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1. Health improved by physical activity intervention at work

People who take part in a physical activity at work have lower blood pressure and resting heart rate compared to those who do not, according to research by psychologists in the University of Leeds, Institute of Psychological Sciences.

The study developed an intervention that targeted more than 1,300 employees from 44 worksites within five organisations, including the local county council. At the start of the study, participants were given a health check to measure their blood pressure, body mass index and body fat. Each participant was asked how they felt about physical activity, how much physical activity they carried out, how satisfied they were with their job and how many days they had lost to sickness.

The intervention was run for three months, carried out by physical activity "champions" within each workplace, with leaflets, self-monitoring tools, team challenges and posters working to keep people engaged in their physical activity. While the researchers found no significant improvement in the reported levels of physical activity, those who took part in the physical activity intervention had improved blood pressure and resting heart rate readings at the end of the study.

A project researcher commented "An interesting point was that we did find significant increases in physical activity among council workers. We collected data on how well the intervention was delivered and it seems that in the county council the facilitators did a great job of working through the intervention with their teams." So what about the private sector workers? And what was the reason for asking questions about job satisfaction and sickness absence records. Are you happier at work with a lower blood pressure and heart rate?

The study was supported by a £300,000 grant from the BUPA Foundation. UCU health & safety is well aware that physical activity means increased physical fitness, and as a

consequence, lowers blood pressure and heart rate. So how does BUPA believe it will benefit from its investment in this piece of research? Is it part of the dreaded creeping 'wellbeing' agenda?

<http://www.personneltoday.com/articles/2010/10/12/56674/health-improved-by-physical-activity-intervention-at.html>

2. Reporting injuries – clarification

We had a recent enquiry about reporting incidents where a student has been hurt and taken to hospital, asking what the employer is supposed to do in such cases.

Any injury sustained at work should be reported to the in-house reporting system, usually called the 'accident book'. Employers are required to record basic details about any injury in a prescribed and factual form – and to permit safety representatives access to that information. The current official 'accident book' (HSE Publications BI 150) includes a tick-box which authorises the employer to give the information to the union safety rep, so that data protection legislation is satisfied. If authorisation is withheld, then the employer must remove the victim's identification from the form, but still give safety reps the information about the incident. UCU recommends that members also record non-physical injury and incidents – stress caused by excessive workload, bullying, threats etc.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) require employers to notify fatalities and a range of serious injuries, incidents and illnesses to the HSE via a central reporting office.

Employers must also make a RIDDOR report of any incident in which a member of the public is injured and taken to hospital for treatment. [Regulation 3(1)(c)] Part 2 of Table 1 in the Guide to RIDDOR (HSE Books L73) says this includes students. Such reports have to be made without delay.

See <http://www.hse.gov.uk/riddor/guidance.htm> under the heading 'Major Injuries'. This is different to the provision for injured employees – reporting for an employee injury that requires hospital treatment is restricted to where the period of hospitalisation exceeds 24 hours.

Don't forget that RIDDOR reporting is an employer duty, **not** the responsibility of the injured person. Anyone who sustains an injury that falls within a RIDDOR reportable category (or any safety rep acting on behalf of an injured member) can check if the incident or injury has been reported by their employer – just ring the reporting centre and ask. They will need to know basic information to identify the case. Telephone 0845 300 9923.

Download the HSE RIDDOR L73 guide from

<http://www.hse.gov.uk/pubns/books/l73.htm> The HSE RIDDOR website at

<http://www.hse.gov.uk/riddor/index.htm> and links from there to the ways employers can report incidents at <http://www.hse.gov.uk/riddor/report.htm>

Lord Young's report says that RIDDOR is inefficient in that it only records 50% of incidents, that it is cumbersome in its operation, and recommends that the HSE re-examine the operation of RIDDOR. I'm not sure how cumbersome a single reporting centre, which can be accessed by telephone, fax, e-mail or letter, is – I would suggest it was quite simple and straightforward. Most people would say that the way to tackle a situation where 50% of employers ignore the duty on them to report incidents and injuries would be to enforce the requirements more effectively; instead Young appears to be suggesting the reporting requirement could be abolished, as the data captured by RIDDOR can be obtained from other sources, although he doesn't identify what these are. (Common Sense: Common Safety Page 30.)

3. Lord Young: Violence in non-hazardous workplaces

Remember Lord Young says that offices, shops, classrooms and pubs are non-hazardous workplaces and shouldn't be burdened with complicated risk assessments, enforcement visits and so on.

i) Shops

Preliminary results from the Union of Shop, Distribution & Allied Workers (Usdaw) annual survey of violence at work suggest that over a million shop workers have been assaulted, threatened or abused in the last year. The survey shows that in the past 12 months, 6% of shop workers were subjected to violent attack, 37% were threatened with harm and 70% had suffered verbal abuse. While reported incidents of assault are slightly down, incidents of threats and abuse have increased since last year.

Usdaw's Freedom from Fear Campaign seeks to prevent violence, threats and abuse against shop workers, and they claim it has made a significant difference. A key focus is to negotiate safety and security improvements in stores with employers, and to establish real and effective partnerships to tackle the problem, while raising public perception about the issue.

ii) Classrooms

UCU health and safety advice is aware of two serious assaults against lecturers in the past few weeks that have resulted in serious physical injury and mental trauma. Generally, it has proved to be impossible to collect any really useful statistical information about the scale of the problem, because the College employers organisation the AoC doesn't collect statistics about work-related violence to staff in FE. A recent survey found that while more than half the colleges responding said violence was not one of their top 3 risks, the remainder, a significant minority, said it was.

<http://www.hse.gov.uk/statistics/causdis/violence/teachersupportnetworksurvey2007.pdf> is a Teachers Support Network survey from 2007, and reveals a disturbing level of violence in schools. This was a self-selecting survey of teachers, so not representative of schools or of conditions in FE, but as a snapshot it gives an indication of the scale of the problem.

General RIDDOR reported incidents for 2008/09 causing major injury or an absence of over 3 days show that more than 3,000 workers were victims. If Lord Young is right about RIDDOR, that it is 50% adrift, that's possibly over 6,000 victims a year. See the table at <http://www.hse.gov.uk/statistics/tables/rviol02.htm>

A social dialogue agreement at European level between the EU employers and workers organisations, the 'Autonomous Framework Agreement on Harassment and Violence at Work', was signed in December 2006 and supported by the TUC, despite some reservations that it could undermine more progressive arrangements. The trouble with these EU-level agreements is that they often amount to little more than pious statements. For more information and to download the guidance go to <http://www.workplaceharassment.org.uk/>

The HSE published a guidance document 'Violence in the education sector' some years ago which is quite useful. If reps need more information about that, send an e-mail to jbamford@ucu.org.uk with "Violence in the Education Sector" in the subject line.

4. New office risk assessment tool from HSE

Lord Young made a recommendation to simplify the risk assessment procedures for what he called low risk workplaces such as offices, classrooms and shops.

The HSE has developed a risk assessment tool for offices. This was launched at the same time as the Young report into health and safety. It is meant to be a pilot, but there is no formal consultation and it is not clear on the HSE website that comments are wanted.

To be frank, it is a poor tool; mostly just a tick-box exercise with little substance or ability to probe below the surface, and ignores many potential hazards. For instance, stress is covered in one tick box. It is unlikely that any employer who simply went through this would have successfully assessed and managed risks. It may have identified some of the main ones, but the actual assessment of the risks and the steps taken to remove them would be unlikely to be sufficient. Could easily be passed-off as suitable for a staffroom assessment!

Given the way the HSE bangs on about worker involvement, it is also a matter of concern that worker involvement appears at the end, rather than as a requirement at the beginning.

Risk assessment is not a complex process, the five steps to risk assessment provides a reasonably useful model for what employers should do and for small offices there is already an example risk assessment on the HSE website.

The office risk assessment tool is at <http://www.hse.gov.uk/risk/office.htm>

5. Asbestos

i) Mesothelioma deaths increase

Following an earlier announcement by the HSE, a new table of statistical information on British mesothelioma deaths was released on October 27. They present a quite shocking picture. Over the last ten years there has been a 46% increase in the number of deaths (from 1541 in 1998 to 2249 in 2008). Between 1990 and 2008, the number of fatalities increased from 895 to 2249. The table is at

<http://www.hse.gov.uk/statistics/tables/meso01.xls> The proportion of female deaths, which fell consistently from over 25% in 1968 to 13% in 1990, is on the increase again, and has now risen to 17% in 2008.

The HSE estimates that male mesothelioma deaths will peak at over 2000 a year by 2016; the total number of deaths predicted between 2009 and 2050 is in excess of 60,000. With the 39,983 deaths already recorded between 1968 and 2008, that will make a total of over 100,000 recorded mesothelioma deaths since records began to be systematically kept in 1968. It isn't clear why the HSE only make an estimate of future male deaths, given that almost one fifth of victims are women.

ii) New HSE-sponsored training materials launched

The HSE launched a new training materials package about asbestos and its dangers at Warrington Collegiate on 26th October. The material is intended for delivery by college lecturers and other vocational education providers on courses for apprentices aged 16 - 19, particularly apprentice plumbers, joiners and electricians. This package is designed to raise awareness of the risks they face when working with asbestos, and provide them with basic guidance about what they need to do. HSE believes that providing apprentices with key information at an early stage means they are better equipped to challenge poor work practices and protect themselves.

It is also relevant to established staff and can be delivered as part of general workplace training. HSE research shows that although craft workers know that asbestos is harmful to health, they believe that it is a historical problem, and so do not take action to protect themselves.

Download free from <http://www.hse.gov.uk/asbestos/learning-package/index.htm>

6. Stress

i) Stress tops list of problems in TUC 2010 Safety Rep survey.

Stress is by far the most common health and safety problem in the workplace, according to the TUC's biennial safety reps survey, published on the 28th October. (See item 7 below)

More than 1,800 safety reps responded, and nearly two-thirds (62%) said that stress is one of the top five problems faced by the workforces they represent, while more than a quarter (27%) picked out stress as the hazard at work that most concerns them. Stress is more often found in the public than in the private sector, the survey shows, with 68% of public sector union reps saying it is a problem, compared with 54% in the private sector. 85% of reps in Education reported Stress as their number one concern, with 60% saying Overwork and 56% reporting Bullying & Harassment as second and third concerns.

Stress is more prevalent in larger workplaces and is most common in London - with 70% of reps in the capital citing it as an issue - than in any other part of the UK. The TUC survey follows separate research released earlier this week by the Chartered Institute of Personnel and Development which showed that 35% of employers reported stress related illness was the main cause of long-term absence. The CIPD survey also confirmed that stress is more common in the public sector. Report at

<http://www.personneltoday.com/articles/2010/10/25/56783/stress-the-most-common-cause-of-sickness-absence.html>

In the press release launching their survey report, the TUC urged employers to work together with the trade unions to combat work-related stress, which, the TUC said, has a devastating impact on workers affected and damaging costs for employers.

ii) National Stress Awareness Day

If you blinked, you may have missed this high-profile event – it was the 3rd November. It's organised by the International Stress Management Association (ISMA) and this is its twelfth year. Their take on work-related stress is abysmally poor; they seem to be quite happy to promote the idea it's your own fault, and suggesting secondary interventions as the cure, after telling you to pull yourself together. Nowhere do they mention that employment circumstances caused by employers are what really need to be resolved – check <http://www.workplacelaw.net/news/display/id/31124> and their site at <http://www.isma.org.uk/about-stress/top-10-stress-busting-tips.html> which clearly puts it all down to the individual's inability to cope. While you are there, look at "The Wheel of Life 3" as well. UCU health & safety thinks this stuff is appalling.

We decided to have no more to do with them after the fiasco three years ago when their "Ten Top Tips" for tackling stress featured at number one "Smile", accompanied by a picture of television presenter Stephen Fry wearing a big cheesy grin!

ISMA still don't seem to have cottoned-on to the reality of work-related stress being caused by factors within the employer's control that they can STOP if they were serious about it. If you didn't smile, you'd despair!

7. TUC Safety Reps Survey 2010

Following on from stress, other key hazards instanced by survey participants include:

- Bullying and harassment is this year's second most common health and safety concern. More than one-third of reps (37%) list it as a top five concern in the workplace - almost double the proportion (20%) that cited bullying as an issue in 2008.
- Back strains constitute the third most frequently mentioned hazard, with one-third (33%) of reps saying this was a top five concern for their workplaces, a slight increase on the 31% figure in 2008.
- Slips, trips and falls are collectively the fourth most common hazard identified, with 32% of reps regarding them as a top five cause for concern. They were placed the same in 2008 (33%).
- Overwork is listed as a separate issue to stress for the first time in the survey, and it is the fifth most likely hazard to be identified as a major concern with nearly three in 10 (29%) safety reps listing it as one of their top five issues.
- Another change in the findings of this year's survey is that display screen equipment and repetitive strain injuries present a lower level of concern now than in 2008 - both were reported by 28% of reps now compared to 41% and 40% respectively in 2008.
- There are also quite dramatic falls in the proportion of safety reps saying that psychosocial hazards like working alone (down from 30% to 21%) and violence and threats (down from 26% to 18%) were major hazards.

There remain considerable weaknesses in respect of safety reps role and functions. On reps involvement in risk assessment, only 29% said they were satisfied with their level of involvement, while 40% said they were not involved at all. 40% reported difficulties in getting time-off for training, with 14% saying that was because employers refused paid release. Over half of respondents spent less than an hour a week on safety reps work, while around a third spent between 1 and 5 hours. Only a fifth spent more than 5 hours a week. Many safety reps are not conducting regular workplace inspections – the SRSC function is to inspect 4 times a year; less than half of safety reps do that.

The common thread running through this pattern of restricted activity seems to be experience. More experienced reps spend more time, undergo more training and conduct a higher proportion of inspections. UCU believes that this highlights the importance of establishing a strong safety representatives organisation in the workplace that helps overcome problems of inexperience and isolation by providing mentoring for new reps, “on-the-job” training and development, and a mutual support network of reps, taking a strategic view and co-ordinated action within the Branch as part of the wider negotiating agenda.

Download from <http://www.tuc.org.uk/extras/safetyrepssurvey2010.pdf>

8. Eyecare International

In December last year an organisation called Eyecare International appeared on the premises of Bradford College. Eyecare International sell spectacles. The way they do it is to persuade employers to allow them to set up their retail operation on the premises, which gives them access to the whole staff body. Using the carrot of free eye tests, the employer (in the cases we have had reported to us, it has been the H&S manager or HR Department) then encourages staff to go for a free eye test. Their retailing focal point is something they call "The Tardis" – some kind of caravan/trailer.

In the cases we know of, there has been no consultation with the unions about this. Because of the wording of the promotional information sent out to staff, questions were raised by the Bradford College UCU Branch about the eye test requirement under the Display Screen Regulations, (EI's offer appeared to undermine the college's existing arrangements for DSE eye tests) and other matters. It seems that, without so much as a "by your leave", the employer had opened-up the whole college workforce to the commercial activities of this organisation. The local UCU response was proportionate and measured, and advised staff to be careful in any dealings with them.

At another college a member wanted a pair of simple readers, and would have been happy to pay £20 – following the eye test she found the cheapest they had were £200. We don't know if EI pay the employer for the privilege of a sales location for the re-materialised Tardis, or are content with access to hundreds of staff who are encouraged to take advantage of the facility.

Seems to us that if employers were serious about offering staff something positive in this area as a contribution to staff wellbeing, they would do better to make arrangements with a local optician, independent or national chain, for a preferential deal, and ensure that their duties under DSE Regulations were properly observed in unequivocal terms.

If anyone else has any experience of Eyecare International, do please let me know.

9. UCU training for safety reps

Being a UCU appointed health and safety representative means you enjoy a range of statutory functions which help you monitor conditions and issues in the workplace, and raise these with the employer. Your employer also has a legal duty to assist you with those functions, by permitting you to take paid time-off from your lecturing job to undertake safety reps duties and to undergo union-approved training.

The health and safety rep training dates for this academic year have been finalised, starting with the safety rep induction course on 1st and 2nd December running in London. You might consider attending if:

- you are a new safety rep

- you are a safety rep who hasn't attended any training
- you are a branch officer or rep who would like to learn more about health and safety

Course details are as follows:

Safety reps 1: Induction (Safety Reps role and functions)

This 2 day module forms the first part of an 8 day training programme organised into 4 modules.

- the role and functions of a safety rep
- obtaining facilities and time off to carry out the safety rep's function
- using Safety Reps and Safety Committee Regulations
- organising UCU members around hazards at work
- applying a trade union and equal opportunities approach to health and safety
- identifying employers' duties under health and safety legislation
- using the Health and Safety at Work Act and key regulations
- developing the skills needed to be an effective safety rep

1st December 2010, 2 days, London

Safety reps 2: the management of health and safety

This 2 day module forms the second part of an 8 day training programme organised into 4 modules.

- building union organisation around health and safety issues
- introduction to risk assessments
- analysing symptoms of ill health by using body mapping and other techniques
- preparing for, and involving, members in inspections at work
- carrying out inspections at work
- using a systematic approach to tackling health and safety problems
- safety reps and the risk assessment process
- the role of safety reps in investigating injuries, incidents and ill health
- developing the skills needed to be an effective safety rep

10th January 2011, 2 days, London

Safety reps 3 prevention of injuries and accidents

This 2 day module forms the third part of an 8 day training programme organised into 4 modules.

- negotiating improvements in workplace health and safety policies
- carrying out stress audits

- negotiating effective policies and procedures around stress and violence
- campaigning around individual and collective health and safety issues
- improving health and safety training
- using the safety committee effectively
- the value of effective investigation for employers and staff
- developing the skills needed to be an effective safety rep

11th April 2011, 2 days, London

Safety reps 4: Bargaining for health and safety

This 2 day module forms the fourth part of an 8 day training programme organised into 4 modules.

- negotiating improvements in workplace health and safety policies
- carrying out stress audits
- negotiating effective policies and procedures around stress and violence
- campaigning around individual and collective health and safety issues
- improving health and safety training
- using the safety committee effectively
- the value of effective investigation for employers and staff
- developing the skills needed to be an effective safety rep

13 June 2011, 2 days, London

To find out more about being a UCU health and safety rep and to see what training is available in your region, go to <http://www.ucu.org.uk/index.cfm?articleid=4918> and <http://www.ucu.org.uk/index.cfm?articleid=3140> .

Contact UCU Health & Safety Advice

UCU Health & Safety Advice is provided by the Greater Manchester Hazards Centre, and is available for 3 days each week during extended term times. The contact person is John Bamford: (e) jbamford@ucu.org.uk (t) 0161 636 7558

Visit the **UCU Health and Safety web page:**
<http://www.ucu.org.uk/index.cfm?articleid=2132>