

Health in Construction

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Key Points:

- In the 40 years since HASAW Act came into force fatal incidents, injuries and ill health have greatly reduced.
- Historically there has been more focus on safety than health but the balance is changing.
- Health monitoring/surveillance has a role to play, although it should never be a substitute for managing and controlling health risks.
- 40% of all workplace cancer registrations and deaths are to construction workers. Other issues such as hearing loss and hand/arm vibration can seriously impact an employee's quality of life and affect their ability to work.
- Statistics indicate that construction workers are 100 times more likely to die from work-related ill-health than a fatal accident.
- Suicide is a major problem amongst low-skilled construction workers who are around 10 times more likely to end their own life than to die from a fall at work.
- During 2014 HSE inspectors were looking specifically at health issues and found a high level of enforcements were for dust – predominantly asbestos and silica - and welfare issues.
- 12 million working days – across all industries - were lost last year because of work-related stress alone. In the construction industry this was 0.4 million days with 1.2 million lost to musculoskeletal disorders .
- The HSE Health and Work Strategy identified three priorities:
 - occupational stress and related mental health issues
 - musculoskeletal issues
 - occupational lung disease.
- HSE are promoting management standards to reduce stress in the workplace, such as monitoring workloads and work patterns, and promoting positive working relationships to reduce conflict and unacceptable behaviour.
- Training schemes are being developed to raise awareness of mental health issues and there are also charities such as Mates in Mind focusing on this.