

Women's Health and Safety Issues

We recognise the importance of Health, Safety and Welfare for both genders; but there are issues which either do not affect men, or affect women in a different way to their male counterparts, that are often overlooked. For example, risk assessments and COSHH assessments are generally based upon young healthy males.

The aim of this policy is to assist H&S reps to negotiate with their employers to adopt a gender sensitive approach to the way they manage H&S in the workplace. It would be most useful in conjunction with the TUC supplementary course on Women's Health and Safety. It does not contain an exhaustive list of issues, but can be added to. There are some suggestions set out to tackle the issues, but we would like to know if you have been successful using other means to resolve them.

BECTU's National H&S Committee meets on a quarterly basis and will be reviewing this policy regularly to keep it relevant. If you have any suggestions regarding issues that are not currently in the policy please send them to the committee for consideration via your divisional committee.

New and expectant mothers

This term also applies to mothers who are breastfeeding and mothers who have miscarried after twenty four weeks. Because of the process of change the body experiences in this time a woman is more vulnerable to among other things musculoskeletal problems, fatigue, changes in thermal comfort. The need for more toilet breaks and appropriate facilities for rest, expressing and storing milk, and breast feeding should be addressed.

Pregnancy related sickness absence is often recorded as part of the overall sickness absence for the individual. Where a sickness policy has triggers for disciplinary or capability procedures, or should sickness absence be used as criteria for redundancy, then the woman is at an unfair disadvantage. This is indirect discrimination as pregnancy is a protected characteristic under the Equalities Act 2010.

- Using the appropriate regs, ensure a comprehensive risk assessment is done which will be reviewed throughout the pregnancy and afterwards.
- Negotiate frequent breaks, and if necessary shorter hours or a change in shift patterns, and appropriate facilities including access to cold drinking water.
- Using the Equalities Act 2010 negotiate for any related sickness absence to be recorded separately from other sickness absence.

Menopause

The menopause is a gradual process of changes in the reproductive system as the woman produces less oestrogen and eventually stops ovulating. This usually occurs over a span of about five years at around the age of fifty, although some women experience menopause early for varying reasons.

Some of the common symptoms include hot flushes, heavier and more irregular periods, sweating,

anxiety or irritability, sleep disturbance, poor concentration, aches and pains, urinary problems. Working conditions, environment and the workplace culture (attitudes) can exacerbate some of these symptoms sometimes leading to a long term effect on her general health, including osteoporosis, cardio-vascular disease, and depression. Depending on the culture in the workplace some women use another excuse when reporting absence related to the menopause and many feel embarrassed to report their problems to a male line manager. Many women feel unsupported at work during this time. Also where a sickness policy has triggers for disciplinary and capability procedures, or sickness absence is used as a criteria for redundancy, then the woman is at an unfair disadvantage. This is indirect discrimination.

- Using the Equalities Act 2010 negotiate for any related sickness absence to be recorded separately to other sickness absence.
- Negotiate for the option of having the absence reporting, back to work interview and any other discussions on this issue with OHU or a female manager where the manager is male.
- Negotiate for frequent and flexible breaks, flexible working patterns where possible including the facility to leave early if necessary, access to fresh air and natural light, adequate ventilation, access to appropriate facilities including cold drinking water and showers/changing rooms, the provision of comfortable uniforms or clothing issue and comfortable PPE.
- Request that this issue is addressed in appropriate risk assessments for example manual handling, display screen equipment etc.
- Request that managers are trained to deal with this issue sympathetically.
- Request a joint union/management campaign to raise awareness about working through the menopause and what support the company provides.

Lifting and moving loads and manual handling

When the risks of lifting and moving (pushing, carrying) loads are not correctly assessed two common outcomes are musculoskeletal disorders (MSDS) and workplace upper limb disorders (WRULDS). It is generally accepted that the physical differences between the genders has a bearing on the ability to lift or move heavy loads but this is rarely highlighted in Risk Assessments.

There is no specific safe maximum limit in the regulations because of the variety risk factors that would have a bearing on the figure. But the HSE provides basic guidelines on lifting and lowering, with a chart showing the ideal limit for loads for each gender, as well as a chart for handling loads whilst seated. There is also guidance including about the forces above which may cause injury when pushing and pulling loads on the HSE website.

- Using the appropriate regs, ensure that all risk assessments involving manual handling are reviewed with a gender sensitive approach.
- Where the introduction of the use of mechanical equipment or a different working practice is

required request that there is an awareness campaign to highlight these changes to all employees involved.

Working in traditionally perceived women's industries

Research by the European Agency for Safety and Health at Work has identified that in these industries there is a significant number of women suffering from repetitive strain injury most of whom go on to develop WRULDS over time. This commonly happens with tasks requiring small repetitive movements or working in awkward postures for prolonged periods. Other factors could be the wrong tools for the job, insufficient light, temperature, not enough space for the task, a workstation which is not fit for purpose. There is usually a link to low pay, tight deadlines and long hours; and stress exacerbates the problem. As the injuries accumulate over a long period without any particularly identifiable incidents many women do not get treatment until they have become disabled.

- Using the appropriate regs, ensure an ergonomics risk assessment is done by a Competent Person.
- Request that an induction programme includes exercises recommended by Occupational Health and that time is made for staff to do them daily.
- Negotiate plenty of short breaks.
- Where possible negotiate a system of task rotation and task sharing.
- Request an awareness campaign for existing staff.
- Take steps to address the low pay/long hours culture.

Use of Hazardous Substances

Some substances contain chemicals that have a harmful effect on the reproductive system of women of child bearing age. This includes fertility problems and the risk of birth defects to unborn children. There will also be some risks for lactating babies as the contamination will transfer in the milk.

There is usually a safer alternative substance, by asking contacts across the industry what they use for the task in hand, and checking for new substances on the market there may be several alternatives to research.

- Using the appropriate regs, ensure that the MSDS have been provided and that the COSHH assessment has been done before the substance is introduced to the workplace.
- Insist on a safer alternative.
- Where there is no alternative, insist that the task is not carried out by this group of women.

Night working

Working nights for long periods of time have linked to a wide range of health problems in women including increased rates of breast cancer, and premature babies. Work patterns that disrupt the body's natural sleep patterns have also been linked to more women than men taking early retirement on health grounds.

- Using the appropriate regs, and the HSE good practice guidelines, ensure that management adopts the least unhealthy shift pattern and that risk assessments are reviewed with a gender sensitive approach.
- Where shift work is unavoidable, BECTU should explore ways of ensuring workers do not work nights for two decades or more continuously.

Working hours

Workers in the UK work longer hours than their European neighbours. This is a prevalent trend throughout all industries in the entertainment and media sectors. There is a link between increased competition for jobs and working unpaid overtime. There has also been a growth in casualising the labour force and zero hour contracts, which has increased the likelihood of workers doing as many hours as they can get whilst the work is there. Women often balance this with child care or care for other dependents like elderly relatives. Long working hours, coupled with hectic home lives often results in tiredness and stress related illnesses.

- Where possible take steps to minimise the risk of casualisation.
- Negotiate to introduce/improve workable flexible working arrangements
- Raise awareness about work/life balance
- BECTU should continue to campaign against zero hour contracts.

Sexual Harassment

Whilst men are also subject to sexual harassment, the majority of sexual harassment cases have been brought by women against men. It is estimated that 50% of women in employment are, or have been, subject to sexual harassment of some form or other. It doesn't just happen to women who work in large offices – it can happen to people in any occupation, to any age group and from every community.

Sexual harassment constitutes any unwelcome behaviour of a sexual nature. Since there is no single definition, the test is how the recipient feels about the behaviour. Broadly it can be categorised into the following areas:-

- Verbal harassment, such as indecent remarks.
- Non-verbal harassment, such as staring at a person's body

- Physical harassment, such as physically touching, pinching, hugging, caressing, kissing.

Where this is an issue in the workplace

- Ask management to consult over a policy if there isn't one already.
- Raise an awareness campaign to remind members of the policy.
- Where there is no company policy, take advice from your BECTU National Officer

Bullying and Harassment

Bullying and Harassment at work undermines the rights and health of all workers. It can take the form of criticism, exclusion, isolation and a whole raft of intimidating and undermining tactics for which the bully accepts no responsibility. Bullying often occurs from a position of power. Where women undertake work of a more informal nature, and in a lesser position to male counterparts they run the greater risk of being bullied and harassed.

- Ask management to consult over a policy if there isn't one already.
- Raise an awareness campaign to remind members of the policy.
- Where possible elect an Equalities Rep who is trained to deal with bullying and harassment and violence to women, and is familiar with procedures for taking action.
- Where there is no policy take advice from your BECTU National Officer.

Resources

BECTU guidance

FEU - Creating Without Conflict available from BECTU

TUC website

TUC Hazards at Work

Working Women a TUC handbook for all trade unionists 2013

TUC –Risks

Hazards magazine

backcare.org.uk

HSE website

osha.europa.eu

menopausematters.co.uk

menopause.org.uk

wellbeingofwomen.org

workSMART.org.uk

acas.org.uk

Manchester Hazards Centre

London Hazards Centre