

Contents

No 65 🛑 January 2013

- 1. Fire safety
- 2. Drug and alcohol policies
- 3. Legionella risk
- 4. Majority of workers still unhappy
- **5. Lithium-ion battery problems**
- 6. Employees refusing to take sick days
- 7. Government response to Black report on absence

1) Fire safety

a) A privatisation to further undermine workplace safety?

A major "outsourcing" multinational, Capita, has been selected as the preferred bidder for the purchase of the Fire Service College. The college is the main training centre for fire service managers and technical experts and has a international reputation; and you may remember we reported that their in-house fire station caught fire a couple of years ago and destroyed a number of fire engines and appliances! Seems to be good news all round, as the quotes from the junior minister and Chief Fire Officers Association both show

The junior minister responsible for fire services said he was happy that the proposed sale of the college to Capita would achieve value for money for the public purse and secure the future of the college. He was "delighted that we are making real progress in securing the future of such an important facility. It is vital for the development of the Fire Service College that we put it on a sound footing, giving the private sector a chance to provide innovation and investment that will guarantee the future of a world-class asset."

The Chief Fire Officers Association spokesperson, who you might imagine would show more caution and concern, said they were pleased with the outcome, which they hoped would secure the long term future of a world class facility for the fire and rescue service. "There is now a tangible opportunity for Capita to make real progress in providing innovation and investment." So how come the public sector that established and ran the College for so many years has suddenly failed?

A number of conditions will be set on the sale. These include commitments that:

- the college is preserved as a national training centre for fire and rescue authorities (What else might Capita do with it?)
- the college will continue to offer wider national resilience and emergency services training and exercises (Surely that's the whole purpose of the fire service college?)

 government permission will be required if Capita wish to sell the incident ground (Under what circumstances would Capita wish to do that – it would conflict with condition 2 above)

Capita have taken hundreds of millions of public money for the provision of services previously undertaken by public sector workers and their many failures have been regularly reported in Private Eye. Their latest fiasco reported early in January concerns the Immigration Service contract they have just been awarded. For more information see http://www.bbc.co.uk/news/uk-20915896

Can an organisation that gets it wrong so often be trusted to deliver effective management of the fire service college and maintain the appropriate standards? Should we be concerned this sets a precedent for the sale of a training, research and educational establishment? Is this the first step towards the privatisation of other parts of the fabric of health and safety regulation and enforcement?

b) Changed location of fire risk assessment guidance

The Department for Communities & Local Government website has changed. The guidance for employers in the education sector on fire risk assessments and standards is now at

https://www.gov.uk/government/uploads/system/uploads/attachment_ data/file/14887/fsra-educational-premises.pdf

We recommend you download a copy – this sort of invaluable information has a habit of disappearing without warning, as some HSE documents have.

2) Drug and alcohol policies

There have been a couple of enquiries about these policies recently, and a new factsheet will go up on the website soon. UCU have two main concerns.

First, some employers without really any evidence of major problems seem to want to impose quite draconian levels of control over what their employees do whilst at work, and propose using testing and disciplinary measures to enforce that control; one college initially proposed that failure to agree to be tested could automatically lead to dismissal.

Secondly, they lump together two issues that are significantly different. One concerns the consumption and use of a perfectly legal product readily available to adults on supermarket shelves; and one which concerns (usually undefined) substances whose production, supply and use are already controlled by extensive legal regulation and can result in the commission of serious criminal offences leading to imprisonment. What must some employers really think of their staff? In those few cases where addiction may be a problem, employers should be offering help based on ill-health approaches – they are happy to offer help to employees who wish to stop smoking, another serious addiction – not aiming to discipline and threaten staff.

Many university websites allow external access to such policies, and rightly so, they are publicly-funded institutions; so you can search for, and see examples for yourself. On the other hand, most if not all FE college websites are closed to outsiders as far as HR and other policy documents are concerned. Some policies are much better and more reasonable than others, but I've yet to find a policy that I would recommend unhesitatingly, although there may be one out there for you to discover. Let me know if you do.

3) Legionella risk

The December 2012 issue of Health and Safety at Work magazine (the International Institute of Risk and Safety Management [IIRSM] official journal) carried a useful and interesting article about legionella. It included the point that "the Health Protection Agency (HPA) suspects that up to 20% of all UK cases may be caused by the water in your windscreen washers". So-called "hot tubs" are also implicated and are, apparently, believed to be the cause of the recent outbreak in Stoke-on-Trent. That all sounds like a bit of HPA hyperbole – the HPA say that around 350 cases are reported in England and Wales annually, with over 100 associated with overseas travel. I think you would expect to see a much higher incidence of drivers contracting the disease if the washer bottle risk was that great. The author of the article seems to have a slightly tongue-in-cheek approach to it too.

You can read this, and other IIRSM stuff if you register to take their one month free trial; there are some useful articles, but remember that it's not written from a workers perspective. We subscribe to it here at the GM Hazards Centre, but that's not a recommendation. If you think it's worth having, I'll make my usual suggestion; ask your employer to provide this for you – the annual subscription is £129 – because it is a facility and assistance you reasonable require to help you perform your safety representative functions. Perhaps a library acquisition would be possible?

http://www.healthandsafetyatwork.com/hsw/issue-archive for access and more details.

4) Majority of workers still unhappy

According to one 2013 Wellness at Work Survey, the UK workforce is under pressure and is not being given sufficient support by their employers.

The survey conducted by OnePoll for The Best You magazine questioned workers from across the UK about mental health and well-being at work, and discovered that only 29% of employees polled felt "mostly happy" in the workplace.

It also found that a lack of motivation and feelings of stress are both key factors for unhappiness at work, with 50% of respondents saying that they feel stressed by the pressures of their job and lack of well-being support from their employers.

Eleven per-cent of workers felt that their employers offered enough support, while 67% claimed that their employers did not pay enough attention to workforce mental health and well-being.

The survey also warns that employers need to recognise the importance of mental stress in the workplace just as much as physical well-being because it is costing businesses billions of pounds each year.

Bernardo Moya, CEO, The Best You, commented:

"In general, the age group of 55+ are the ones who are lacking the most support from their employer. This could be down to a few reasons, such as they are of a generation who isn't comfortable with the modern world and may feel like they are being left behind. Some employers aren't doing enough and there is a lack of good relationships between employer and employee."

5) Lithium-ion battery problems

Some of the current troubles being experienced by Boeing on its 787 Dreamliner aircraft relate to the batteries used in the aircraft to supply power to start the onboard power generator when the aircraft has landed and the main engines have been shut down. There have been other reports recently of lithium-ion batteries in cell-phones and computers exploding or catching fire and causing injury. Computer manufacturers Dell, Packard Bell and Apple have all experienced similar problems in the past few years, and have recalled large numbers of devices. Early in January this year, fire-fighters were called to the Durham Police's control centre following an explosion in the building, believed to have been caused by a lithiumion battery overheating. The ensuing fire was extinguished quickly.

The US Federal Aviation Administration has recorded 33 fires on commercial aircraft since 2009, and reports that 26 of these involved lithium-ion batteries.

Business information service Bloomberg says that, according to tests conducted by the US Government's Consumer Products Safety Commission, these devices hold so much energy and are so flammable that when they ignite they are difficult to extinguish, as they spew flames and even molten metal. For more information, see this report in Businessweek:

http://www.businessweek.com/news/2013-01-09/boeing-firespotlights-hazard-of-plug-in-cars-laptops

One possible cause may be over-charging, and some protection against this was installed in the Boeing 787; that protection may have failed, but 26 aircraft fires in 3 years doesn't inspire general confidence. You may not be able to affect what happens when you are a passenger, but I'd advise caution when charging your cell-phone or laptop, and don't leave it on for hours after becoming fully charged.

6) Survey shows employees are refusing to take sick days

A study of 10,000 adults across the UK has found that more than a third of employees insist on going to work when they are suffering from the effects of colds and flu. The research, conducted by natural cold remedy company Kaloba, revealed that 37% of workers consider it unacceptable to stay at home if they know they have a cold or the flu.

It also found that just 10% of those working in the health sector would take a day off when experiencing symptoms of infection, however teachers were found to be the most likely to go into work with a cold, with just 9% saying they would stay at home.

Experts have warned people suffering from bugs not to spread infection by going into work, and Dr Michael Dixon, GP and Chairman of the NHS Alliance, said:

"When it comes to a cold or the flu, we're at our most contagious at the first sneeze. However, at this stage the damage to the people around us has often already been done - the incubation period for the virus can be up to two days before symptoms occur.

So if you're suffering from cold and flu symptoms, you should stay at home, rest, drink plenty of fluids to help increase your recovery time and prevent the spread of infection." Somebody should tell Dr Michael Dixon that most employers now have strict and often draconian policies on absence, and are now using the disciplinary process if workers have more than a few days off in a year. Consequently many workers are now too scared to take time off sick. If the NHS Alliance believes that this will cause more people to become infected, they should campaign for employers to stop such disciplinary processes against their staff, and be more positive in supporting workers suffering from short term sickness. But that's not very likely; many employers appear to believe that workers 'abuse' sickness absence provisions to get a few days extra holiday, and many are launching attacks on occupational sick pay provisions. Just more evidence that workers are definitely at the bottom of the pile these days when their interests are being considered.

In truth, no-one wants to pass their infection on to others, but faced with disciplinary action, what 'choice' do you have but to go to work.

7) Government response to Black report on absence

I've sent round an e-mail with a short resume of how the government intends to respond to the Black/Frost report on sickness absence, most of which is reproduced below. It's not good. <u>http://dwp.gov.uk/docs/health-at-work-gov-response.pdf</u> for the response.

The response contains little different from what was in the original report, although some proposals have been watered down or removed as a result of pressure from the TUC and health professionals. But still no formal recognition that "Work can, and often does make you sick", which is the experience of many members of staff in colleges and universities, and which the government has no intention of changing.

The proposal to set up an advice service to assess workers after four weeks absence seem slightly less aggressive than Dame Carol Black's original recommendations and they have at least taken on board some of the comments that the unions and the TUC fed into the discussions about the dangers of having compulsion and pushing GP's out of the process. However it could be problematic if it leads to recommendations that are contrary to those that the GP makes. There are already conflicts between GP diagnoses and employer's Occupational Health services that cause workers difficulties. There may also be problems with medical confidentiality if recommendations go direct to employers.

We and the TUC will continue to argue for this kind of assessment to take place at the GPs surgery, rather than by creating a separate service. Employees should have access to both advice and rehabilitation through a national occupational health service. It seems likely that the assessment will be made by call centre staff who may be taken from a range of professionals (but not doctors). Who will run this service is unknown; my money is on Atos or Crapita, both very experienced at serving their own, governments and employers interests, rather than those of workers.

It doesn't appear that the new service will provide any access to rehabilitation services for those harmed at work and, unless actual treatment is made available to workers early on, advice itself will be of little use. While some employers may be willing to pay for access to physiotherapy, counselling or other rehabilitation services, the vast majority are unlikely to invest adequate resources in such things. Marginal provision is often the order of the day. The Government have backed down on the proposed (and much criticised) jobbrokering service for those who are off sick (Chapter 2 paras 35-50) and the revised proposal is a major reversal. Perhaps someone with a bit of gumption told them how stupid this was.

There are positive aspects of proposals in giving tax relief to interventions recommended by the new service as an encouragement, and the government says it is looking at that, (Chapter 3 paras 5-12). Providing employers do spend the money appropriately, and with proper consultation with, and involvement of, trade unions, that would help. I suppose that it's also positive they have decided not to reconsider the ban on pre-employment health questionnaires (Chapter 3 paras 35-38).

There is another very nasty recommendation (Chapter 3 paras 32-34) which is to publish tribunal unfair dismissal award information to show employers that they are lower than they might think. It is tantamount to saying to employers "go ahead and break the law by sacking workers who are off sick as you have little to fear."

There are also predictable statements on public sector pay and proposals on benefits which are consistent with what the government is doing in the wider review of the welfare state and benefits.

None of this will do anything to prevent workers from becoming ill as a result of their work. Workers will still be under pressure to go to work when they are not fit or suffer the threats of disciplinary or capability action. It also does nothing to ensure that workers actually get early (or indeed any) rehabilitation - simply an assessment by an outside company whose aim is likely be to get them back to work as quickly as possible, as "payment by results" now seems to be the government's preferred option for recompense.

Nothing here even begins to approach the ideal, where occupational health is seen in a positive light, as a process that helps workers recover from injury or illness, rather than as is often the case, part of a process of disciplinary action, or a step along the road towards capability action and possible dismissal.

The full report can be found at the government statement below. It's 80 pages long, so a bit of time will be necessary, but useful to confirm the view that the coalition is not sympathetic towards those "hard working people and families" they keep going on about when they fall into illness.

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) <u>ibamford@ucu.org.uk</u> (t) 0161 636 7558

Visit the UCU Health and Safety web page:

http://www.ucu.org.uk/healthandsafety