

Construction OH Update

"Time to treat health like

safety"

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OH in Construction – renewed focus



- Workplan for 2014/15 will major on OH management
- Inspections will cover all aspects of OH risk
- Silica / respiratory risk
- RPE
- MSDs
- Welfare / Dermatitis

Think Health!



- will be challenging organisations to think 'health first'." "Health will be at the front of our inspectors' minds and we
- to be used now, not just talked about." hierarchy of control... We will take a firmer line in inspection and enforcement...The controls are out there we expect them Substances Hazardous to Health Regulations] and the ".....We will be going back to basics on CoSHH [Control of
- Heather Bryant, HSE Chief Inspector of Construction

Occupational Health - Nothing New?



Health and Safety at Work etc. Act 1974

Nothing New?



Health and Safety at Work etc. Act 1974

What about a 'Health Culture'?



- Safety Focused
- Acute vs. Chronic (safety vs. health)
- Susceptibility / trigger Points
- Often a One-way gate
- Perception of Risk
- Huge challenge education vital
- Not just 'tomorrows problem'



Access to Services for peripatetic workforce

Risk Perception Challenges



- Safety hazards are 'visible'
- Work at Height
- Heavy Plant
- ACMs / Respirable dusts

Health hazards are not visible on site (or the body)

- Vibration
- Carcinogens
- Stress



Education - No escape — don't just ignore it

Risk Perception



- Education
- The health issues will come home

with you





Construction health headlines



- 39 fatal accidents 12/13 (113 in 00/01)
- 98% work place deaths caused by occupational disease
- 2500 deaths each year from asbestos
- 10 people every week die from silica
- Construction has <10% working population but >50% cancer deaths

Construction health headlines

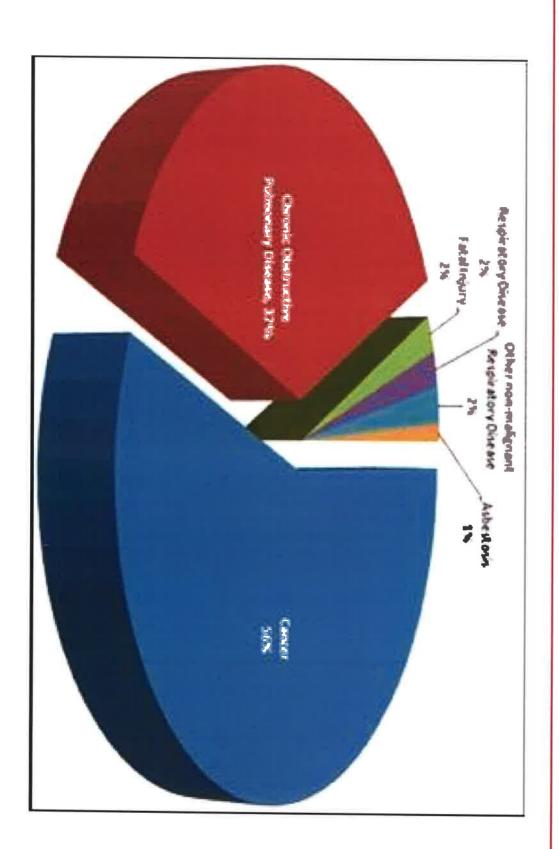


- 0.6 million days lost safety related (2009/2010/2011)
- 2.6 million days lost health related (2009/2010)
- 1.7 million days lost health related (2010/2011)
- Noise induced hearing loss for construction 3x industry average
- Hand arm vibration for construction 4.5x industry average
- 50 000 reported manual handing injuries
- Average time off per incident is 19 days



Out of sight – out of mind?





Improving Image



- Construction 2025
- Image
- Skills retention
- 'Improve the image of the construction industry'
- Inspiring young people
- Coordinated approach to H&S
- Corporate Social Responsibility



Health V Wellbeing



- Intrinsically linked but blurred interface
- Strong government backed drive
- Dame Carol Black
- 100 Billion p/a estimated costs
- agenda? Is it HSE's role to support the Wellbeing
- Commercial advantage for industry
- Reduced 'lost' time
- Employee retention

What does success looks like?



- London 2012 ?
- Took the best of previous services
- Proves a coordinated approach works
- The service uptake figures impress
- Financially successful IES Reports
- Builds trust?
- Extend to other initiatives



Olympics – surprising numbers!



- 67% of site workers used the service
- 25% used the walk in treatment centre
- 113,000 clinical interventions
- 14,000 Safety Critical Medicals
- Main problem? MSD's
- £7M cost savings on lost time for the project
- £81M Projected future savings for workforce

Eating the elephant



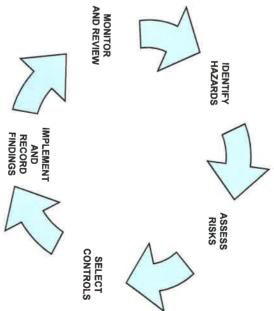
- Clear that industry want to tackle health
- No magic wand
- Coordinated collaborative approach
- Individual companies
- Trade bodies & Unions
- Regulator
- Health Professionals
- Must manage health like safety



Manage health like safety



- Risk Management Cycle a familiar friend
- Identify hazards
- Assess risks
- Select Controls
- Implement SSW & Record Findings
- Monitor and review



- We often see a skewed approach
- Jump straight to the end
- Too much focus on monitoring rather than risk & control

"Back to basics on COSHH"



Reg 7(1) COSHH:

- Prevent exposure:
- Overriding duty -
- Adequately control where not reasonably practicable
- Higher the risk, the higher the standard of control
- Hierarchy of control
- Manage the Risk not the symptom



'Target Zero'



- Don't see the exposure limits as a target
- Alarp
- A line in the sand
- **EU** based limits
- Compromise
- Individual susceptibility
- Same for physical agents

Current successes



- Construction Dust principally RCS
- Visible industry change including SME's
- 'CLEAN construction' / 'Ban the Broom' etc
- Whole supply chain involvement

Silica initiative



Early foundations:

- Kerbs supply chain initiative
- Guidance issued on cutting
- Inspection priority
- Increased enforcement profile
- 10 fold increase
- Promotional work via WWT
- Good stakeholder involvement



Overview

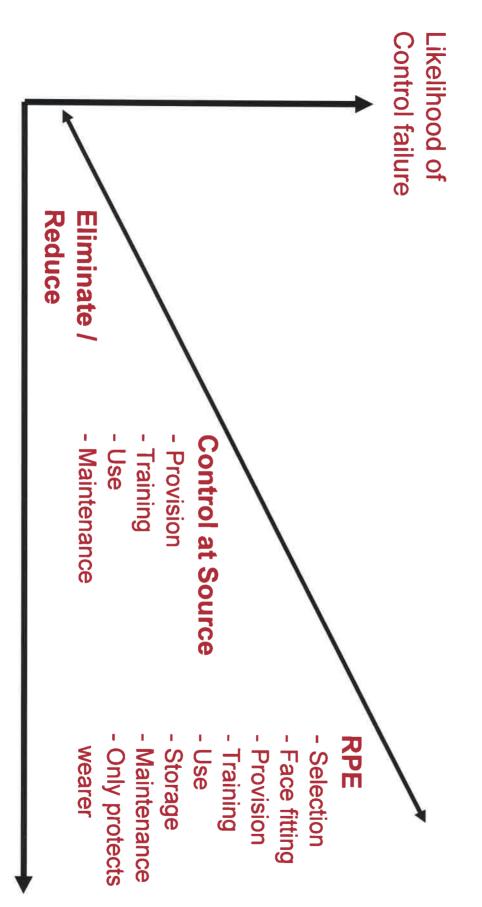


- **Construction Dust Partnership**
- Agreed Objectives:
- **Promote Controls** Raise Awareness
- Momentum



Control: Effective Methods





Increasing spread of contaminant

Emerging issues



- Burden of Occupational
 Cancer report
- Dr Lesley Rushton Imperial College
- Bespoke UK data
- Attributable fraction
- 56% of male registrations are from Construction
- High Risk Groups highlighted



The burden of occupational cancel in Great Britain

Overview report

Prepared by the Health and Safety Laboratory, the Institute of Environment and Health, the Institute of Occupational Medicine and Imperial College London for the Health and Safety Executive 2012

RR931

Burden of Cancer



- Asbestos & silica we know about
- Typical Registrations per Yr
- ACM 2750
- RCS 700
- Interesting / worrying data clusters
- Solar radiation 841
- Paint / coatings 334
- Diesel exhaust 290
- Bituminous products (PAHs) 471





Manual Handling & MSDs



- Stubbornly shocking statistics
- Construction is our worst industry
- >50 000 MSD's in construction p/a
- 2million days lost in 2010
- Av lost time per reported injury 19 days

Why so bad



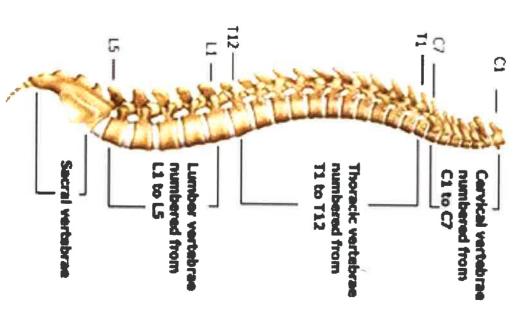
- Almost all construction tasks involve MH
- Accepted Occupational Hazard
- Dynamic and often difficult / harsh work environment
- Cold and slippery far from ideal
- Planning materials transit is challenging
- Risk perception and image



Physiology



- Torn muscles will heal slowly
- Ligaments less so
- Joints do not
- Prolapsed Intravertebral disks commonest injury
- Increasing evidence linking psychosocial issues and MSD's



Psycho-social risk factors



Increasing evidence that factors such as:

- Low job satisfaction
- Low social support
- Lifestyle issues
- Stress

Interact with and reinforce physical factors, impeding recovery

Common observations on site...



- What have we got on site that we can use?
- Don't consider tool hire services for MH
- 'Were only doing a few'
- Cumulative effect over time
- 'Lifting aids will just slow us down'
- Kerbs have proven otherwise
- 'MH solutions will cost us a fortune'
- Many manual lift solutions are not costly
- Claims already are a high cost
- and injuries are wrecking lives....

Industry management approach



- **Smaller Projects:**
- MH Solutions often never considered
- Team lifts
- 'just go and get some more lads'
- Poor posture
- Just causes injuries
- Total lack of site layout planning
- Problem is rarely risk assessed
- and then is it only for the PCs paperwork?



HSE's ability to influence



- Small sites initiative
- Educate –
- Dynamic and problematic nature of sites
- Chronic nature of the injuries
- Emphasise effects of repetitive tasks
- Enforce where necessary
- To assess the risks for high hazard tasks
- To plan future sites with MH risk hierarchy in mind
- Need to challenge acceptance by the front line workers



Always try to lay between shoulder and waist height.

Use staging or adapt work platforms to help.

If laying in red zones,

reduce laying rate or consider a half size block.
Arrange block stacks and spot boards at a comfortable position





Avoid double handling by carrying from block stacks to the work area.

Use handling equipment to take the blocks to where they are to be laid.

Powered barrows with attachments can take blocks across rough ground





Always select the lightest block you can that has the required strength.

If using large foundation (trench) blocks, consider units with handholds to help grip.





Using panel grips enables good grip, better posture and is and risks injury. grip. Carrying them causes poor posture Panels are difficult to

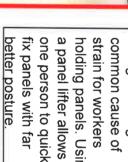


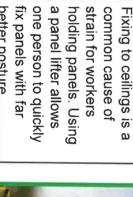




several panels at person can move vision and one trolley allows better A panel handling the body over time. cause huge strain on whilst moving panels Stooping and twisting













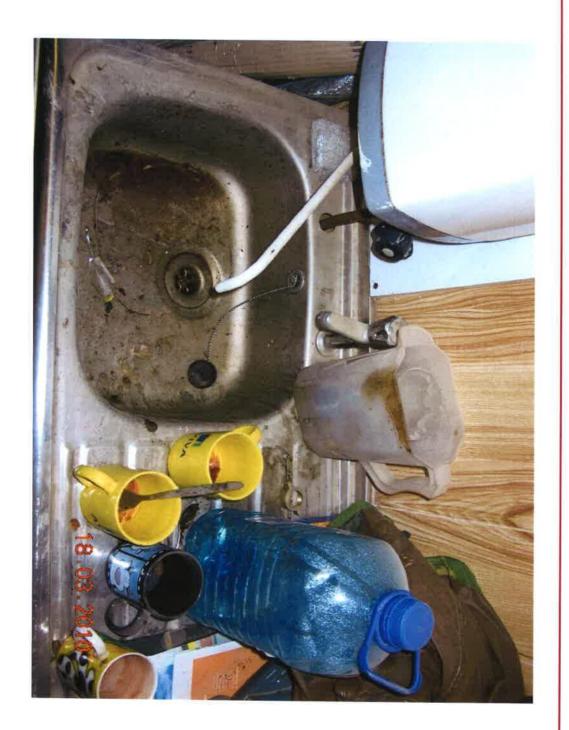


Promote a Culture



- Handling aids abound
- Need to be in every toolbag

Welfare / Dermatitis





Cement dermatitis

Cement Solvents Adhesiv es Oil

Fluxes





Education











Dermatitis



- Use less corrosive, irritant, non-sensitising materials
- Use contained handling systems
- Provide appropriate gloves and hand care
- Ensure early installation of welfare facilities (including showers where necessary)

Dermatitis - controls



Good welfare is crucial:

- Hot and cold running water
- Sinks big enough to wash forearms to elbow
- Suitable soap and means of drying



Hot Running Water?





Don't Forget the Toilets









Current noise control strategy!









CONTROLS – Actions to reduce exposures





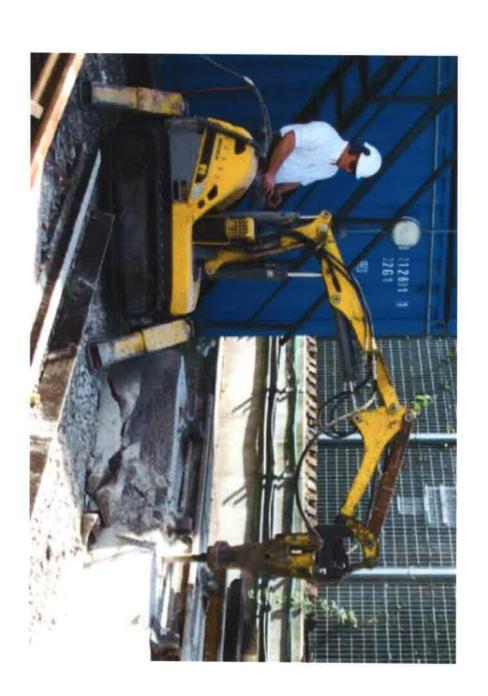
Noise controls



- Modify existing noisy equipment
- 'Buy quiet' policy
- MAINTENANCE
- Use barrier protection
- Noise exclusion zones
- Work schedules

Brokk remotely controlled concrete breaker









Tools

- LWIT
- HERMMIN



Tools - Guidance



- New website
- HSG 53 revision
- CIS sheets —
- 'On tool extraction'
- Handling Concrete Products
- Busy Builder Sheets
- COSHH Essentials
- Internal OG's



In summary



- Occupational Health is firmly on the agenda
- Will be a primary focus of this years CD Plan
- Time to treat health like safety
- Manage the Risk not the symptom
- Two campaigns likely this year
- Striving to drive down the appalling statistics
- Questions?