



# Programme Meeting Report

## 12 October 2015



### Main Presentation:

### 'Common Failings in Managing Construction Health Risks and How to Put Them Right'

Lucy McDonnell, Health Risk Management Unit,  
HSE Construction Division

Part of the Unit's role, as well as providing internal training for HSE construction inspectors, is reviewing guidance as and where appropriate, attending trade bodies and organisations such as BHSEA, in order to raise awareness of the burden of occupational ill-health in the UK construction industry today.

Their main aim is to encourage industry to take the same approach to health risk issues as they do towards safety.

### **Lucy considered the following:**

- the main problems within construction today. Exploring the barriers that exist in managing and achieving occupational health provisions
- the inspection priorities HSE are taking forward and the type of initiatives – such as the SafeTea Break - being brought in to drive up standards
- HSE – future focus

Safety tends to have a greater prominence on site because the risks are tangible and visible and there are immediate consequences. However, with some health issues there can be a long latency period, with symptoms not occurring for some 10, 20 or even 30 years. It is just as important to raise awareness of these risks within the industry and to take steps to protect workers.

### **An Important Safety Message of the Working Well Together Campaign**

Lucy highlighted the new HSE flyer containing photographs taken of disappearing football supporters at a football stadium, which graphically



illustrate the number of lives being lost every week (100) as a result of occupational health disease in the UK construction industry.

**Mission Statement of the former HSE Chief Inspector, Heather Bryan:**

*“We recognise the construction sector’s progress in reducing the number of people killed and injured by its activities. But it is clear from these figures why there is an unacceptable toll of ill-health and fatal disease in the industry. We will make sure the construction industry **thinks health**, as well as safety.”*

*Lucy advised that the new Chief Inspector also shares the same objectives.*

**Accident v Ill Health Fatalities:**

- Occupational Cancer currently makes up 56%
- Chronic Obstructive Pulmonary Disease 37%
- Fatal Injury 2%
- Respiratory Disease 2%
- Non-malignant Respiratory Disease 2%
- Asbestosis 1%

**Occupational Cancer**

Occupational cancer is **THE** biggest risk in health terms to construction workers today. A report on the Burden of Occupational Cancer in Great Britain has been published by Lesley Rushton et al, Imperial College London (<http://www.nature.com/bjc/journal/v107/n1s/index.html>).

**What are the causes of health problems in construction?**

- Asbestos
- Solar Radiation
- Silica
- Paints – such as lead paint
- Diesel Engine Exhaust Emissions – working to identify what the risk is
- Coal tars/pitches

**Some Statistics (an example of HSE registrations for just one year)**

	<u>Total Registrations</u>	<u>Construction Registrations</u>	<u>Construction Deaths</u>
Asbestos	4216	2773	2568
Diesel	801	290	234
Lead	65	31	25
Painters	437	334	254
Silica	907	707	614
Solar Radiation	1541	141	None



**It is important to note that not all health issues relate to fatal diseases, but they can nevertheless cause disablement over a period of time. For example:**

### **Manual Handling**

Leading to musculoskeletal injuries and upper limb disorders.

### **Noise and Vibration**

Symptoms can take many years to develop. The consequences can be life-changing and may result in an inability to continue working.

### **Mental Health Issues**

These can arise as a result of stress in the workplace. Construction workers can be prone to this as a result of their short term contracts. Site managers are particularly susceptible due to the pressures they are under.

### **What are HSE doing about it?**

The role of the Inspector has changed. It is now more reactive with proactive investigations more likely to be focused on higher risk activities. Resources are being concentrated in those areas where there is likely to be a greater payback such as running health and refurbishment initiatives.

### **2014-15 HSE Health Initiative**

Lucy has recently reviewed the findings of the 2014-15 HSE Health Initiative which took place over the two week period from 23 June to 4 July 2014. During this period 500 health-focused visits were carried out by HSE inspectors.

The focus was on:

- Respiratory risks from silica / dusts
- (other) hazardous substances
- Manual handling
- Noise
- Vibration

Whilst maintaining push on:

- Asbestos risks
- Welfare



## Findings of the 2014 Refurbishment Initiative:

### **Commonest health issues:**

- **Dust – 12%**
- **Welfare – 12%**
- **Asbestos – 10%**

A consolidated effort has been upon the following:

### **Silica and Other Hazardous Substances**

There is a need to control the risk at source and look at other ways of working to prevent long term health issues.

### **Manual Handling**

Injuries are on the rise according to recent statistics and are the most commonly reported over 7 day injury within the industry. HSE are now focusing their attention on this problem. New products and equipment are now available to assist with lifting tasks to avoid strain on the back. CDM 2015 emphasises the need to plan ahead and where possible design out manual handling as far as possible so workers do not have to carry heavy loads and risk injury.

### **Noise and Vibration**

New noise meters are available for monitoring and surveillance but there is a need to look at different ways of working to lower exposure time and reduce the risk.

Industry has one of the largest number of new disablement benefit claims cases within this category.

### **Welfare**

This remains a top priority as there are too many sites without even the most basic facilities available to employees. In the North West a company was recently fined £7000 for not providing welfare facilities. HSE do take enforcement action where facilities are not provided and will continue to do so.

It is not necessary to provide expensive facilities, as long as they are clean, safe and have access to warm water and mains sewage. Lucy is currently involved in a transient welfare project which is concerned with welfare facilities for transient work such as roadside working.



## **Asbestos**

This remains one of the top enforcement areas. HSE had a promotion 3-4 years ago about the duty to manage this substance. Employers should now be aware of their responsibilities.

## **Refurbishment Initiative - Some statistics:**

570 site visits resulted in

- 13 Prohibition Notices
- 108 Improvement Notices
- 267 Notices of Contravention (“NOCs”) – issued at 146 sites. These Notices were introduced as a result of an HSE scheme which has now been in place two years. If an inspector visits your site and finds a material breach which contravenes the law they will charge you.

## **Conclusions**

### **Dust**

- ❖ Dust is the most significant enforcement area but still an improving picture.
- ❖ Contractors are starting to look more at removing risk or improving available controls. It is important to monitor and check controls are working.
- ❖ Risk awareness amongst larger contractors is generally high but let down by application.
- ❖ High profile work has been carried out on silica and this is now moving on to include other dust such as wood dust.
- ❖ There is much greater appreciation / use of extraction systems but not always to the correct standard and dry sweeping remains an issue.
- ❖ Sometimes there is too much reliance on respiratory equipment rather than removing the risk at source.

### **COSHH**

- ❖ Need to use new paints that do not contain so many harmful substances, such as lead.



- ❖ Need to ensure that there is employee access to warm water for washing purposes adjacent to the working environment.

### **Manual Handling**

There continue to be problems arising from heavy plaster board and window and glazing/installations. New lifting aids can help to alleviate these problems which can also result in time and efficiency gains as well.

### **Noise and Vibration**

- ❖ Sites are placing a lot of reliance on monitoring / recording vibration trigger time.
- ❖ There is reliance on hearing protection for noise.
- ❖ Health and safety professionals need to be asking themselves how they can mitigate the risk in the first place and if there is a better way to do the task.

### **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.

There is plenty of guidance available on the HSE website, with some downloadable items designed to be put on the staff noticeboard to enable the workforce to easily access the most relevant information.

### **How can the Construction Industry Advisory Committee (CONIAC) help**

CONIAC is a body which meets annually in London, attended by Chief Executive Officers of the top construction companies within the UK.

CONIAC advises the Health and Safety Executive (HSE) on the protection of people at work (and others) from hazards to health and safety within the building, civil engineering and engineering construction industry. Its membership is tripartite, providing representation from key industry stakeholders (including SMEs). Its strategic work helps the industry deliver



the challenging RHS targets it set at the 2001 Construction Summit, and helps to secure close links between the industry and HSE.

CONIAC provides guidance as to an employer's duties with regard to occupational health and hygiene. Guidance is also available within Managing Construction Health Risks which is now available from the HSE website: (<http://www.hse.gov.uk/construction/healthrisks/index.htm>)

### **THINK HEALTH!**

#### **Key Points from Members' Questions:**

- ❖ Asbestosis is only one disease resulting from asbestos exposure, making up a small proportion (1%) of the resulting health conditions. Exposure to asbestos can also lead to COPD (Chronic Obstructive Pulmonary Disease) which is responsible for 37% of health fatalities, as well as other respiratory problems.
- ❖ The HSE is currently working to identify a number of wood dusts which are particularly carcinogenic. Research is on-going between HSE and HSL. Updates will be available via the HSE health pages on their website.
- ❖ The insurance industry has seen a massive increase in noise induced hearing loss claims. Long latency type diseases, such as lung disease, are also on the increase.
- ❖ The insurance industry has noted that there is now more awareness of the risks to health and the controls that need to be put in place - especially within the larger companies. However, the small to medium sized businesses still have some work to do.
- ❖ The HSE is still a long way from improving health standards within smaller to medium sized businesses/contractors to match the gains from the improved safety culture. They are trying to reach these smaller concerns with WWT campaigns and with the development of phone apps such as the one for asbestos.

#### **Members' Requests**

- ❖ **Tony Mitchell** explained that HSE is looking to promote health by using good examples from the workplace. He asked the Membership to consider any health issues they had identified within their workplace which they had managed to resolve by taking some practical action. If anyone has any suitable examples and can provide photographs, please let him know. Contact the Secretary for further information [secretary@bhsea.org.uk](mailto:secretary@bhsea.org.uk)