

THE DAILY HAZARD

HSE issues violence notice (well almost)

In an amazing move, the Health and Safety Executive (HSE) has given formal notice to the Camberwell district Employment Service Jobcentre (ESJ) that they intend issuing a Crown Improvement Notice over poor risk assessments after a recent assault on a Camberwell ESJ worker.

This case illustrates the on-going dispute between the Employment Service and the unions CPSA and PTC over the removal of security screens in Jobcentres and Benefits Agency Offices (see *Daily Hazard* No. 51).

Assaults

According to the CPSA, since the Jobcentre screen removal programme started in 1988, the number of assaults on staff in ESJ's nationally has risen nine fold and the number of violent incidents has risen 14 fold. Workers are rightly worried that with the introduction of the Job Seekers' Allowance, a much tougher new benefit system, assaults will increase above the current unacceptable level. ESJ staff want to be given the option of the re-introduction of protective screens, while their bosses are adamant they will not do this.

The Camberwell ESJ has had its share of violent incidents. Notably, two years ago a 45 year old man who soaked himself in petrol was prevented from setting himself alight in the Jobcentre by a member of staff who wrestled him to the ground.

In June 1996 the local Metropolitan Police Crime Prevention Design Advisor was called in by the Camberwell ESJ bosses. In a letter the advisor states: "it is likely that on occasions conflict might occur" and "an ideal situation would be to have a permanent barrier

between the staff and the public." But he noted that: "I understand this is not likely to happen" and "in this case it is impossible to give advice that would guarantee safety from attack." He did however suggest some other preventative measures to "reduce chances" including double width desks etc. The ESJ bosses have not acted on this advice.


The event which sparked the current HSE action occurred in July 1996 when a benefit claimant was, in accordance with standard procedure, refused a replacement giro by a member of staff. The claimant's friend then assaulted the member of staff, smashed VDU screens, and used various objects, including a fire extinguisher, a barrier and a CCTV monitor as missiles. The worker's physical injuries were, thankfully, not serious but they were very badly shaken, with them having to take considerable time off work.

The incident happened on 18 July but was not reported by ESJ bosses to the HSE until 19 August. It should have been reported as required by the Reporting of Injuries, Diseases, Dangerous Occurrences Regulations 1995 (RIDDOR) and HSE has since asked the ESJ bosses to review their reporting procedures.

Investigation

During their investigations the HSE inspected the ESJ's violence risk assessment and its review in the aftermath of the assault. The HSE found it lacking, saying it was a good starting point but not sufficiently detailed and systematic to cover all areas of concern.

The inspector wrote to Paul Hume, Branch Chair CPSA ES Inner London South Branch, and told him they were going to issue



HSE
Health & Safety
Executive
Field Operations
Division

To: Employment Service
South London District
92-94 Borough High Street
London
SE1 2LJ

INTENTION TO ISSUE AN IMPROVEMENT NOTICE

I intend to issue an improvement notice because:

There is reason to believe that your local assessment of risk of violence to staff at the Camberwell Job Centre Camberwell Green, London, SE5 7AF is not suitable and sufficient.

The notice will require you to:

Undertake a thorough review of your assessment of risk to staff particularly relating to violence from members of the public, as required by Management of Health and Safety at Work Regulations 1992, Regulation 3(1). The assessment should take into account the outcome of the investigation of the assault on Mrs Fedelmia Hind on 18 July 1996.

If you consider I should not issue such a notice, or that its requirements should be changed, you should telephone, write, or make an appointment to see me or my manager. Otherwise you will receive the notice in not less than two weeks. If you would like anything explained in more detail or further discussion please contact me by telephoning: 0171.556.2100.....

My manager is: Mr. D. C. Mallon.....
HM Principal Inspector of Factories

Telephone: 0171.556.2100

a notice of intent to issue a Crown Improvement Notice: the areas they wanted addressed were the panic button alarm procedure, layout of the office area, securing equipment so it can't be used as missiles, lack of staff training and, "the appropriateness or otherwise of the provision of a screened environment for specified tasks or clients."

Currently, before taking formal action over a health and safety issue, HSE and local authority inspectors are required to inform employers being served a notice they have two weeks to make representations on the issue before a formal notice is issued. The system is known as a "minded to" notice, or more formally an Intention to Issue an Improvement Notice. It's like a copper telling a bank robber

during a bank raid they are minded to nick them in a couple of weeks time but the bank robber has two weeks to prepare arguments against a nick!

The HSE gave the ESJ the "minded to" notice on the 16 September and have discussed the issue with the ESJ bosses. But as we go to press it is over nine weeks since that notice was issued and the HSE has neither withdrawn it nor issued the Improvement Notice.

"This is the fourth time VDU screens have been thrown since this office opened three years ago and the second time an injury has been caused by a phone being used as a weapon against a member of staff," said Paul Hume. "When will the ES provide us with a safe working environment?"

Asbestos in Imperial College

How do you manage asbestos in an organisation with 11,000 people spread over ten big buildings? At London University's Imperial College, action by the Manufacturing, Science and Finance (MSF) branch has led to the setting up of an asbestos management programme which many others could learn from. MSF Safety Representative Paul Garden told us about it.

Imperial College is a mixture of Victorian and modern buildings, like many colleges, hospitals, town halls and similar institutions around London. Over the years, asbestos has been incorporated at first in the fittings and then in the fabric. In 1994, the college had no asbestos policy or written procedures for managing asbestos. An asbestos survey was carried out but, as events were to show, this missed a lot. There had been occasional piecemeal removal. Asbestos was constantly disturbed by small fitting and maintenance works going on all the time.

In 1994, MSF Safety Representatives requested health surveillance for estates staff. Any who had worked at the College for more than five years and who thought they might have been exposed to asbestos while looking after the buildings, were invited to have a lung function test followed by an X-ray at Brompton Hospital. Of the 50 staff who were examined, five had one of the two kinds of scarring which asbestos causes in the chest wall around the lung, known as pleural plaques and pleural thickening. Most were in their fifties and long-term employees of the college. Compensation claims were started by MSF Legal Department.

Health surveillance was arranged for more department staff and showed a similar pattern. Of 53 examined, 7 showed asbestos related lung abnormalities: including a carpenter, an electrician, a computer technician (who had drilled walls for cabling), a workshop technician and plumbers. Most were aged 50-65, but one was in his thirties, though in this case the relationship with asbestos is still being investigated.

On the basis of this evidence, the MSF Safety Reps called for new surveys for asbestos dust. Tunnels and plant rooms came

out as hot-spots. "For example, a valve might have gone u/s," said Paul, "and in the past when they replaced it, fitters would cut asbestos lagging away around it to get access, and that would go on the floor and get kicked around." The boiler rooms were surprisingly uncontaminated, and no boiler house staff have been found to have any symptoms.

Among the worst sites were the tunnels connecting the buildings, rarely or never cleaned, where estates staff had to work in the service ducts. At the edge of the floor under one length of pipe, the dust contained 25-30% asbestos. Some sites where asbestos had been stripped in the past also had high contamination levels, showing that the stripping had been botched.

It also became clear that previous surveys had missed asbestos hidden in ceilings and floor voids. Asbestos materials could take unusual forms: "We had things that looked like marble window sills that contained asbestos!" A 1960's top-floor extension was almost entirely built of asbestos materials.

It was around this stage in June 1995 that Paul contacted the Centre. Following up 15 months on, we found that there had been changes. "Once the college realised the scale of the problem, they were very co-operative," said Paul. After a survey a full scale asbestos management programme has been implemented.

- a specialist asbestos management firm on site with analysis staff
- a full asbestos register which is updated whenever more is discovered
- a removal programme which prioritises asbestos in poor condition
- an asbestos awareness programme for all permanent and contract staff
- anyone, staff or student, can request assessment of a suspect material and receive a copy of the results
- outside contractors are given instructions and if necessary a written work method on dealing with any asbestos; sometimes air monitoring is set up to check their adherence to it
- where there is a choice, work is done in a way which avoids disturbing asbestos



Asbestos insulation in poor condition (missed by survey)

- where disturbance is unavoidable, the asbestos is removed and replaced with a suitable substitute
- medical surveillance is available to every employee; staff already surveyed will be offered another surveillance in five years
- a clear written procedure in case of suspected disturbance of asbestos
- regular meetings between Estates Management and trade union safety reps to discuss potential problem areas and exchange information

The big remaining problem is that not all works are controlled from the estates office.

Departments have their own works budgets and there are always small jobs going on somewhere. Ensuring control of "the builder with the van" who's employed for half a day to drill a couple of holes, is essential. "What we need is a buildings manager for each building to control work and ensure procedures are being adhered to."

Even where the contractor has been given a work specification, they may not stick to it. The day before we talked to Paul there had been a typical incident. A contractor's employees installing water and waste pipes had cut through the corner of an asbestos panel. Ignoring verbal instructions to avoid the asbestos by going through breeze-block wall, they had tied handkerchiefs over their face and gone by the easiest route.

A member of staff who had been on an awareness course alerted the local manager who stopped

the work. The room was sealed off and cleaned up, at a cost of £300, and the company has been asked for its asbestos policy. Staff and contractors regularly report such situations now, showing how the asbestos awareness programme provides a final safety net.

Staff at the college will be living with the legacy of asbestos for a long time. The surveillance findings grimly bear out the prediction in the Centre's *Asbestos Hazards Handbook*: one in ten building workers in their 50s is at risk of dying of asbestos related disease. This year, a recently retired worker died of mesothelioma. Asbestos continues to turn up and Paul has become an expert on likely (and unlikely) locations. A wired glass pane in a door, for example, is a good indicator of asbestos in the door or frame. "Where asbestos is concerned this is just an average workplace," Paul points out. "We weren't exceptional. There are lots of similar places such as big hospitals." It would be good to know that they were taking a lead from Imperial College.

Information

- Official guidance is summarised in the HSE booklet *Managing asbestos in workplace buildings*, ref IND(G)223 from HSE Books, PO Box 1999, Sudbury, Suffolk; 01787-881165; £5 per pack of 10, single copies free
- *Asbestos Hazards Handbook*, London Hazards Centre, 1995; £12 & £1 p&p (£4.50 & £0.50 to community, tenants and union groups ordering from the Centre)

Stress at work

Workers in the UK don't need to be told that work has got harder and become a pressure cooker for stress over recent years. Longer hours of work, low hourly rates of pay, under-staffing, bullying and job insecurity currently have some affect on most people's health. People at the lower end of the job hierarchy are, as ever, disproportionately affected. Insurers and solicitors are regularly holding seminars for employers on how to sack stressed workers before they become a financial burden or take out compensation claims. In this vicious climate Safety Representatives and trade unions must develop strategies to tackle this issue as members' health, jobs and careers are on the line. Stress is a health and safety issue not least because there is relevant legislation and case law, but is also involves broader employment, representational and collective bargaining issues.

Causes and Symptoms

Occupational stress arises when workers perceive that they cannot adequately cope with the demands made on them or with threats to their jobs and the circumstances in which they are carried out. The main factors which cause stress at work are lack of job security (threat of redundancy, short-term contracts, etc.), excessive workload (arising from inadequate staffing, long hours, unsatisfactory shift patterns), harsh supervision and discipline, lack of control over work organisation, and inadequate training and career prospects.

Stress can result in both health and behavioural problems. It can lead to stomach and heart disease and a variety of psychological illnesses. It is related to increased accident rates, relationship problems, absenteeism and drug and alcohol abuse. The most extreme effect of stress is sudden death, i.e. people work themselves to death. Many symptoms are transient and disappear when the source of stress is removed. But if stress is prolonged it can take longer to recover and permanent illness may result.

Legal Requirements

Employers have a duty to safeguard the health and safety of employees under Section 2 of the 1974 Health and Safety at Work Act. Under Regulation 3 of the 1992 Management of Health and Safety at Work (MHSW) Regulations, employers are obliged to carry out an assessment of the risks in jobs and reduce these as far as possible. These legal duties apply to occupational stress so risk assessments must be done.

Safety Representatives operate under the 1978 Safety Representatives and Safety Committees Regulations which entitle them to, amongst other things, inspect the workplace, talk to fellow employees regarding health and safety issues, request a Safety Committee is set up and for it to meet regularly (see *Daily Hazard* No. 42).

The new Health and Safety (Consultation With Employees) Regulations 1996 require employers to consult with workers where there isn't a recognised trade union on health and safety issues. They also allow for the appointment of Representatives of Employee Safety, a weaker version of the Safety Rep.

Case law on stress is contained in *Walker v. Northumberland County Council*. John Walker was a social worker who suffered two breakdowns related to his work. The employer took no action to modify his employment conditions upon his return to work after the first breakdown. The Court ruled that all the conditions of employer liability were present — breach of the duty of care, injury, causation and foreseeability. The employer appealed but eventually an out of court settlement of £175,000 in compensation was reached. In another out of court settlement, a social worker in Scotland received £66,000 after she was forced to retire through ill health caused by bullying by her

superior. A supervisor employed by the Royal Ordnance who suffered post-traumatic stress illness after exposure to toxic fumes was awarded £125,000 in an out of court settlement.

Education and Awareness

Workers do not need to be told that their jobs are stressful but may need to be persuaded that their health is at risk or that Safety Representative or union action can improve their conditions. Education is a two-way process, ensuring that workers are aware of the issues and what the union is doing about them, enabling representatives to find out what is happening in the workplace and to propose ways of tackling the problems. This can be done by:

- circulating leaflets, feature articles and posters on the hazards of stress
- carrying reports in local and national bulletins of union action to combat stress
- holding discussions at workplace or union meetings, perhaps with an invited speaker
- investigating key indicators of stress such as sickness absence figures
- conducting a survey of the incidence of stress among workers. Confidentiality must be guaranteed in a survey and the results must be published. The survey should be one part of a broader plan of action whereby the union takes up the issue with the management. There is a sample questionnaire in the Centre's book *Hard Labour* (see below).

Representing Individual Workers

The first priority is to protect the member's health and job where these are threatened by stress or by management responses. The second is to try and secure the solution the member wants. This could entail:

- ensuring behavioural

problems are not treated as a disciplinary issue

- negotiating leave, a transfer or reallocation of work
- obtaining a second medical opinion if required
- resisting retirement on medical grounds or dismissal on grounds of inability to work
- helping the member get the right sort of professional assistance
- pressing the management to remove or reduce the causes of stress.

Collective Agreements

These can be of two types, an overall agreement aimed at eliminating or reducing stress or specific agreements on particular employment conditions. A general agreement would:

- recognise that stress is a health and safety issue and that employers have a duty to avoid it
- treat stress as a health issue where job performance is affected
- give priority to the assessment of jobs for their stress potential and for measures to eliminate or reduce it to a minimum
- provide counselling under conditions of strict confidentiality and which suit workers
- provide information and training for all employees.

The alternative is to negotiate anti-stress provisions into employment conditions such as staffing levels, working hours, shift patterns, performance levels, and all the variants of human resource management. The two approaches are not incompatible. The introduction of health and safety considerations into general negotiations should help to strengthen the union's overall approach.

Traumatic Incidents

Both short- and long-term disorders can arise in people exposed to traumatic incidents at work. Measures to assist workers in these circumstances should

include:

- appropriate paid time off work
- availability of suitable counselling
- possibility of referral to specialist medical care.

Employer Responses

Employer responses to occupational stress favour the provision of counselling, occupational health programmes, employee assistance programmes and healthy life-style campaigns. These may be helpful in reducing stress levels but they do not address the factors in the job which produce stress in the first place. They tend to transfer responsibility for the condition and its prevention from the employer to the individual worker.

TUC Charter

The TUC launched a Charter on Stress in Autumn 1996. This sets out demands on the European Commission, the UK Government, the Health and Safety Executive and employers. It proposes that the TUC should:

- provide courses on preventing stress and negotiating workplace agreements for Safety Reps and full-time officers
- produce easy to use leaflets on stress aimed at trade union members and checklists for Safety Reps to use in identifying stress problems
- develop bargaining briefs on stress and on the various stressors implicated, so that trade union negotiators can secure agreements with employers.

Further reading

Stress At Work: a trade union approach, £1.90 + 25p p&p, LRD, 78 Blackfriars Rd., London SE1 8HF, 0171 928 3649; *Hard Labour: stress, ill-health and hazardous employment practices*, £6.95 + £1.00 p&p, London Hazards Centre. *TUC Charter on Stress*, copies available from London Hazards Centre.

Out now! RSI Hazards Handbook

The new London Hazards Centre handbook on repetitive strain injuries (RSI) is now available. It describes the various specific conditions that are included in the umbrella term RSI; looks at workplace organising strategies to prevent RSI; spells out safety representatives' rights; gives information on treatment and rehabilitation; provides information on legal action and compensation; and includes a resources and contacts list.

RSI Hazards Handbook. £4.50 to trade unionists, RSI sufferers and community groups, £12.00 to others. Add 50p per £5.00 order for post and packing.

CSC asbestos protest

The Construction Safety Campaign (CSC) is planning a major protest march through central London and a lobby of parliament on 6 March 1997. The event is to protest at the litany of asbestos deaths and demand changes.

Contact: CSC, 255 Poplar High St, London, E14. Tel: 0171 537 7220.



Threat to pioneering project

As we go to press, Camden and Islington Occupational Health Project (CIOHP) is threatened with the axe by the local Health Authority. The Project's three part-time staff work with general practitioners, practice nurses and patients to increase awareness of the occupational causes behind much of the ill-health suffered by people in these two North London boroughs. The Project provides specialist advice on health and safety at work to patients referred by doctors and other primary health care personnel. This is an important resource which should be extended rather than cut back.

For further details about the Project and how you could help them try to avoid closure, contact CIOHP at St. Pancras Hospital, 4 St. Pancras Way, London NW5 3NQ; Tel: 0171-530 5421.

London Hazards Centre training courses

Asbestos in the workplace and the community

Asbestos is a killer at work and in the home. Official statistics forecast rising numbers of fatalities peaking at 10,000 per year in the UK within 30 years.

The Centre has developed a course designed to enable participants to broaden their knowledge of asbestos, the nature of the substance and the hazards it poses, and to develop a structured approach to managing the asbestos hazard in the workplace and the community. The course is available at the normal daily rate of £350 for up to 16 participants.

In addition the London Hazards Centre continues its in-house programme. Places are offered on the following courses at £40 per head, (50% discount to participants in the LBGU busary scheme).

Tuesday 14/1/97 Hard labour — getting to grips with stress at work

Tuesday 4/3/97 Asbestos in the workplace and the community.

Thursday 6/3/97 General health and safety.

AGM sets priorities for the incoming government

With a general election on the horizon none of the political parties have yet made firm, detailed commitments to fundamentally improving health and safety at work and in the community. Delegates to the Centre's conference and annual general meeting, held on 16 November, felt that now is the time to start prioritising the long list of demands that trade unions, tenants organisations and health and safety activists have accumulated in recent years. Many of these demands are in the "Hazards Charter" adopted by this year's National Hazards Conference. Conference delegates decided to give priority to the following issues:

- Trade union recognition and improved safety representative rights. There should be a statutory right to recognition of trades unions by employers where a majority of employees request this. Safety Representatives rights must be strengthened with "roving" Safety Reps being allowed to represent workers in small or dispersed workplaces.

- Enforcement. More resources should be allocated to enforcement agencies to increase their programme of workplace inspections. Although workers already have the right to leave work in the case of imminent danger, union health and safety representatives should be given powers to issue prohibition notices in this situation. Other proposals include: make offences under sections 2,3,4,5 of the Health and Safety At Work Act 1974 liable to prison sentences; drop Crown Immunity — a double standard for too long; inform and educate people on their rights to request enforcement action from their local authority environmental health departments.

- Corporate accountability. This principle, which enjoys public support, should be developed so that companies, directors and managers can be brought to justice for negligence in health and safety matters resulting in deaths or serious injury. Although six directors of small companies have been imprisoned for health and safety-related offences in the past eighteen months, attention should also be focused on larger companies with more complex management structures. The Management of Health and Safety at Work (MHSW) Regulations 1992 say those responsible for health and safety should be identified in the organisation's health and safety policy.

- Asbestos. A new asbestos law should ban the import and use of asbestos in this country; set up a national public registry of buildings with asbestos; institute a programme of removal; and provide proper care for those suffering from asbestos-related diseases.



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