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## **Welcome back to the first H&S News for the 2014-15 academic year**

### **1) SRSC ACoP touched-up**

The HSE have revised the ACoP on consulting workers. HSE say that they have made no policy changes, only minor revisions to reflect HSE website house style changes, gender neutral terms and plain English improvements. There is some additional guidance text on page 43, guidance paragraph 106 (d) and (e), but this relates to the 1996 Regulations for non-union workplaces, not the Safety Reps & Safety Committees Regulations under which TU safety reps are appointed. HSE say they intend to publish the new version in October, and it should be available on the website at <http://www.hse.gov.uk/pubns/books/l146.htm>. The old version is still in place today (3 September) I would imagine the TUC will prepare a new version under their copyright waiver agreement with HSE, but will let you all know when that happens.

## **2) HSE News**

### **1) Reps contact with HSE - new form**

The HSE has finally responded to trade union concerns that it was no longer possible to easily contact an HSE inspector, as contact details like regional office telephone numbers were removed from their website some years ago (see past issues of this newsletter, and Hazards magazine for more detail). Following representation at HSE Board level and other contacts, the HSE has produced a new form to help Safety Representatives notify them of concerns. This form is now on the TUC website. The form can only be used by union health and safety representatives. At present the HSE phone systems do not have the capacity to allow them to set up a dedicated number for representatives (they say) but this is something that it is hoped will become available in the future.

You will find details on the TUC website here:

<http://www.tuc.org.uk/workplace-issues/health-and-safety/safety-representatives/safety-representatives-resources/reporting>

The TUC reminds representatives that:

Trade Union health and safety representatives should always seek to resolve issues with their employer in line with agreed procedures or workplace practices. In some cases that may not be possible. Where the safety representative believes there has been a breach in the law which the employer fails to resolve, the health and safety representative should raise the issue with a senior representative or union official. If a serious problem remains, and after discussion with their union, a health and safety representative may consider contacting the HSE.

The form itself is linked from here:

<http://www.hse.gov.uk/involvement/hsrepresentatives.htm>

How useful this will be remains to be seen. None of this prevents you contacting the HSE independently if you already have contact details for an inspector, and a working relationship with them.

### **2) New HSE chief executive appointed**

The government has appointed Dr Richard Judge as the new chief executive of the HSE from November. He is currently chief executive of the Insolvency Service.

Find out more about him at <http://press.hse.gov.uk/2014/hse-confirms-appointment-of-new-chief-executive-2/>

I'm not at all sure that Judith Hackitt's statement in support of the new chief doesn't indicate a possible conflict of interest – (he's the person to) "take forward our commercial agenda whilst also ensuring we can build on our standing as a world-class regulator of workplace health and safety."

I'm just not sure how you sell stuff to organisations that you may take some serious enforcement action against.

Hazards Campaign and magazine is promoting a campaign to let Dr Judge know how we feel about the proposed commercialisation of HSE activities, and has organised a write-in leaflet. You can download the campaign document here <http://www.hazards.org/safetypimp> so print some and get other members of your Branch to send them in. Let's make sure he understands what is most important to people at work; it's really quite simple- the law is intended to protect people at work from inappropriate or negligent actions of their employer, and he is now in charge of the government body that is supposed to enforce that.

### **3) Health & safety and older workers guidance**

As the state pension age is rising in the UK, so is the number of people working into their late 60s and beyond. It's estimated that by 2030, there will be a 50 per cent increase in people aged 65 and over who will be working.

The TUC has issued guidance on health & safety in respect of older workers which looks at some key issues, and challenges some conventional myths – for example, that older workers are less productive or effective than younger ones, or that they have more time off through illness. As well as some guidance for employers, there is also a useful checklist for safety reps. Best quote from the document that should apply to all workers is "The best way to retain staff is to ensure that they are valued and stimulated and that their work is rewarding". We couldn't agree more.

<http://www.tuc.org.uk/sites/default/files/Older%20workers%20april%202014%20pdf.pdf>

Meanwhile, a recent study for IOSH, reported in Safety & Health Practitioner (SHP) magazine, conducted by researchers at Brunel University says that people over the age of 60 are less “accident-prone” and can cope well with work pressures.

The researchers found from previous studies that people in their 60s had fewer accidents and injuries than younger colleagues, suggesting that education and experience might help them judge situations better. However, there was evidence that when incidents did happen the health of older workers was more seriously affected.

The research concluded that employing people over the age of 60 is a positive move for employers, and is good news for those who choose to work on later in life – currently some half a million people.

SHP really should know better than to use the pejorative and judgmental term “accident prone” as though there is some inherent characteristic in some people to becoming injured. Why not just say that older people have fewer injuries than others.

<http://www.shponline.co.uk/home/news/full/employees-over-60-“less-accident-prone”-research-indicates#sthash.Btf73ugm.dpuf>

<http://www.shponline.co.uk/home/news/full/employees-over-60-“less-accident-prone”-research-indicates>

#### **4) Ceiling-mounted data projectors**

We received two more enquiries about overhead data projectors towards the end of last term; one in respect of a member developing patches of brown skin pigmentation, and one about a member complaining of migraine attacks. Current HSE advice is limited to potential eyesight damage caused by looking into the light beams, and guidance from individual colleges seen by UCU health & safety advisor is also limited to this.

For HSE guidance see:

<http://www.hse.gov.uk/radiation/nonionising/whiteboards.htm>. This site also provides an out-of-date link to the former Teachernet site, now disappeared into the “National Archives” (and difficult to search effectively), and that was also

limited to the single risk of eyesight damage caused by looking into the light beams. There is also a non-working link to an out-of-date NUT page, now here:

<http://www.teachers.org.uk/saveyoursight>

We were always concerned that this limited guidance, relying as it does on advice about individual behaviour, is insufficient. It doesn't address all the potential risks, nor follow the hierarchy of control approach required by the Management Regulations to guard against the risk. In the case of eyesight damage, this approach also leaves people who have been harmed open to the accusation that it is their own fault – they didn't follow the rules. HSE does point to the latest "ultra-short throw" projectors as the solution to this specific risk; these are sited literally inches away from the board, so it is impossible for the light beam to enter line of sight. Their advice is relatively weak, and only suggests that employers consider short-throw projectors when purchasing new or replacement equipment, even though this is the risk-elimination solution. NUT guidance also gives information about back-projection boards

To cover other potential risks it is important for risk assessments to take other hazards into account, including exposure to ultra-violet light, possibly responsible for skin pigmentation, and referred-to in a data sheet by at least one projector bulb manufacturer; and possible psychosocial risks related to enforced usage of this technology. A manager at one college claimed it was an Ofsted requirement they used this technology – but when we asked Ofsted, they said such things are nothing to do with them. Don't forget the practical considerations too – we are aware of two incidents in the past; in one, the data-projector itself fell from the ceiling because it was not securely mounted– and a 'pull-down' screen 'pulled off' the ceiling and struck the lecturer causing injury; again, the screen was not securely fixed.

[http://www.ucu.org.uk/media/docs/b/k/Interactive\\_Whiteboard\\_Projector\\_Factsheet.docx](http://www.ucu.org.uk/media/docs/b/k/Interactive_Whiteboard_Projector_Factsheet.docx) is our current factsheet, and contains references to the Provision and Use of Work Equipment Regulations (PUWER) and a useful inspection checklist. Branches and LA's should consider pressing employers to ensure any new or replacement equipment is short throw, and to review existing installations with a view to replacing them with safer alternatives.

## **5) LRD Health & Safety Law 2014 booklet**

Due to be published in September, I mistakenly circulated information about this in July, but this is the real thing.

Make sure you get a copy, and ask your employer to provide it. This is a facility and assistance you reasonably require in order to undertake your functions as a UCU safety representative, so must be provided by your employer - SRSC Regulations: Regulation 4A(2). It also helps to achieve the provisions of the Approved Code of Practice Paragraph 29 - taking reasonably practicable steps to keep yourselves informed of the legal requirements relating to the HS&W of persons at work. If a simple request isn't treated positively, you will have to make the argument more strongly.

This year's issue should contain details of the recent changes made to ACoPs, RIDDOR, First Aid Regulations; the Safety Reps & Safety Committees Regulations, strict liability etc. as a result of the government's general weakening of the statutory and regulatory framework. We have already alerted you to many of those in HSNEWS.

Go to:

[http://www.lrd.org.uk/db/downloads/health\\_safety\\_%20law\\_2014\\_order\\_form.pdf](http://www.lrd.org.uk/db/downloads/health_safety_%20law_2014_order_form.pdf) for more information and to place a pre-publication order.

## **6) The 2014 stress survey & Anti-stress and bullying week**

Professor Gail Kinman of Bedfordshire University is again undertaking the biennial stress survey, and the questionnaire should be available on Survey Monkey early in October. Information about that will be circulated by me and the Campaigns team. Please encourage as many people as possible to respond. The threshold point for your institution's contribution to be included in the results tables is +53 responses – this matches the standards set by the Higher Education Statistics Agency (HESA) The anti-stress & bullying week is arranged for the 17–22 November, final details will be agreed at the next meeting of the NEC stress and bullying working group

meeting later this month. We will circulate more information to reps then, and to Branches and full-time officials.

Can you please make your Branch/LA aware, and start to think about some activity you might run during the week. That could be a special meeting on stress; a stall in a prominent place to give out information and to encourage people to report problems; a short survey around a specific topic like workload or the impact of changes in organisation. We will have some posters and other material available for Branches/LA's to use.

UCU has programmed a Tackling Organisational Stress course in Liverpool on the Thursday and Friday of Anti-stress week – more details from UCU Training [training@ucu.org.uk](mailto:training@ucu.org.uk) or the course leaflet at

[http://www.ucu.org.uk/media/pdf/r/8/Activist\\_Ed\\_Guide\\_14Jul14.pdf](http://www.ucu.org.uk/media/pdf/r/8/Activist_Ed_Guide_14Jul14.pdf)

I'm available to speak at meetings if you think that would be useful; drop me an e-mail as soon as you can if that's what you decide.

## **7) New Health & Work Service moves ahead**

At the end of July, the Government announced the name of the private company that will run the new national Health & Work Service for the next 5 years (HWS), which they say is aimed at cutting long-term sickness absence by offering employees health assessments and return-to-work plans. See

<https://www.gov.uk/government/news/health-and-work-service-supplier-announced>

You will remember that this was a recommendation by Dame Carol Black, then the Government's Director of Health and Work and David Frost, Chair of the British Chambers of Commerce in their "independent" review of sickness absence in 2011. In England and Wales HWS will be delivered by occupational health (OH) provider Health Management, which is part of an American transnational private-sector provider of public services, MAXIMUS (<http://www.maximus.com/>). Their website fails to mention profit maximisation as a corporate objective, but does include phrases like "Our commitment to serving the people is boundless".

Workers off sick for four weeks or more will be referred to the HWS for an OH assessment, normally by their GP, but DWP says that employers may also refer cases if GP's don't. The HWS will then share a return-to-work plan with the employer and GP. The HWS will provide a case manager to support each employee through the service's assessment and identify steps to take to get them back to work. We look forward to HWS telling employers to employ more staff to reduce the impact of excessive workloads, or to modify the behaviour of bullying managers, in order to ensure those off sick due to these reasons are able to return to a less risky workplace.

The press release says that HWS will also offer general health and work advice to GPs, employers and employees by telephone and via a website. Previous attempts by government to provide effective OH telephone and web-based services have not been particularly successful.

Minister for welfare reform Lord Freud let the real cat out of the bag when he said that "it will help to reduce the length of time employees take off sick which, in turn, will cut sick pay costs, and reduce the chances of people falling out of work and having to claim benefits". The Government predicts that the HWS will cut sick pay costs to business by £80 million to £165 million a year, as well as increase economic output by up to £900 million a year.

Doctors are worried about the limited scope of the service and believe there is confusion about what the HWS will provide. In June the British Medical Association conference approved a motion stating that it was "misleading" to employers to say that the HWS will provide "occupational health" advice and support. Their spokesperson commented that: "By describing the Health and Work Service as providing occupational health advice these proposals could inadvertently damage the current provision of comprehensive services and potentially risk the health and safety of the working population." Doctors aren't the only ones confused.

According to the magazine Occupational Health, in an attempt to clarify exactly what they were contracted to supply for their £170 million reward, a senior manager at the company commented:

"Occupational health, we fully understand, encompasses much more than just a return-to-work service. What we are offering is not occupational health; it is a



quite specialised and focused return-to-work service. Occupational health is about diagnosis and treatment of the patient, prevention, surveillance and risk assessment; it is not necessarily about return to work, although it can be. We see our role as supporting and complementing GPs and occupational health practitioners, not competing with them.”

<http://www.personneltoday.com/hr/chosen-provider-reveals-details-new-hws-service-will-operate/?cmpid=NLC|PTPT|PTOHN-2014-0905&sfid=7012000000taB6>

The service is due to be launched in late 2014; and fully in place by the end of May 2015. In Scotland, the HWS will be delivered by the Scottish Government.

More independent propaganda on Black/Frost sickness absence report & recommendations here

<https://www.gov.uk/government/publications/review-of-the-sickness-absence-system-in-great-britain>

## **8) Electronic cigarettes update**

The debate over whether-or-not electronic cigarettes should be permitted at the workplace continues. The World Health Organisation came down against them on 26 August on the grounds that not enough is known about the effects of passive exposure. WHO recommends that they should not be marketed as aids to giving-up smoking, and sales should be restricted to those aged over 18.

Because they don't burn tobacco, they are not covered by current anti-smoking legislation, so it is down to employers to make the rules about their use. There is insufficient evidence at present that these devices may cause harm to health, but government has reacted to concerns over the lack of regulation, and announced that from 2016 electronic cigarettes will be regulated in the UK.

<http://www.nhs.uk/news/2013/06june/pages/e-cigarettes-and-vaping.aspx>. There has been at least one fire caused by a battery explosion during charging – they use lithium-ion batteries; the same kind that have caught fire in cell-phones, laptops and the Boeing Dreamliner.

One argument in their favour (and that has also been used in promotional material) is that electronic cigarettes are, like nicotine patches, a help to people who are trying to stop smoking. But some see the mushroom growth of shops and other outlets selling these as consumer goods, and just another commercial opportunity to be exploited; nicotine patches are sold in pharmacies and chemists, and health professionals recommend that users seek advice from their GP or other health professionals before using them.

This article

[http://www.mondaq.com/article.asp?articleid=326130&email\\_access=on](http://www.mondaq.com/article.asp?articleid=326130&email_access=on) from a legal source, rehearses some of the arguments.

Action on Smoking and Health (ASH) issued an updated version of its factsheet in June 2014, available here:

[http://www.ash.org.uk/files/documents/ASH\\_715.pdf](http://www.ash.org.uk/files/documents/ASH_715.pdf). This says that ASH does not support the inclusion of electronic cigarettes in smoke-free laws; but does go to say that “More research is needed on long-term impact, particularly on the lungs.”

We would emphasise that, where employers propose to introduce restrictions in the workplace, they should consult with UCU and other unions before making policy or introducing procedures. We need to ensure that the views and interests of both those who use these devices, and those who don't, are represented and protected.

## **9) IARC encouraged to investigate the potential carcinogenicity of carbon nanotubes**

An internal report by advisers to the International Agency for Research on Cancer (IARC), has recommended the agency evaluate multi-walled carbon nanotubes in order to determine if these components might provoke cancer in humans. The report recommends this is given high priority. IARC is part of the World Health Organization.

Multi-walled carbon nanotubes are hollow, rolled fullerene sheets, with diameters of 2–100 nm. They have many applications in fields as diverse as electronics,

transportation, sports goods, energy, and medicine. Use and manufacture of multi-walled carbon nanotubes are increasing, and so are the number of workers with potential exposures, and environmental pollution. IARC has not previously evaluated multi-walled carbon nanotubes, and no epidemiological studies of cancer in humans have yet been completed.

Like asbestos, several studies in mice and rats given multi-walled carbon nanotubes by intraperitoneal injection have shown that this agent induces peritoneal mesothelioma. Long-term studies in rodents treated by inhalation were due to be completed in 2014 in Japan, and others were planned or have started in the European Union and the USA. The results of these studies were expected to become available within the next 5 years.

Multi-walled carbon nanotubes have been shown to penetrate the outer surface of the lungs and enter the intra-pleural space. Numerous short-term studies in vivo and in vitro have demonstrated that, like fibres, the biological effects of nanotubes are dependent on their shape, size and durability.

The Advisory Group recommended that IARC monitor the scientific literature on other carbon-based nanomaterials (i.e. single-walled carbon nanotubes, other fullerenes, carbon fibres). The IARC's conclusions about carcinogenicity are used around the world in the context of government agencies' regulatory decision.

## **10) Hazards conference 2014**

13 UCU members were amongst the 360 health & safety activists and representatives who attended Hazards 2014 at Keele University from 29-31 of August. In addition to the official UCU delegation, 7 were either independent delegates funded by their Branches or were volunteers contributing to workshops or debates. Hopefully, we will be able to include a more comprehensive report in the next issue.

## **11) H&S Training – a reminder**

The new brochure for courses beginning in September 2014 is now on the website here:

[http://www.ucu.org.uk/media/pdf/a/2/Activist\\_Ed\\_Guide\\_June14.pdf](http://www.ucu.org.uk/media/pdf/a/2/Activist_Ed_Guide_June14.pdf)

There are two 3-day Health and Safety 1 courses, and still time to apply, or encourage others to apply:

**London 17–19 September, and Birmingham 15– 17 October.**

They are followed by two Health & Safety 2 courses:

**London 21–23 January 2015, and Manchester 4–6 March 2015.**

Send an e-mail to Karen Brookes: [training@ucu.org.uk](mailto:training@ucu.org.uk)

**John Bamford**

UCU Health & Safety Advice

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](mailto:jbamford@ucu.org.uk) (t) 0161 636 7558**