



Occupational health and welfare in construction

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Is there still a problem ?

Indicated by 2014 Health initiative:

- 570 site visits
- 13 Prohibition Notices
- 108 Improvement Notices
- 267 Notices of Contravention



Conclusions: Risk Management

- Evidence of a good general knowledge base
- Were under the perception managing health risks well and going beyond requirements – e.g. wellbeing.



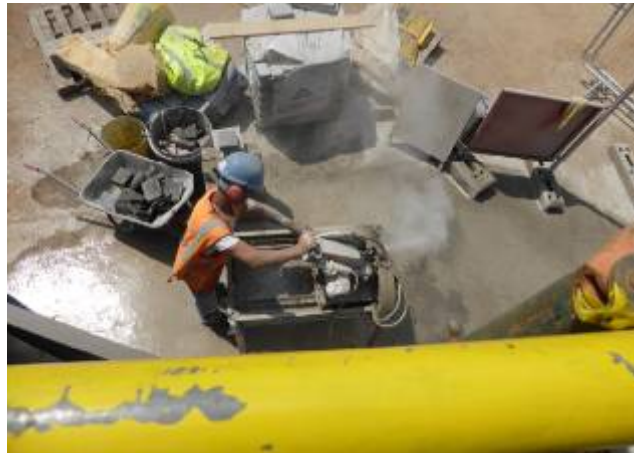
Conclusions: Risk Management

- BUT:
 - Inadequate controls for specific issues
 - Generic health and safety plans / risk assessments, especially when compared to safety issues
 - Link between standards and confidence / knowledge of site managers on issues
 - Worker compliance failings similar to safety



Conclusions: Dust

- Most significant enforcement area but still an improving picture:
- Contractors starting to look more at removing risk or improving available controls.
- Risk awareness amongst larger contractors is generally high but let down by application.



Conclusions: Dust

- Focus has moved on from silica to include other dusts.
- Much greater appreciation / use of extraction systems but not always to the correct standard and dry sweeping remains an issue.
- Still problems with RPE



Conclusions: Other Substances

Fewer mentions. Most related to:

- **Asbestos:** missing surveys and instruction / training.
- **Lead:** Roofing and old paint
- **Dichloromethane / Solvents:** e.g. as a carpet adhesive.
- **Dermatitis:** Rendering, cement etc.
- **Isocyanate products:** Manually applied rather than sprayed.



..and finally...

- Welfare



What ~~HSE expects~~ you should expect



- Flushing toilets connected to mains water and drainage
- Toilets linked to sewage tanks
- Portable chemical toilets as last resort
- Hot and cold (or warm) running water

What ~~HSE~~ expects you should expect



- Basins large enough to wash hands and forearm
- Soap
- Towels or air dryer
- Showers may be needed for large concrete pours
- Washing facilities separate from food preparation area.

WHY? - Basic hygiene



WHY? - Harmful substances





What you must do

- Managing health risks like safety risks
- That is :
 - Identify hazards
 - Assess risks
 - Select controls

What to do

- ***‘Control the risk not the symptoms’***
 - Monitoring and health surveillance are not enough on their own. The first priority is to stop people being harmed
- ***‘Manage risk, not lifestyle’***
 - Helping workers tackle lifestyle issues may be beneficial but is not a substitute for preventing work-related ill health.



What to do.....?

Need to refocus:

- **‘Treat health like safety’**
 - Managing health risks is no different to managing safety risks
- **‘Ill health can be prevented’**
 - It is possible and practical to carry out construction work without causing ill health
- **‘Everyone has a role to play’**
 - Everyone must take ownership of their part of the process



Remember.....



Think Health!

– Greater focus on health, not just by HSE...