

THE DAILY HAZARD

Unions damn dangerous database

Home Office software has been condemned as ergonomically substandard and hazardous following a union battle for independent ergonomic assessment.

This important achievement is based on the software sections of the Display Screen Equipment Regulations (DSE Regs).

In 1993 the Home Office decided to introduce a national computer database to the 54 Probation Services. This Case Recording and Management System (CRAMS) was part of a strategy to link all the criminal justice agencies: police, courts, Crown Prosecution Service, prisons and the Probation Service.

CRAMS was developed without any involvement of NAPO and UNISON, the two recognised unions. Consultation took

place through a "user group" but it was dominated by IT specialists and senior managers. Workers were under represented and could not influence decisions.

A NAPO National Executive Committee member said, "It was no surprise then that when CRAMS was introduced it was found to be virtually unusable. Mistakes are easy to make and difficult to remedy; it can be confusing and very unreliable."

Among workers using CRAMS, stress levels, already unacceptably high amongst probation workers, rose as did the numbers suffering from RSI.

Because it uses graphical images it could not be used by visually impaired staff. This probably also breaches the Disability Discrimination Act, according to NAPO's lawyers.

National negotiations were started by NAPO and UNISON and representatives argued that the employers side must make an ergonomic assessment of the software in accordance with the DSE regulations.

A negotiator said, "We were met by the Home Office who said that the regulation did not apply to them; by BULL, the software developers, who declared that they had assessed what they had created and that it met international standards, and by the regional probation service employers saying weakly that they had no control over what the Home Office decided. But we persuaded them that it would be negligent of them to continue to implement CRAMS without involving ergonomists and getting some expert view on the health risks associated with its daily use in the workplace."

In November employers agreed on an ergonomic

assessment, which was commissioned from University College London at a cost in excess of £12,000. The report, discussed by the employers and unions in March, vindicated the union's insistence on an independent assessment. Among many of the software's damning features, the report finds that:

- there is inadequate access for users with special needs.
- the software comprehensively fails to conform to the European design standard for user interfaces (ISO 9241).
- there are severe problems in window and menu design which lead to frustration and error by users.
- the means of entering and displaying data are seriously flawed and inconsistent, the software is error prone and does not make sense to the user.

- navigating around the software is inefficient with many unnecessary key-strokes being needed to complete the simplest of tasks.

- system "help" messages are incomprehensible.

The report concedes that the evaluation was of CRAMS version 3 but significantly goes on to say that their analysis and recommendations still stand for CRAMS version 4 which is on the point of being brought into use nationwide. The employers must put on hold their plans to introduce this defective software.

Many questions must be asked of the Home Office Department that oversaw the development of this software, not least why only after the expenditure of millions of pounds of taxpayers money, did they finally and reluctantly pay any attention to representatives of users of the software.

It's official

'Principles of software ergonomics

'In most display screen work the software controls both the presentation of information on the screen and the ways in which the worker can manipulate the information. Thus software design can be an important element of task design. Software that is badly designed or inappropriate for the task will impede the efficient completion of the work and in some cases may cause sufficient stress to affect the health of a user. Involving a sample of users in the purchase or design of software can help to avoid problems.'

Guidance on the Display Screen Equipment Regulations: Annex A, para 33

London Safety Reps Conference

9 June • TUC Congress House • Free

This is a conference for safety reps to discuss what issues matter to you and what you want from the government's review of safety reps' rights. Last year's conference put demands such as PINs (Provisional Improvement Notices) on the agenda. We plan to have speakers from unions and the HSE, and plenty of time for you to express your views and meet other reps.

Details from the Centre (0171-267-3387) and on www.lhc.org.uk.

Sam Epstein: the Politics of Workplace Cancer

Meeting organised by LHC and TUC

30 June 6.30 pm
TUC Congress House

Prof Samuel Epstein is a groundbreaking US cancer campaigner who led the way in saying that it is workers who must be protected, not chemical company profits.

Deadly dust on Woolwich ferry

Following a history of poor management of asbestos on board the Woolwich ferries one maintenance worker has been diagnosed with the fatal asbestos cancer, mesothelioma. Although a link between the two may be difficult to prove, the worker has been employed there for well over twenty years and had been exposed to asbestos when the ships were renovated and maintained.

The large ferries take road traffic across the river Thames in east London. There are three of them, operating in a cycle where two are operational, carrying traffic, and one is in the dock for maintenance. On the south Thames shore there is a dock with a large depot and maintenance workshop where about 30 people of different trades are employed in keeping the ships in good working order.

In January 1998 problems came to light when workers told their Safety Reps that the lagging around one engine's silencers was in poor condition and blowing what could be asbestos dust into the engine room. Analysis showed the presence of amosite (brown asbestos) and its poor condition meant it may have been giving off fibres. Managers drew up a removal plan but removal didn't start until around June.

The situation became more urgent at the end of 1998 when a dock maintenance worker was diagnosed with cancer of an unspecified type but which his doctor linked to asbestos exposure. AEEU Safety Rep-



London Hazards Centre / Mick Holder

representative Colin Smith contacted the London Hazards Centre in early January. Colin and his workmates were very concerned about their colleague's misfortune and for their own safety, so together with the GMB Safety Representative Tim Hughes they agreed to raise the issue with their management at the ferry's Safety Committee.

The Committee was unsure of the implications of the diagnosis and agreed to invite the London Hazards Centre to the Safety Committee to give an independent opinion.

London Hazards Centre worker Mick Holder attended the Safety Committee meeting as did GMB's London Region Health and Safety Officer, John McClean. Before the meeting they were given a tour of the ships by the Safety Representatives. They were shown the engine rooms where asbestos was recently removed; other previous removal sites such as the pipework on the passenger decks; and asbestos

still to be removed, such as around the vertical engine exhaust stack. It appeared the ferry management had finally got on top of the asbestos problem with the removal plans. Worryingly though, Mick pointed out a small amount of pipe lagging in the toilets that was possibly asbestos which the management had not recorded on their asbestos survey.

Years of exposure?

During the tour Safety Reps and workers explained how the issue of asbestos had been overlooked over the years and raised their concern that they had been periodically if not continually exposed. When the ships were first built a lot of asbestos was used to lag the engine pipes and pipework around the ship. The Reps said some asbestos would have regularly been disturbed while maintenance work was carried out and some was definitely removed without proper controls especially during an engine re-fit in the 1980's. Almost all of the people working on the ferries have been employed there for very many years and could have been exposed, possibly frequently, to substantial quantities of asbestos dust.

Just before the meeting started it was announced that the person diagnosed with cancer has mesothelioma, the fatal cancer of the chest almost exclusively caused by asbestos. It was with a grim air that the meeting commenced as worker reps and management came to terms with the latest bad news and its implications.

During the meeting it was discovered that management

had not reported the asbestos exposure incidents to the Marine Accident Investigation Branch as required under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), nor the mesothelioma case as also required by RIDDOR. Safety laws are enforced on the ferries by the Maritime and Coastguard Agency, not the Health and Safety Executive (HSE).

To screen or not?

The main worries for the meeting were what damage may already have been done to the health of the current workforce. The problem with cancer is that you can only detect whether you have it or not, not whether you are likely to develop it. The London Hazards Centre is cautious in its advice on health screening in circumstances such as these. Unnecessary chest x-rays are best avoided as they are dangerous to health. Normally the Centre would advise those exposed to tell their doctor when and how they had been exposed and get it on their medical records, and union reps should negotiate for this information also to be kept by the employer.

However, in this case, it was felt that as almost all workers had been there for very many years, screening now might give a useful picture of employees' health. The Safety Reps discussed this and decided they wanted their management to offer a health screening programme for those workers who wanted to participate. The management agreed to take this issue up with the London Borough of Greenwich who operate the ferries.

Beware the Asbestos Roadshow

The HSE is supporting a series of meetings where asbestos companies will be given a platform to air their views on recent regulations and the proposed UK ban. Organised by the British Occupational Hygiene Society (BOHS), the London meeting on 13 May will feature a representative of Eternit UK (no connection, of course, with Eternit Brazil which recently tried to use criminal libel laws to silence whistle-blowing safety inspector Fernanda Giannasi). Four other meetings around the UK will

feature Cape (currently resisting the hearing of compensation claims by South African workers in the UK), BBA (formerly British Belting Asbestos) and Klinger, processors of South African chrysotile. These companies certainly have hundreds of years of asbestos experience between them, but asbestos victims and their families may find it odd to see them sharing platforms with HSE and trade union representatives. But then not many victims will have the £140 it costs to get in.

Dates for your diary

17-19 September 1999
7th European Work Hazard Conference, Edinburgh.

For more details, write c/o Lothian Trade Union and Community Resource Centre, Basement, 26/28 Albany Street, Edinburgh EH1 3QH. Tel: 0131-556 7318. Email ltucrc@msr.ccis.org.uk

Infectious Diseases in the Workplace

This factsheet deals with the main infectious diseases in the workplace, their symptoms, their prevention and the main groups of workers at risk. It also covers the legal obligations of employers and the action that can be taken by workers and their representatives.

In the year 1996/7 medical consultants reported 1294 new cases of occupational infection in the UK. The main activities involved were health care, social work, farming and food handling.

Main infectious diseases at work

Hepatitis

This is a viral liver disease with three main forms, A, B and C. Those at risk include healthcare workers, sewage workers, police and emergency services, morticians and embalmers and others who come into contact with bodily fluids. **Hepatitis A** is easily contracted from close contact with infected individuals or ingesting contaminated food or faeces. Symptoms can range from virtually no effect through fever, nausea, lack of appetite, diarrhoea, abdominal pain and jaundice to coma and death. Prevention is achieved by good sanitation, waste disposal and personal hygiene.

Hepatitis B is 100 times more infectious than HIV, and carried in blood, saliva, semen, urine and vaginal secretions. One third of those infected are without symptoms, and there are up to 50,000 symptomless carriers in the UK; one third suffer a mild flu-like illness and one third suffer severe illness for up to six months with nausea, vomiting, fever, pain, fatigue and jaundice. Cirrhosis or cancer of the liver can develop. Prevention can be achieved by vaccination, good personal hygiene and avoiding contact with bodily fluids.

Hepatitis C can cause chronic illness and ultimately death. It is also transmitted in body fluids though to a lesser extent than hepatitis B. There is no vaccine currently available.

HIV/AIDS

Acquired Immune Deficiency Syndrome (AIDS) is caused by the human immunodeficiency virus (HIV). The virus may be carried for many years before symptoms appear. A breakdown of the body's defences can lead to serious infections and some cancers. Treatment with drugs can arrest the onset of symptoms. The virus is transmitted by infected blood, semen and vaginal fluid. Occupational groups at risk are health and personal care workers through needlestick injuries or contact with infected blood through skin cuts and abrasions. Prevention of exposure is achieved by good standards of cleanliness and hygiene.

Tuberculosis

Tuberculosis is a bacterial disease which mostly affects the lungs (pulmonary TB) but can affect other organs. The illness is severe and may lead to long convalescence or to permanent disability. Pulmonary tuberculosis can be transmitted by inhaling the saliva or sputum of an infected person or animal. Groups at risk are health care staff, workers in old peoples' homes, homeless hostels and drug rehabilitation centres and farm and veterinary workers. Prevention is by BCG vaccination which offers immunity for up to 15 years.

Leptospirosis (Weil's Disease)

This is a potentially lethal bacterial disease contracted from water containing mammals', predominantly rats', urine. Infection can occur through contact with the eyes and mouth or through cuts and abrasions. The human form is called Weil's disease and can lead to jaundice or meningitis. Vulnerable groups are water and sewage workers. Protection can be obtained by vaccination. Suitable protective equipment to avoid contact with contaminated water is required.

Legionnaires' disease

This is a bacterial respiratory disease which can be fatal. It is contracted by inhaling droplets of water contaminated with *legionella* bacteria emanating from cooling towers, air conditioning, humidifiers, showers and other water systems. Anyone in the vicinity of such systems is at risk. Control is by good design, location, maintenance and cleaning of water towers and other systems. The bacteria can be killed by biocides or raising the water temperature to over 60°C. **Humidifier fever** is a related disease though less virulent and caused by a variety of organisms.

Zoonoses

These are infections transmitted from animals to humans. The most severe are anthrax, bovine tuberculosis, brucellosis, hantavirus, psittacosis, Q fever, rabies, salmonellosis. A somewhat less serious group includes leptospirosis, cowpox, cryptosporidiosis, listeriosis, Newcastle disease, orf, ovine chlamydiosis, ringworm, tetanus and toxocariasis.

Infections in pregnant women

Some infections can cause miscarriages or affect a breastfeeding child: German measles, chickenpox,

hepatitis, HIV, typhoid, tuberculosis, ovine chlamydia, and toxoplasma, found in infected cat and dog faeces.

Legal requirements

The Control of Substances Hazardous to Health (COSHH) Regulations apply to biological agents and there is a Biological Agents Approved Code of Practice (ACOP) in addition to the general COSHH requirements. Biological agents are classified into Groups 1-4 with Group 1 being the least and Group 4 the most dangerous. A suitable and sufficient risk assessment must be carried out for any work activity involving the deliberate use of biological agents (e.g. research, medical care) or any exposure where exposure is incidental to the activity (e.g. farm work, sewage work, social work). The assessment should cover the agents, their form, effects and hazard groups, the likelihood of exposure and disease, the possibility of substitution by a less hazardous agent, the control measures, monitoring and health surveillance. Detailed guidance is available on appropriate control measures, especially for intentional work with biological agents. The HSE must be notified of the use, storage or consignment of biological agents. Protective clothing and equipment should not itself become a means of transmitting agents. Monitoring of exposure should be carried out if a suitable technique is available. Health surveillance can involve testing for immunity after vaccination. Information should be provided to employees in writing, particularly when dealing with highly infective agents.

Vaccination policy

Vaccination is recommended as a control measure by the Biological ACOP. Where a suitable vaccination procedure exists, employers should not expose non-immunised workers to an infectious agent.

Pregnant women

A particular risk assessment needs to be carried out of the hazards to pregnant or breastfeeding women or women who have given birth within the previous six months. Suitable protective or preventive measures should be provided, working conditions altered or suitable alternative work provided. If none of these can be achieved, the woman should be suspended on full pay for as long as it is necessary to avoid the risk.

Reporting (RIDDOR)

Employers are required to report to the HSE any case of an employee suffering

a notifiable, occupational disease. Report should be made on Form F2508A, available from HSE Books. Self-employed people should also make a report. The infectious diseases which should be reported are listed but there is a catch-all clause requiring a report in virtually all circumstances

Action for safety representatives

- Ensure that members are fully informed about the risks of their job and appropriate prevention and control measures including vaccination.
- Demand the employer provides suitable information and training in the avoidance of risk, including work methods, use of equipment and hygiene.
- Demand the employer carries out a comprehensive risk assessment which covers prevention, control and protection and monitoring and health surveillance.
- Where biological agents are being used, stored or transported, ensure that the correct procedures are in force, according to the Hazard Group of the agent.
- Where there is a serious and imminent risk of infection, advise members that they are entitled to withdraw their labour in order to protect themselves. If circumstances allow, seek advice from your union officials before taking this step.
- If any disease symptoms occur, ensure that members report these immediately and that a report goes to the HSE if required. Any other people who might be affected should be immediately tested for signs of illness.

Resources

COSHH regulations: LHC factsheet, available from LHC and on www.lhc.org.uk.

Catching animal disease: zoonoses at work. *Hazards* magazine no 63, July 1998, p 14-15.

General COSHH ACOP (Control of substances hazardous to health) and Carcinogens ACOP (Control of carcinogenic substances) and Biological agents ACOP (Control of biological agents): Control of Substances Hazardous to Health Regulations 1994. HSE series L5. ISBN 0-7176-1308-9. £7.50 from HSE Books, PO Box 1999, Sudbury, Suffolk, CO10 6FS. 01787-881165, fax 01787-313995.

LHC's **HAZLIT** database lists more union and official resources at www.lhc.org.uk.

Casual killing campaign hits Commons

London Hazards Centre / Mick Holder



The Simon Jones Memorial Campaign (see our January front page) hit the House of Commons on 3rd March when George Galloway MP moved a debate on health and safety. Galloway called for the prosecution of Euromin, the company running the dock where Simon was killed last April. The campaigners later moved on to the DTI (Department of Trade and Industry) building where they occupied the lobby. The DTI licenses casual employment agencies such as Personnel

Selection, which sent Simon to work in the docks with no training. No action has been taken against Personnel Selection either. Simon's family forced the Crown Prosecution Service to meet them to account for their refusal to prosecute for manslaughter. Trade union branches can support the campaign – a model motion is available.

Info: www.simonjones.org.uk / PO Box 2600, Brighton BN2 2DX / tel/fax 01273 685913

Online? Have you visited the LHC Web Site at www.lhc.org.uk

'I would like to congratulate you on your web site... invaluable as a safety representative with the GMB'

As well as news and background on the centre our Web site contains two databases:

- HAZLIT
union, campaign, medical and official documents summarised from our point of view

- HAZTEXT
full searchable text of our books, factsheets and newsletters.

'Very useful for myself and the reps on the TUC courses I tutor... this is a database operating for them'

If you're an affiliate/subscriber you have free access to these databases. E-mail-mail@lhc.org.uk for your password. Organisations with which we exchange information can also get access.



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Have your say on stress

The HSC has issued a discussion document on stress, which will be tabled at open meetings round the UK. A crucial point is whether the resulting publication will have the legal status of an Approved Code of Practice (ACoP) or will be just guidance. A few years ago the HSE was saying it couldn't advise employers on assessing stress at all, so this is progress. If you want an ACoP,

get the document, send your comments and book your seat at the meeting.

- Managing stress at work, DDE10, free from HSE Books 01787-881165 & at www.open.gov.uk/hse/condocs
- To book for meetings in London 24 June, Cardiff 1 July, Edinburgh 5 July, Manchester 14 July: 0171-717-6306

Health and Safety Courses

One-day courses aimed at voluntary organisations and union reps.

Thursday June 3 1999

Tackling Violence At Work

Thursday May 13 1999

Five Steps To Risk Assessment

Thursday May 27 1999

Introduction To Workplace Safety Management

Thursday June 17 1999

Display Screen Equipment Risk Assessment

£40.00 per person. For full details and booking form ring the Centre (0171-267-3387) or visit www.lhc.org.uk.

You can book by writing with cheque to: LHC, Interchange Studios, Dalby Street, London, NW5 3NQ

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* Price to community groups/tenants associations/trade unions when ordered direct from the Centre.

Add £0.50 post and packing up to each £5 worth of books.

Discounts for 10 or more copies.

Cheques to 'London Hazards Centre Trust Ltd'.

For a list of factsheets contact the Centre or send SAE.