

For a future that works – safely!

October saw a massive TUC march against austerity and for work when unemployment especially in the capital is running very high.

At the same time health and safety is under attack as never before.

Following from the Löfstedt Review recommendations last year, HSE are now consulting about removing regulations and the timetable to respond is very tight, some deadlines have passed.

TUC calls for action

In September the TUC passed a motion which said Congress believes that austerity and de-regulation will undermine the protection of workers – particularly in hazardous sectors – noting that UK fire services have failed to address the lessons from recent firefighter fatalities. It agreed it is against the scrapping of the Tower Cranes register, repeal of the “Hard Hat” regulations and against moves to exempt any self-employed from being covered by the Health and Safety at Work Act. It decided to:

- ▲ mount a vigorous political, public and industrial campaign to prevent the weakening of health and safety laws
- ▲ support a lobby of the government to review and revise the decision to cut the Health and Safety Executive budget by 35 per cent.
- ▲ register opposition to the self-employed safety exemption.
- ▲ create more safety representatives among self-employed and freelance workers.

Crane MOT & Hard Hat Regs

It looks like a poor response to the consultations from safety representatives will be taken as consent to this bonfire of protective legislation.



TUC march For a Future that Works October 2012

For the Tower Crane Register: of 86 responses, HSE say “there was no overall clear majority either in favour, or against, the proposal to revoke the Regulations.” For the Hard Hat Regulations of 77 responses they say: “the results of consultation provide no clear support, or otherwise, for revocation to proceed.” But despite the fact there is no clear mandate the HSE Board are proposing scrapping both these regulations.

The Management Regulations

The deadline for the proposal to scrap the Approved Code of Practice (ACOP) for the Management of Health and Safety Regs, which concerns the duty to risk

assess hazards, have management structures in place, protect temporary, new or expectant mothers, young workers, etc has passed.

ACOPs unlike guidance can be used in prosecutions. The Management Regulations say: “If you are prosecuted for breach of health and safety law, and it is proved that you did not follow the relevant provisions of the Code, you will need to show that you have complied with the law in some other way or a court will find you at fault.” No-one has made a case for this, in fact the Löfstedt review itself said: “Overall, a wide range of stakeholders supported the principles of ACOPs and saw them as a vital part of the

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Continued from page 1
system, forming a key link between the goal setting legislation and guidance” (paragraph 54)

Exempting the self-employed

Each year there are 1.2 fatalities per 100,000 self-employed, a death rate more than twice as high as the permanently employed. Löfstedt and now HSE propose exempting 1 million self-employed workers from health and safety laws if they “pose no potential risk of harm to others”. Many unions believe the exemption will be widely abused, leading to self-employed workers being expected to take ever-greater risks, and be exploited even more: obliged to pay for protective equipment, health and safety training, and that they will suffer intimidation, and even blacklisting, when they try to exercise their employment rights.

R.I.D.D.O.R – more attacks

HSE proposes to amend RIDDOR – the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 so employers do not inform HSE of conditions including certain strain injuries, poisonings, vibration diseases, dermatitis and occupational cancers, dust diseases and asthma. Prospect, the trade union for HSE Inspectors says if it goes through 90% of inspections for occupational illness will not happen but that it now has only three occupational physicians and 18 occupational health inspectors, down from 60 of each in the early 1990s.

RIDDOR was changed in April year so that injuries are counted after 7 days off work instead of 3-days. HSE will have even less data and it will not be possible to make the same comparisons as before.

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NIOSH, HSE and others.

Everyday chemical dangers

Diesel exhaust causes lung cancer

In June the International Agency for Research on Cancer (IARC) reclassified diesel engine exhaust as carcinogenic to humans (Group 1) based on sufficient evidence that exposure is associated with an increased risk for lung cancer, it had been classified as probably carcinogenic (Group 2A) as far back as 1988. This reclassification follows the publication in March of a large US National Cancer Institute/National Institute for Occupational Safety and Health study of occupational effects in underground miners. As well as causing lung cancer they also noted a positive association with an increased risk of bladder cancer. They concluded gasoline exhaust is possibly carcinogenic to humans (Group 2B)

Large numbers of people are exposed to diesel exhaust every day & the IARC working group notes that in America and some European countries there are now tighter environmental standards for diesel emissions than in the past. New technology makes this easier. For diesel engines, it requires changes in the fuel, such as lower sulfur, changes in engine design and fuel efficiency and reductions in emissions through exhaust control technology.

However, while the amount of particulates and chemicals are reduced with these changes, it is not yet clear how this will translate into altered health effects. In addition, existing fuels and vehicles without these modifications will take many years to be replaced, particularly in less developed countries. It is notable that many parts of the developing world lack regulatory standards.

Dr Christopher Portier, Chairman of the IARC working Group, said: “Given the additional health impacts from diesel particulates, exposure to this mixture of chemicals should be reduced worldwide.”

Dr Kurt Straif, Head of the IARC Monographs Program, said “The main studies that led to this conclusion were in highly exposed workers. However, we have learned from other carcinogens, such as radon, that initial studies showing a risk

in heavily exposed occupational groups were followed by positive findings for the general population. Therefore actions to reduce exposures should encompass workers and the general population.” IARC Press Release 213, 12 June 2012.

Heart defects

A recent study published in May has found new evidence that **maternal occupational exposures** to solvents, both chlorinated solvents and other types, may be linked to several types of heart defect in their babies. See: *Occup Environ Med* 2012;69:628-635 doi:10.1136/oemed-2011-100536

Solvents linked to Parkinson's disease

Trichloroethylene, known as TCE or “Trike”, an industrial solvent, which is still used as a degreaser in the manufacture of metal components, has been shown to give a six fold increase in the chance of developing Parkinson's disease. The same study suggests perchloroethylene, or PERC, used in drycleaning and as a degreaser instead of TCE, and carbon tetrachloride also “tended towards significant risk of developing the disease”.

The study looked at the work history, solvent exposure and hobbies of 99 sets of twins – one with Parkinson's, the other without. Dr Samuel Goldman, co-leader of the international team carrying out the study, says there is likely to be a lag time of up to 40 years before Parkinson's develops giving opportunities to slow down development of symptoms.

Three solvents in this study – toluene, xylene, n-hexane – don't show a statistical link with development of this disease. Dr Michelle Gardner, Parkinson's UK, called for more research on populations with more defined exposures, to confirm the links between solvents and Parkinson's.

From: Neil Bowdler, BBC News, Nov 2011, <http://www.bbc.co.uk/news/health-15639440>. Full study: *Annals of Neurology*, <http://onlinelibrary.wiley.com/doi/10.1002/ana.22629/full>

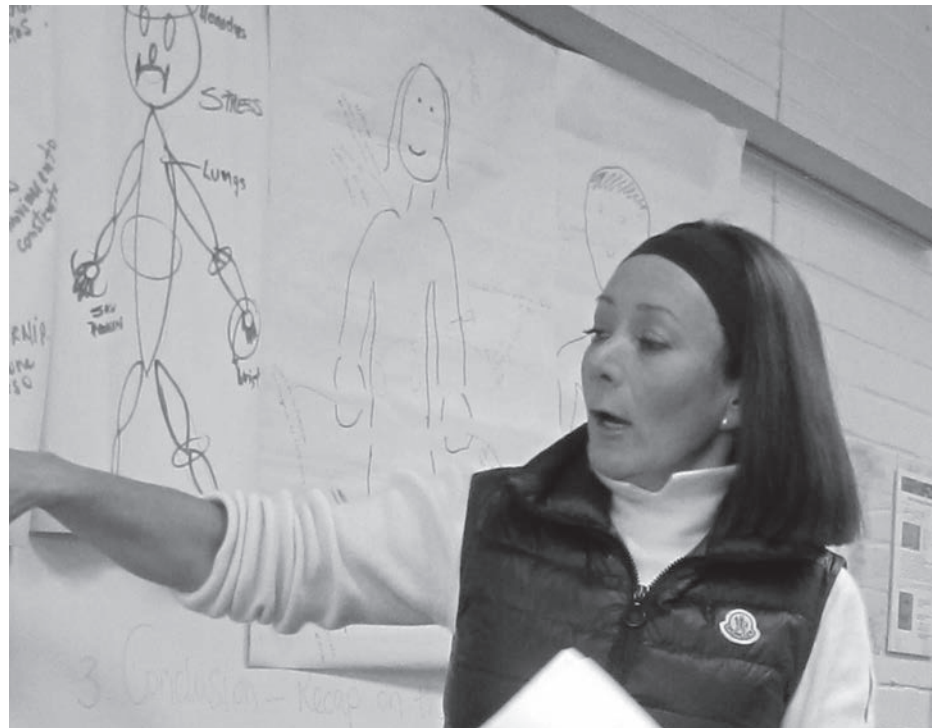
Migrant workers in a London fast food restaurant

For my Masters dissertation, I set out to gain an understanding of the health and safety experiences of migrant workers in a fast food restaurant and assess their knowledge and understanding of the risks they face, their level of risk perception. I emphasise however that the risks are not only to migrant workers but to the entire workforce.

Previous studies show that many migrant workers in these kinds of jobs are on temporary contracts and as a result don't get safety training and lack basic knowledge of their rights, their entitlements, employment terms and conditions and hazardous situations.

My interviews with shift managers and junior staff, confirmed this and that they often under-estimated the seriousness of the risks they face. They believed that they were always cautious and dealt with any issues as soon as possible; but they lacked knowledge of basic health and safety terms such as safety procedure, safety equipment and emergency procedures, and they lacked knowledge of accident prevention, although they understood some of what they should do after an accident.

Only the shift managers had been on some sort of formal training, years previously, and there was no evidence of any refresher training. Some of the managers were involved in training staff by observing them as they carried out their duty and also by showing them how the job is done. But the managers responsible for training had not been trained to train others. All information given to staff was in English, yet the interviews showed some of the migrant workers found communicating in English difficult – and suggests that this training would have had limited impact. It would be better if training sessions can be provided in different languages and the training sessions need to be interactive. It is also advisable that all health and safety information be provided in both English and relevant languages.



Body mapping: interactive training techniques are a great way to engage migrant workers on health and safety courses. This picture is from our workshop with the Latin American Workers Association.

Regarding under-reporting and non-reporting of accidents: the migrant workers I questioned had never reported minor injuries because they thought it was "too small to report"; neither did they use the emergency services in the case of a potentially fatal accident. One of them had once hurt his head and it was bleeding but stopped his manager from calling an ambulance as he thought he could control it himself. They also believed accidents were their fault.

The most common reason for injuries was poor practices such as not following procedure or not using the safety equipment provided. Some studies support this finding and that accidents are caused by the pace of work. This was true in the case of a male Bangladeshi worker who was hurt while probably rushing when working in a busy and under-staffed environment. Some studies found out that the reason why these injuries are never reported was because they feared losing their jobs or being reported to

the immigration authority in the case of illegal workers. My study suggests that under-reporting is probably because they are scared of being told off, are not concerned and take things for granted.

My findings can be applied to workers in all work sectors, especially those with difficulty in communicating in English.

The migrant workers I talked to working in fast food, do not have a good understanding of the health and safety risks they face, because of a lack of appropriate training and information. I would recommend employers provide more interactive training and encourage unionisation among staff as having the support of a union is more likely to guarantee a safer workplace.

Occupational risks facing migrant workers: An exploratory study of migrant workers in a London fast food restaurant, Ikpemosa Aigbogun, MSc. Occupational Health and Safety Management, Brunel University, 2011.

Link between shift work and breast cancer?

Denmark is the first country to regard breast cancer as an occupational disease, granting compensation to breast cancer patients with a long history of night-shift work.

Tak!

According to the International Agency for Research on Cancer, working shifts that disrupt the normal biological cycle (sleep-wake cycle) is probably carcinogenic (cancer-causing). In western countries between 15%–20% of the working population is involved in night work or other type of shift work, with most of them in the health-care, industrial, transportation, communications, and hospitality sectors.

A recent Danish study shows night shift work was linked to a 40% increase in the risk of women developing breast cancer. The study showed that those who have worked nights at least three times a week for at least six years are more than twice as likely to have breast cancer as those who had not. Other studies have found that long-term night workers have

a higher risk of breast cancer risk than women who do not work at night.

Night work can not only disrupt body clocks and result in sleep deprivation, it also suppresses production of the hormone melatonin and other metabolic and physiological processes that may increase the growth of tumours. This is supported by study by Qian Li, who found a link between light at night and breast cancer in domestic settings. The study explained that there is an increased risk due to exposure to light all night as light at night could suppress the normal night rise in melatonin which in turn could slow down tumor anti-growth mechanisms and thus increase breast cancer risk. The studies are consistent with animal studies that demonstrate that constant light, dim light at night, or simulated chronic jet lag can substantially increase tumour development. Other experimental studies also show that reducing melatonin levels at night increases the incidence or growth of tumours.

Chinese doubters?

A study among Chinese women, probably the first study of night shift work and

breast cancer risk among that group, suggests that the rising breast cancer cases in China has been attributed to changes in risk factors such as; differences in diet, reproductive factors and physical activity and that they are associated with the transition to a more Westernized lifestyle. The study suggests that there are similarities in causes of breast cancer among Chinese and Western population but cannot confirm the role of night-shift work in breast cancer. This study concluded that it may be premature to label shift work as a probable cause for human cancer.

Prevention now

The Health and Safety Executive has commissioned research on potential links between breast cancer and night shifts. Simon Pickvance (Hazards Magazine 117) asks why HSE "an organisation that has dismantled its medical wing and fired almost every employee with a medical background" is waiting for this "more robust assessment". Shiftworkers, he says, who might have expected early action to reduce a 'probable' breast cancer risk are still waiting.



Outside the DWP on 3rd July: it only costs the whole industry £51,000 a year. That is not for each crane – that is the total cost of keeping track of the cranes. Getting rid of the register is a slap in the face for all those who have supported the Battersea Crane Disaster Action Group since Michael Alexa and Jonathan Cloke were killed.

Keep the crane MOT

On 3rd July a protest outside the Department of Work and Pensions about the proposed scrapping of the Notification of Tower Crane Regulations, was followed by a meeting in the House of Commons chaired by Jeremy Corbyn, MP for Islington, with speakers including Matt Wrack, Secretary FBU, Jerry Swain London Region Secretary UCATT and John MacClean, GMB National Safety Officer.

The UK is one of the worst countries for tower crane accidents and London has had the most. In the decade before the crane register there were 60 crane accidents, 9 deaths 25 serious injuries. Currently the crane hire industry is being

allowed to police itself. Independent third party examinations under LOLER (Lifting Operations and Lifting Equipment Regulations 1998) are not compulsory. When Falcon Cranes – the firm at Battersea – had its 180 cranes taken out by HSE in 2007 10% failed the tests.

Other countries, especially in Europe, have stricter crane safety laws including compulsory licensing (certification) of all crane operatives.

▲ **Construction Safety Campaign AGM Saturday 24th November 2012 (see our web-site)**

Mesothelioma Action Day at Stratford Old Town Hall, Newham

Over 40 people turned up for a seminar and dove release on a very wet day in Stratford on 6th July. Eileen Beadle made a very moving speech remembering her husband and the effects of mesothelioma on her family. We then had Kevin Johnson from Plickerings, giving an overview of compensation developments in the last 10 years, and Allan Graveson from Nautilus talking about the international trade in asbestos, Roisin Trehy, lung cancer specialist nurse from St Bartholomew's talking about treatment plans and the support offered within the NHS.



Olympic legacy

"These games should always be remembered for the 29 gold medals Britain won (well done) and the fact that Britain has the best and safest builders in the world and that the first world record at these games was the fact it was built for the first time ever without a single loss of life", says Malcolm Davies Ucatt convenor and safety rep. He went onto tell us:

"When I was offered a job on the Olympics I thought to myself – this is your chance to make a difference. I was lucky enough to work on the Olympic Enabling Works (Bam Nuttall), Olympic Stadium (Sir Robert McAlpine), Olympic Media Centre (Carillion) Olympic Media Centre Multi story car park (Carillion) and Olympic Athletes Village (Bovis), so my role allowed me freedom of movement around the park.

What I am and always will be proud of, is being part of the first Olympic stadium built without a single loss of life. Also playing a role in delivering the first Olympics to be built without loss of life. The Olympics are not just about gold medals, steel or concrete but about the individuals who work hard and achieve a lot going home safe and being able to watch this brilliant event.

The only negative is the fact the



Malcolm Davies, UCATT London Region Council member, and convenor throughout the building of the Olympics.

unions agreed a minimum standard of pay with no built-in bonus unlike the ODA/clm whom were paid good bonuses, plus the fact the unions allowed the athletes village to be built outside the park agreement this doesn't make any sense to a worker who gave his/her all.

The Olympic authorities need to award future games to countries with a proven safety record because pay and conditions are negotiable – life is not.

Unions need to be stronger and insist on bonuses plus a completion bonus and a good and fair rate of pay not the working rule agreement minimum standard. It's a once in a life time build and the money must cascade down from the top not remain with the top brass".

Crossrail safety dispute

Unite members at Crossrail went into their 8th week of picketing at Westbourne Park in West London the end of October.

Unite is urging Crossrail to enter into talks, it says it has been seeking a project agreement for over a year from Crossrail – which could benefit the thousands of workers employed on the largest construction project in Europe.

It wants an agreement delivering direct employment under the terms of the existing national agreements – this would mean workers engaged on the cross London rail project being directly employed and the full terms of recognised construction agreements applied. This would provide the union shop stewards a structure to raise issues such as health and safety without any fear of being discriminated.

There is a concern that 'self employment' practices are prevalent and undermining the safety of the project going forward.

Deputy regional secretary for Unite's London & Eastern region, Vince Passfield, said: "Having raised serious health and safety concerns, the health and safety rep was himself unnecessarily suspended on a minor infringement and five weeks later transferred off site.

Two workers, who took photos ...and raised them with management, were also transferred off site under the instruction of BFK.

Unite raised these concerns direct with Crossrail. Two weeks later BFK cancelled the Eis Ltd contract (which was previously extended to September 2013) citing that the work was now complete.



Crossrail: Accident to a rail hopper a week after the Unite members were sacked. Unite stewards say: "This is what happens when you sack safety reps and stewards. Make no mistake this is union busting. It is the sacking of an entire work force to remove the steward and the union off the project".

This action effectively dismissed 28 workers without good reason.

We are urgently seeking a resolution to re-engage the dismissed workers."

London Hazards community training

In the last year London Hazards Centre has worked with a variety of voluntary and community organisations and refugee and migrant organisations across the London boroughs including, Lewisham Refugee Network, Greenwich Voluntary Action Service, Evelyn Oldfield Organisation/ West London Women's Refugee Organisation, Oxford House Bethnal Green/ Tower Hamlets, Migrant Resource Centre Westminster, Barka UK (Polish, Lithuanian and other East European homeless), Latin American Association and Latin American Women's Rights Organisation, South London African Women's Organisation, Wandsworth and Merton Asylum Welcome and the Latin American Workers Association. Within the boroughs of Bromley and Croydon specifically, service users have received responses to health and safety enquiries including telephone enquiries, as well as information disseminated through the London Hazards Centre newsletter.

Our supporters say

- ▲ "On behalf of LAWAS thanks so much for the workshop on Saturday everyone got a lot out of it. Hope this can be the start of a long and lasting relationship." *Jake and Carlos, Latin American Workers Association*
- ▲ "I would like more trainings." *Shuitao Gao, Chinese Community Worker, Tower Hamlets*
- ▲ "We have worked with the London Hazard Centre and found them to be an excellent organisation. Community groups such as ours need and welcome such organisations. We recommend them highly."



Working on our women's health and safety course at Oxford House, Tower Hamlets, in April this year.

Misak Ohanian, CEO, Centre for Armenian Information & Exchange, Ealing

- ▲ "Thanks for your training. The course was explanatory of safety procedures, and very simplified for learners. I wish everyone well."

Ade Balogun, Bethnal Green Women's Group

- ▲ "We found the workshop to be very professional and efficiently run. It was a successful event and both users and staff of our organisation found it beneficial. We hope to continue working closely with London Hazards Centre in the future."

Jhon Marulanda, Latin America Disabled People's Project

- ▲ "We have worked with London Hazards Centre for a number of years, they have offered valuable workshops for all our members, we are very appreciative for their support and hope they can maintain the same level of expertise in the future."

Thank you from Aaina Women's Group 2012

LONDON HAZARDS CENTRE AGM

Thursday 29th November • 6.30pm Conway Hall • Speakers (invited)

Please support us by affiliating and nominating someone onto our Management Council.

We are particularly looking for Directors/Trustees who represent the service user groups our commission is targeted at: women, black, minority ethnic and migrant and refugee communities in London.

USING THE CENTRE

Training programme

General Health and Safety Workshop

Friday, 16th November 2012, 10am to 2pm at the Education Development Centre, Room 10A, Church Lane, Princes Plain, Bromley, BR2 8LD.

This is a FREE one-day course aimed at those looking to gain further knowledge in General health and safety regulations and how to design a Risk Assessment following practical exercises.

The course will focus on the following areas:

- ▲ General health and safety regulation
- ▲ Slips, trips and falls and how to avoid them
- ▲ Display screen equipment
- ▲ Manual Handling

If you are interested in this course, please send the full names and contact details of all attendees. Email to danaion@lhc.org.uk.

London Hazards Centre training programme

We are also running in-house training for some not for profit groups on condition they provide the venue, organise recruitment and copy materials. The tailored courses are on different topics like: stress at work, accident reporting, asbestos, general health and safety management.

Our funding position means we have to charge for these services. Our minimum charges will be as follows, larger organisations will have to pay more:

- ▲ Office Inspections – £50;
- ▲ Reviewing Health and Safety policies and Risk Assessments – £20.



Women's Health and Safety

Many work related activities can affect women's health. Below are some of the most common problems with suggestions on how you can minimize the risks.

Back pain

At least 100,000 women a year suffer with back problems because of work and 1 in 6 working days lost in the UK is due to back pain.

Lifting and moving

More than a quarter of women lift or move heavy loads at work. In many jobs this involves lifting or moving people. Under the Manual Handling Regulations 1992, any manual handling tasks you may be expected to do should have been assessed. Following the suggestions below will help to prevent injuries and back pain:

- ▲ Check the weight of the object, and whether the weight is evenly distributed.
- ▲ Ensure the route you will take is clear.
- ▲ Get help if needed, either another person or mechanical equipment
- ▲ Have a firm grip and use gloves only if necessary.
- ▲ Lift with your leg muscles
- ▲ Keep the load close to your body
- ▲ Move your feet rather than twisting your spine
- ▲ Try to avoid lifting above your head or below your knees

Other causes

Back pain can also be caused by long drives without breaks; sitting in low, soft chairs; spending long periods in one position.

Coping with back pain

Keep as active as possible. Speak to your doctor before beginning an exercise program. You may also consider consulting a chiropractor, osteopath or physiotherapist.

Display screen workstations

You can suffer from work-related headaches and eye strain. It is a requirement that all workstations have risk assessments. Help prevent stiffness, aching and more serious conditions such as repetitive strain injury (RSI) by following these basic tips:

- ▲ Change position frequently and stretch regularly
- ▲ Take regular breaks away from your workstation
- ▲ Use a footrest if your feet don't rest flat on the floor. Failing to do this can cause pressure on the backs of your thighs or knees, compressing nerves and blood vessels.
- ▲ If your chair is uncomfortable, ask for a replacement
- ▲ Ideally, when typing your wrists should be loose and flexible above the keyboard. Try using a wrist rest if you find this uncomfortable.

Eye strain

A common problem in people doing prolonged, visual work, including using microscopes and some photographic jobs. Poor lighting, blurred screen images and reflections can make this worse. Eyes become drier and are more susceptible to conjunctivitis. As your eyes become tired, you will find that you screw up facial muscles, which can cause headaches.

To keep your eyes bright and shiny, look away and re-focus for one-two minutes in every 20. Don't sit too close to the screen.

Under the Health and Safety (Display Screen Equipment) Regulations 1992, if you need to wear spectacles for looking at a display screen, your employer must pay for regular eye and eyesight tests and contribute towards the cost of spectacles. You should have your eyes tested every two years.

Laptops

Because laptop screens and keyboards are smaller and are designed to use outside the office environment, it can be harder to maintain comfortable and healthy working postures. Follow the guidelines for standard workstations, but take note of the following as well:

- ▲ Avoid slouching or sitting hunched forward
- ▲ Push the laptop back slightly so that your arms rest on the table and wrists are relaxed
- ▲ Use a chair that supports your back. Sit right back with the curve sitting snugly into your lower back, and use a pillow or similar for support if necessary
- ▲ Adjust the screen brightness to suit the environment.

Repetitive strain injury (RSI)

RSI covers a number of injuries affecting the muscles, tendons and nerves primarily of the neck and upper limbs. Symptoms include aches, pain, swelling, numbness, tingling, weakness and cramps. People who work with display screen equipment may develop RSI, but other activities – such as text messaging – can also lead to the condition. It is preventable and treatable, especially if you heed to early warning signs.

Prevention

- ▲ Cut down on repetitive tasks where possible
- ▲ Maintain good posture and fitness
- ▲ Try to avoid relying on your mouse; use keyboard shortcuts instead

Mental health

Stress is the natural physical reaction to dangerous or demanding incidents. Problems arise when the sources of stress are constant and there is no time to rest and wind down between them. For women, stress is a particular problem because they may have several sources of stress; as well as working, they often bear

most of the responsibility for organizing childcare and looking after the home.

Symptoms

Symptoms of stress can include panic attacks, headaches, sleeplessness, tiredness, frequent colds and infections, changes in eating habits and irritability. Untreated, stress can lead to long-term problems such as heart disease and ulcers.

Treatment

Serious stress problems may require medical treatment and counseling but there are things that you can do to help yourself such as having some time to yourself each day. It is important to ensure that your manager realizes you are suffering from a stress-related illness, and it is particularly important to let them know if the stress is work related.

Violence and women

Women are more vulnerable when working alone or outside normal hours. It is important to be aware of things to do to help you to stay safe. However minor an incident may seem, always report it – not doing so could put others at risk.

When out and about, either at work or in your daily life, remember to PLAN:

- ▲ Prepare for the journey and wear sensible clothing
- ▲ Know your route
- ▲ Tell someone where you are going and your expected time of return
- ▲ Carry a personal alarm
- ▲ Decline offers from strangers
- ▲ Keep to familiar territory where possible
- ▲ Try not to use unlit cash machines
- ▲ Keep a hand free
- ▲ Trust no one and do not ignore your instincts

Pregnancy

The best way to ensure you have a safe and healthy pregnancy is to attend all appointments with your midwife, doctor and hospital. This will ensure your baby's progress is closely monitored and the risk of potentially serious conditions such as pre-eclampsia are spotted. You have a legal right to:

- ▲ time off work to attend these appointments and all antenatal classes.
- ▲ be moved to light duties, or paid full pay to stay of work altogether if the work is particularly hazardous during pregnancy.
- ▲ You should not work nights and should be allowed to come in later and avoid peak travel times if, for example you suffer from morning sickness.

Hazardous substances

Harmful chemicals, including household chemicals, may affect fertility and pregnancy, and can lead to miscarriages or premature births, as well as increasing the risk of other diseases such as cancer.

New and expectant mothers –

Please visit this link for advice and information <http://www.hse.gov.uk/mothers/>

Protect your health

You are entitled to time off because of illness. Many conditions are now covered by the Disability Discrimination Act 1995 (DDA), including asthma, diabetes and, in some cases, cancer. This means you have some protection against dismissal because of your health problems.

Stay healthy whatever your age!

If you think your work may be making you ill, talk to your safety rep who can help you discuss any problems with your manager. You may not be the only worker suffering.

You can take care of your body in a number of ways:

- ▲ **Diet**
Try to cut down on fats, added sugar and artificial additives.
- ▲ **Keeping fit**
Be active for 30 minutes a day, three times a week; brisk walking is a good choice.
- ▲ **Smoking, drugs and alcohol**
People use drugs for many reasons and your habit may be the result of an underlying problem such as depression and anxiety. The NHS Smoking Helpline on 0800 022 4 332 (<http://smokefree.nhs.uk/>) can give you practical advice on how to stop. Using drugs and alcohol at work can mean you get sacked for gross misconduct. Your union may have negotiated a drugs and alcohol policy which should signpost you to sources of help and avoid disciplinary action being taken against you.

Information for this factsheet came from the Communication Workers Union: <http://www.cwu.org/women-s-health-guide.html>, <http://www.hse.gov.uk/mothers/>

Find out more

Women's Well-being at Work – A negotiators Guide, by Unite, download from: www.unitetheunion.org
Safety, health and equality at work – a practical guide for trade unionists, April 2012, Labour Research Department. Price £7.50 call 02079283649 or go to www.lrdpublications.org.uk/

Factsheets online www.lhc.org.uk London advice 020 7794 5999



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