants/residents organisations, black and minority ethnic networks, union branches, etc. We'll provide the level of support you need, from a single phone call to long-term support for a local campaign.

**020 7794 5999**

suffered permanent disablement and some have been killed at work; believes the failure to implement the recommendations in full has put hundreds of thousands of employees at greater risk of illness or injury; and consequently urges the Government to act speedily to address these concerns.

▲ Signatories list is at <http://edm.ais.co.uk/weblink/html/motion.html/ref=997>



# Asbestos diseases

*There are several diseases associated with asbestos exposure. Not all of them are fatal, but all damage the health and quality of life of those who suffer them. All of them were, and are, predictable and preventable at the time of exposure. Exposure to asbestos dust does not mean anyone will definitely become ill. However, the only sure way to protect against anyone becoming ill is to prevent all exposure.*

*This factsheet gives information about these diseases and their effects.*

## How the diseases start

Asbestos fibres are harmful because they are extremely small and sharp. Ordinary-sized dust is caught and expelled by the body's defences before it can be breathed in to the lungs or swallowed into the stomach, but asbestos slips through. That's why it's the lungs and chest which suffer most, and sometimes the stomach.

At the microscopic level, asbestos fibres are sharp: once inside, they begin to damage the tissues.

There is no known safe level of exposure to asbestos dust. John Gummer MP when Environment Minister said: "One asbestos fibre can kill." However, not everyone exposed will become ill. All we know is that the more asbestos someone is exposed to the more likely it is they will become ill and that the only safe exposure is zero exposure.

Asbestos cancers generally take from 20 to 40 years to develop (the 'latency period'), although much shorter and longer periods have been recorded. Pleural thickening can happen more quickly.

## Diagnosis

It is necessary to get an exact diagnosis from a specialist doctor via a GP's referral. People often refer to having "asbestos" when this isn't a term for a medical condition or "asbestosis" when they mean one of the other diseases.

## Latency

Asbestos cancers generally take 20 to 40 years to develop, although much shorter and longer periods have been recorded. Pleural thickening can happen more quickly.

## Mesothelioma

Mesothelioma is a cancer caused only by exposure to asbestos dust. It grows on the lining of the lung, gut (peritoneum) or very occasionally in the lining of the pericardium (the cavity in the chest where the heart sits). Sufferers tend to die within six to eighteen months following diagnosis.

The disease is sometimes noticed first by a build up of fluid in the area being affected, known as an effusion. This condition can be caused by other diseases such as an infection. The usual treatment is to drain the fluid and check it for any cancer cells.

Otherwise the disease is recognised when a patient reports pain to their GP and a growth is noticed on an x-ray or during a post mortem.

Currently there are several trials of different combinations of therapies and surgery looking to cure the disease or extend the life of the sufferer. It is generally felt that this has led to better care and comfort for the patient but has not significantly contributed to extending life. In April 2004 it was reported that Celebrex (a.k.a. celecoxib), an arthritis drug, shows signs of inhibiting mesothelioma growth.

The government keeps a register of all cancer deaths and all known mesothelioma cases are specifically recorded. Not all mesotheliomas are

correctly identified and therefore a small but significant number of mesothelioma deaths are not officially recognised and recorded. Fewer post mortems are now being done and this may also bring down recorded numbers.

But mesothelioma is sometimes not acknowledged to be caused by asbestos exposure: the government and other authorities say there are a small number of unexplained, "naturally occurring" mesothelioma cases where there is no evidence of asbestos exposure. The London Hazards Centre disagrees with the authorities over this point as there are too few of these cases to be significant, many insufficient investigations into likely sources of exposure, and there is enough potential for casual exposure for asbestos to be regarded as the cause of all mesotheliomas.

Mesothelioma of the lung is usually readily attributed to asbestos exposure. Mesothelioma of the lining of the stomach is a little less readily recognised. There is a real lack of recognition that asbestos can cause pericardial mesothelioma.

## Lung and other cancers

It is officially recognised that asbestos exposure can cause lung and other cancers. This is known because epidemiological studies of asbestos worker deaths show a high lung cancer rate. Until recently the government's official position was that for every one mesothelioma death there are two lung cancer deaths specific to asbestos exposure. Now they only accept one lung cancer per mesothelioma case.

Other governmental and world experts say that even two lung cancers per mesothelioma is a gross underestimation of the likely relationship. The Centre rejects the government's downgrading of the ratio as a cynical number reduction exercise to give a false underestimate of the real situation.



It is, however, very difficult to say whether a specific cancer, other than mesothelioma, was caused by asbestos exposure. This is made even more difficult if the sufferer was a smoker at any time in their life as the interaction between smoking and asbestos exposure greatly increases the risk of cancer.

There is evidence that exposure to asbestos causes cancer of the larynx. It may also cause cancers at other sites in the body, e.g. the gut, colon, rectum and in the ovaries. Much of the evidence is in studies that are very small compared to those that established the cancer and mesothelioma risks for asbestos.

So evidence of asbestos exposure is crucial in any attempt to link cancers other than mesothelioma to asbestos.

## Asbestosis

Asbestosis is a form of pneumoconiosis, a general term for a type of damage done to the interior of the lung by inhaled dust. The lung consists of millions of minute pockets called alveoli where oxygen and carbon dioxide are transferred to and from the blood. Microscopic dust that reaches the alveoli can damage the alveoli walls, causing scar tissue which then puts pressure on the neighbouring alveoli which break and scar, and so on. Over time this reduces the lung's ability to get oxygen into the blood and the result is shortness of breath, which can be extreme. To compensate for this the heart works harder and in the worst cases death comes because of heart failure. Mild asbestosis may not cause any noticeable symptoms but once scarring has taken hold the disease will get worse.

Seriously debilitating asbestosis has mainly affected people who worked unprotected with lots of the raw fibre, so such cases are becoming rarer.

There is no cure for asbestosis. In the latter stages some relief can be gained from oxygen which may be provided by a GP or hospital.

## Pleural thickening

Asbestos related pleural thickening is what occurs when the lining of the lung, the pleura, hardens as a reaction to asbestos fibres in the lung. It can develop on one or both of the lungs. In severe cases it can restrict breathing. There is no cure for pleural thickening and it can reduce the quality of life with extreme cases being potentially life threatening. It is an indicator of previous asbestos exposure and may be a precursor to other asbestos diseases.

## Pleural plaques

Asbestos related pleural plaques are small areas of localised thickening or scarring of the lining of the lung. Generally they are not regarded as causing any disability or symptoms but calcified plaques are regularly reported by sufferers as causing discomfort and considerable pain. Again there is no cure but the condition may be seen as an indicator of asbestos exposure and may be a precursor to other asbestos diseases.

## Making the link

### Post mortem

Following a death in which asbestos may be implicated, a post mortem should be sought to look for disease and for tissue samples to be taken for fibre

analysis. The fibre analysis may be crucial in proving an asbestos link, but a lack of fibre evidence in the tissue should not be regarded as disproving asbestos exposure.

## Recording exposure

Anyone who thinks they have been exposed to asbestos fibre should get it noted on their GP's records. Doctors cannot predict whether someone will or won't become unwell: all that can be done is to record the event in case something indicates a problem later in life.

## Evidencing exposure

Occupational exposure should be recorded in accident books but these are not required to be kept long enough for them to be around if needed forty years on. A letter recognising exposure from your employer should be sought and kept, although this may not be forthcoming. Evidence from your colleagues at work can be crucial in proving asbestos exposure at a later date. In non-occupational cases evidence of exposure should be sought and kept.

## Asbestos factsheets

- ▲ *Management of asbestos in non-domestic premises*
- ▲ *Alternatives to Asbestos*
- ▲ *Asbestos In The Home*

All from the Centre or at [www.lhc.org.uk](http://www.lhc.org.uk)

