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Does work make you sick? Then lets change the way we work

Solidarity Federation

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against deaths on building sites, by picketing out sites where deaths have occurred. Solidarity Federation PO Box 1681, London N8 7DN. Tel. 0161 232 7889. Write for; free info. 'Your H&S rights — at a glance'; support and advice; details of forthcoming H&S surgeries.

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first place. A small victory over health and safety breeds a bit more confidence to go further and change a bit more, and a bit more. The laws may not be made for us, by and large, but, in conjunction with collective action, we can use them to our advantage.

The Solidarity Federation does action in an area that has become the domain of TUC bureaucrats who sit on management safety committees but change nothing while thousands of workers are killed. The enforcement of safety standards through direct action in the workplace can turn this horrific situation around. And at the same time, we are on the way to fundamentally changing the way we work forever.

Information

Labour Research Department: 78 Blackfriars Road, London, SE1 8HF. Tel: 0171928 3649 Highly recommended. They produce a monthly magazine and regular pamphlets on workplace issues, and have an enquiry service for affiliates.

Health and Safety Executive HSE Library, 2 Southward Bridge Road, SE1. Government funded body, mainly geared towards employers. Free leaflet on basic workplace health and safety rights for employees (HSE Books, Tel: 01787 881165) HSE Information Centre Broad Lane, Sheffield, Tel 0114 289 2345. free leaflet line: 0114 289 2346.

For technical knowledge of equipment, chemicals etc. London Hazards Centre Interchange Studios, Dalby St, London NW5 3NQ. Tel 01712673387 Publishes the Daily Hazard, and provides hazards info. to unions and affiliates.

TUC Publications Department, Congress House, Great Russell Street, London, WC1B3LS Tel: 0171 636 4030. Wide range of health and safety publications.

Building Worker Group c/o Colin Roach Centre 56 Clarence Road, London, E5 8HB Tel: 0181 533 7111. Currently campaigning

bestos, employers, instead of getting rid of the dangerous substance altogether, will try to control it or make workers use protective equipment, which can often be flawed anyway. Health and safety is about making the workplace fit the worker, not vice versa.

Reporting t'boss

The main advantage of contacting the authorities is that they have the power to serve an employer with a Prohibition or Improvement Notice. But remember, their bark is often worse than their bite. Cuts mean the HSE rarely have time to carry out inspections. And fines and claims for damages — although possible — are few and far between: It is estimated that at least 70% of workplace injuries are caused by employers' negligence, but only around 5% actually get compensation. Still, if you have a good case and plenty of persistence, it is worth contacting HSE and/pr the local authority Environmental Health Department with any uncovered problems which aren't being dealt with by management.

Changing the way we work

We need to forget the stuffy and bureaucratic image of health and safety. The result of the erosion of working conditions and training means we take more risks and work more dangerously — the statistics speak for themselves. We don't have anyone else who we can trust to deal with the issue, but ourselves. This may just seem like fine words, but once you start looking critically at your own workplace, and how it could be changed to suit workers, the view of the self-management process snowballs. It becomes clear that if we could control our workplaces ourselves, and if we were running them for people's needs, then they would look very different. If we can enforce a safe working environment we can then go on to question the right of employers to profit from our labour in the

The number of people killed at work has risen by almost 20% over the past year, according to Health and Safety Executive figures. A similar pattern emerged in the new serious accident statistics, with a rise in the rate of major injuries in every industrial sector, and the overall figure up by well over 60% to 28,040. Figures show a disproportionate increase in the number of self-employed fatalities, reflecting the increase in numbers of vulnerable casual or contract workers.

It is estimated that a third of all ill-health is due to work. Ill-health is increasing with new technology, new chemicals and a general worsening in working conditions. Health and safety can no longer be just seen as the domain of the industrial worker. The new type of worker now sits at a computer or answers the telephone all day, perhaps in the same space as hundreds of others. The health problems we face — limb disorder, eye strain, lack of fresh air, lack of space, lack of breaks — may appear different from traditional health and safety concerns but many are really no different and no less damaging than those that workers in sweatshops have been facing since the beginning of the 19th century.

Taking up health and safety issues at work can be a daunting prospect. The whole area is a confusing mass of regulations, procedures and law. But health and safety remains a major issue for many of us, and things are getting worse in many workplaces. Below, we look at just a few of the health and safety problems you might come up against. We focus on the problems that modern workforces suffer, now that service, care and office-based industries have increased. We also look at how you can use the law to help you and suggest where you might go to for information. Most importantly, we also look at how you can start getting things changed with health and safety, with an eye to the fact that ultimately the only true healthy and safe workplace can be one which us the workers run ourselves.

Health hazards

Health hazards are often not immediately obvious and some are virtually invisible. Take a typical office work example. Bad design and poor maintenance in modern sealed workplaces with their artificial environments can be responsible for allergies, exhaustion, depression, asthma and other respiratory illness, eye problems and infections such as humidifier fever. Keyboard workers are suffering an epidemic in Repetitive Strain Injury (RSI), a term grouping together a number of Upper Limb Disorders. It currently affects 200,000 workers a year in Britain, many of whom are in constant pain and disabled, sometimes permanently. RSI also affects manual workers in all kinds of repetitive jobs — food, electronics, clothing, cars, packing, care work, cleaning, furniture and many other industries. Many workers realise the danger too late, and become disabled. Photocopiers and laser printers give off Ozone, which can cause health problems such as eye, nose and throat irritation, dermatitis, headaches, premature ageing and possible reproductive and cancer hazards. The ever increasing use of computers also subjects up to 10 million UK workers to a range of possible hazards — eyestrain, RSI, skin problems, miscarriages, stressful work organisation.

Occupational Stress in areas such as office work, social work, care work, nursing education etc. is now widespread and growing, not least because of increasing casualisation of work in these areas, and the added pressures this brings. Staffing cuts, increased workload, long hours of work, the pressure of caring for or supporting increasingly poor and deprived people with very few resources or service; all lead to stress both in and out of work. As cuts bite, and new, more hierarchical, systems are imposed in workplaces, the tendency for managers to harass and bully workers into increasing their workload becomes greater. Workplace bullying (99% of the time by managers) has also become a recognised workplace problem. All leads to more stress, which can result in stomach and

Cutting through the jargon

Employers, Government and bodies like the HSE traditionally try to diffuse health and safety issues into “non-conflict” issues around training, perpetrating the “careless worker” myth — that if only workers would be more careful there would not be as many accidents. And they will try and individualise problems, putting the onus on the workers to change rather than doing anything about the workplace. For instance, workers have witnessed and documented the epidemic in occupational stress of the past few years. The Labour Research Department and the public service workers’ union, UNISON, have published a booklet on Stress. Even the HSE have brought out a glossy booklet on the subject. The main response of the HSE and employers to the issue has been to recommend stress management measures such as counselling, thus making it the individual workers’ responsibility, and taking the onus of the problem away from the workplace itself. If workers are suffering stress what needs to be done collectively to change the workplace? The answer is to do with conditions of work.

Another example is management attitudes to hazardous substances, as covered by The Control of Hazardous Substances to Health (COSHH) Regulations, 1989. Employers must carry out a COSHH assessment by a trained and “competent person” (the HSE have produced guidance on this). To control or prevent exposure to hazardous chemicals employers must work through a hierarchy of measures: 1. Elimination of the hazard; 2. Substitution with a less hazardous substance; 3. Control measures such as exhaust ventilation, and; 4. protective clothing.

To eliminate the risk of a hazardous substance it must be got rid of. As the HSE say, “in all cases prevention or adequate control of exposure should be achieved by means other than personal protective clothing, so far as is reasonably practicable”. Like most other situations, how “practical” this is depends on how much money your boss will spend on safety. In reality, for instance with as-

there can even be advantages in starting from scratch. If there are no clear management-run structures to deal with health and safety, this makes things a lot clearer. And if workers, recognise that they are the ones who can identify problems and can force change, then confidence can be gathered around the health and safety issue.

Whether you are in a recognised union or not, the first step for dealing with a health and safety issue is to establish what the problem is and how it is affecting workers. This can be done through questionnaire, inspection, or “unofficial” documentation by means of a diary or record book. You can get model questionnaires or suggested checklists for inspections from most unions, or devise your own. An inspection can consist of simply taking statements from each worker about a particular problem, and how it is affecting them.

Courses

The next step is to find out what your boss should be doing about it. The best way to acquaint yourself with the main hazards and issues is to get on a trade union health and safety course. Most unions run these, although some are using management courses. Nevertheless, it is a good way to meet other stewards or union reps, and find out where you can get information. If you are in a union, you can get a list of courses from your branch office, and they will give you advice on the best way of approaching your employer to have time off (you should get paid for this). Otherwise, the LRD has a list of local resources/hazard centres up and down the country. The next step is to meet as a group.

heart disease and a variety of psychological illnesses. It is related to increased accident rates, relationship problems, absenteeism and increased drug and alcohol use. The most extreme effect of stress is sudden death i.e. people working themselves to death.

These health problems, many of which have long been documented, are now widely recognised as legitimate health and safety concerns. This is a start, but some employers are still denying even the existence of major work-related health problems. As if to compound the conspiracy, the Government has been covering up the problem, if the Health Department’s suppression of a 1995 report it had commissioned from Manchester University is anything to go by. The findings included the warning that people who work a 48 hour week double their chance of heart attack. The Government at the time was contesting in the European court the Directive of an imposed maximum 48 hour week, on the grounds that it was nothing to do with health and safety. Unfortunately, the level of sanctions against employers for injury remains pitiful. Out of the 29,000 injuries and over 3,000 deaths of workers in 1993–4, there were only 1,507 convictions under Health and Safety law and the average penalty was only 3,061 pounds. And getting convictions for non-accident health effects is even more difficult; health risks take time to become evident, as the effects are usually cumulative and delayed. The effects are chronic rather than acute. These problems are notoriously prone to abuse by bosses. Increasingly, workers are finding themselves sacked after being off due to a work-related health problem.

The law

To get to grips with Health and Safety you need to have some knowledge of what the law says and how it can affect you. It’s a bit of a minefield, and the best up-to-date and jargon-free interpretation is the Labour Research Department (LRD) guides (see reading

stuff). But it is also important, if possible, to keep track of new directives, regulations and legislation, which are now coming in, either directly or indirectly, from the European Parliament. LRD also covers such issues in their monthly magazine “Labour Research”.

One important area starting point is Common Law which includes the contract of employment, which imposes duties on management and worker. Management has a “duty of care” to workers, and may be sued if they neglect this (see “At a glance”). TUC unions put large resources into compensation claims for breach of this contract. Statute law applies to specific points of health which have been introduced since the 1840’s, beginning with the Factory Acts, leading up to the Health and Safety at Work Act 1974 (HSW Act). The latter is a major Act, and is summarised in the LRD pamphlet, Health and Safety Law. This Act sets out the broad general duty on employers to maintain places of work so they are safe and without risks to health.

European Directives come from the 1987 Single European Act (SEA) which laid down general duties and minimum standards. In Britain, this has resulted in the Management and Safety at Work Regulations, 1992 (Management Regs). These make it much clearer what employers must do to comply with their duties set out in the HSW Act. The central feature is risk assessment, which is the procedure a boss needs to follow to decide what health and safety measures are suitable and sufficient. However, there is a potential problem here for the workforce — in getting compensation. To win compensation it has to be proved that management didn’t follow their own procedures. If management have conducted a token risk assessment, and informed workers of the hazards, they can sit back with the secure knowledge that whatever happens to workers in the future, they have done their duty under the law, and so probably can’t be touched.

Another potential problem with the SEA is the appointment of Employee Health and Safety Representatives. Where there is no recognised trade union, “employee representation” is invariably or-

ganised by management, thus by-passing the involvement of workers, in much the same way as European works councils do.

Getting started

Raising Health and Safety as a long-term workplace issue cannot be done alone. Like any workplace issue, a strong, organised workforce who are prepared to take action to force management to act is essential. Health and safety has normally most effectively been dealt with within union organisational structures, so that all workers have the information they need and can act on it collectively as they see fit. Without union organisation, health and safety is better as part of a general strategy of building organisation and confidence. And it is an issue that can provide a focus around which a group of workers can act together and rapidly gain a bit of collective confidence.

Unionised workplace

If you are in a recognised union, in theory, you have a number of clear rights (see At a glance). Reality is often different. Like any other workplace issue organisational strength is a basic requirement both to prevent victimisation of reps and to push management to make improvements over specific issues. Ideally, reps should get an office, access to telephone and fax, time off with pay to attend union training, and use of a suitable room for meeting with and reporting back to members.

No union, or as good as

There are more and more non-unionised, casual workforces where even minimum standards of health and safety are ignored by management. This makes it tough to start, but not impossible;