membership resources

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Occupational health risk management in construction

To: all building maintenance, construction and highway maintenance contacts
For info: all other contacts

Key issues
CONIAC guidance covering occupational health
Tips, prompts and risks associated with establishing effective occupational health services noted
Value of staff engagement highlighted

1. Introduction

The Construction Industry Advisory Committee Health Risks Working Group has produced a document titled 'Occupational health risk management in construction – A guide to the key issues of occupational health provision'. It is available here.

The document is useful for service managers as well as directors, health and safety professionals, safety representatives and occupational health service providers, particularly in identifying their roles in the management of occupational health risks.

2. Principles

The guidance focuses on the following:

- what 'health risk management' means
- the roles in managing health risks at work - what you might need to do to comply with the law
- when you might need an occupational health service provider and what you can expect from them
- the benefits to businesses and their workers of a well-managed, skilled occupational health service
- what health surveillance is and when you need to carry it out.

The CONIAC Health Risks Working Group has agreed a position statement setting out its stance on managing health issues in construction which includes highlighting the scale of workplace ill health and its impacts; the benefits of managing workplace health; the fact that workplace ill health is preventable; the requirement for all involved to take responsibility for managing risks to health; and the need for consultation with all parties.

3. Definitions

The guidance states that occupational ill health refers to all health problems in the work environment covering health problems workers bring to the workplace, as well as health issues caused or made worse by work. It covers serious and fatal diseases, physical effects on skin, breathing, hearing, mobility and functioning, and psychological effects on mental wellbeing. Effects may be immediate and visible, but are more often unseen and take a long time to develop, so vigilance and monitoring can be key to identifying problems. Some effects can be cured if diagnosed early; many can only be prevented from getting worse. Of course, some diseases are terminal. The guidance provides advice on conditions caused or made worse by work; it does not cover the management of health problems that workers can bring to the workplace, e.g. diabetes, epilepsy.

It goes on to note that in construction, there are many dangers that can harm your workers and by law, the employer must eliminate, prevent or control the risks. Some of the key risks include exposure to asbestos, dusts

including silica and lead, chemicals, sunlight, diesel engine exhaust emissions; frequent loud noise; frequent or excessive use of vibrating tools; frequent or excessive manual handling of loads; and stress and fatigue.

4. Assessing risks

Managing health risks is no different from managing safety risks. Thinking about the work that is done, how the risks cause harm and what can be done to prevent or control them are equally appropriate when applied to health risks. This is known as risk assessment (required by law to be carried out) and is about identifying and taking sensible and proportionate measures to control the risks in your workplace, the real risks – those that are most likely and which will cause the most harm.

It notes a series of steps:

- consider workplace activities, processes and the substances used that could harm employee health
- ask employees what they think the hazards are, as they may notice things that are not obvious and may have some good ideas on how to control the risks
- check manufacturers' instructions or data sheets for chemicals and equipment, as they can be very helpful in spelling out the hazards
- some workers may have particular requirements, for example new and young workers, migrant workers, people with disabilities, temporary workers, subcontractors and lone workers.

It states that having identified the hazards, a decision needs to be taken to decide how likely it is that harm will occur. There is not an expectation to eliminate all risks but to make sure the main risks are known about and there are processes in place to manage them responsibly. Generally, everything that is reasonably practicable to protect people from harm should be done. This involves keeping a record of significant findings – the hazards, how people might be harmed by them and what is in place to control the risks. Any record produced should be simple and focused on controls. Organisations with more than 5 employees are required by law to write these down because few workplaces stay the same, so it makes sense to review what you are doing on an ongoing basis.

5. Occupational health risk management

The guidance describes occupational health risk management being about putting in place a system to manage the risk of ill health caused by work activities. At times occupational health service providers may be employed – such as occupational hygienists or other health and safety professionals – to give advice and to help manage any residual health risks once control measures have been introduced to reduce risks. Managing occupational health service provision is crucial to ensure all parties involved work together effectively to successfully manage risks to the health of workers. Taking an integrated view of all the health checks for workers can have benefits. For example, workers may feel more valued and, in turn, more motivated to keep fit to carry out their jobs, they may improve their attitudes and behaviours towards workplace health risks and it can provide an opportunity to coach and influence them regarding workplace risks.

6. Workforce engagement

The guidance highlights the need for consultation with employees, in good time, on health risk matters. In workplaces where a trade union is recognised, this will be through union health and safety representatives. In non-unionised workplaces, you can consult either directly or through other elected representatives. Consultation involves employers not only giving information to employees but also listening to them and taking account of what they say before making decisions on managing health risks.

Issues you should consult employees on include risks arising from their work; proposals to manage or control these risks; and the best ways of providing information and training. Where workplace controls and any health surveillance are required, they are more likely to be successful if workers understand what they are for and how they will benefit them.

7. Occupational health service providers

The document notes that any organisation that decides it needs help from an occupational health service provider, needs to ensure it gets the right help just as with any other contracted-out service. When recruiting their services, you should ensure they understand your workplace and workers. They should then be able to

help you prioritise what you must, should and possibly like to do. However, you should understand the different types of health check and be clear about what you want the provider to do.

The guidance provides a simple method for deciding what a suitable form of occupation health provision for workers is and the type of work they should carry out. It goes on to note that the provider should be asked to provide evidence of skills, knowledge experience and capability, quality awards as well as an understanding of the work carried out, in this case construction work.

A table is provided noting the different types of occupational health service roles such as appointed doctors, hygienist technician or responsible person and the role and qualifications expected. It notes that there is an ongoing need to monitor the control of risks to health including the occupational health service provision.

8. Tips for putting occupational health service arrangements in place

The guidance notes some pointers as a basis for establishing an occupational health service.

- Prioritise your occupational health service needs (the 'red, amber, green' approach can simplify this)
- Agree this with your provider
- Check your provider has the organisational capability to carry out the tasks you require of them
- Agree roles, responsibilities and what communication you both need and expect
- Agree the format and frequency of tests and feedback of results, particularly from occupational health surveillance
- Agree the procedures and roles for referring workers with ill health for diagnosis or further treatment
- Agree and set up systems for maintaining appropriate records, particularly health records
- Consider options to deal with workers who are in ill health and who may no longer be fit for their current position or need to have adjustments made
- Set up a system to act on the results you receive from health surveillance tests
- Agree a timescale for reviewing the occupational service and its performance in helping you manage the risks of ill health at work
- At appropriate stages, consult your workers and their representatives on issues that will affect them, and inform them of which health checks are required and why

9. APSE Comment

This document is a useful prompt for local authorities to revisit their occupational health service providers. Most will have arrangements in place covering the main issues raised in this guidance and it is especially relevant bearing in mind the nature of construction work. The document has a number of hints and tips which should be used as part of a review of existing arrangements.

There are a number of important issues raised in the guidance which responsible persons need to make sure they are addressing. For example, it notes that 'helping workers tackle other 'lifestyle' risks to their health is not a substitute for managing workplace health risks'. Indeed there are set responsibilities which must be met and although some organisations provide extra support, it is vital that basic duties are overlooked. Occupational surveillance is required in some circumstances such as for COSHH regulations and Control of Noise at Work regulations. It is important that these are reviewed on a regular basis to ensure that any changes in regulations are understood and that arrangements which may have been put in place a number of years ago remain fit for purpose.

The relationship with an external provider of occupational health services is clearly an important one and it is vital that this relationship is managed effectively. The guidance highlights this and notes that issues such as the protection of confidential medical records, the collection of feedback from users of the service and the provision of an appropriate level of service, as examples where confusion and possible confrontation might develop between the occupational health service and the party using the service.

Anecdotal evidence from frontline service managers has pointed to some difficulties with occupational health service providers. One theme which has arisen relates to the fact that managers have been informed by occupational health about their findings but the manager is then required to make a decision about whether an employee is able to work or not. Clearly managers may be responsible for the member of staff but they have no

medical expertise to make such a decision. This is a difficult balance to achieve but is an issues which others need to consider.

Engagement with frontline staff is something that APSE has long championed. We recognize that many managers and heads of service have experience of frontline work but times and work circumstances change and talking to those who actually deliver services, frontline experts in other words, is a fundamental element in establishing effective occupational health arrangements. This kind of engagement will inform the process and will be a question raised by investigators in the case of a serious incident.

APSE has had a long association with the HSE, for example on the project to reduce ill health in paving road and highway work as well as inviting speakers to our events to keep audiences up to date with regulations, advice and good practice. Our annual Health and Safety seminar has also proved a success over the past 4 years.

It is desirable that an underlying health and safety philosophy is built in to the industry and in this case public service providers, rather than being dependent on external prompts or a reactive mindset. For most of the large organisations working in the sector this is certainly the case. Health and safety is a prime concern for local authorities, ALMOs and housing associations that provide operational services but serious accidents and health issues still occur on a regular basis. There is a need to meet regulations and take account of guidance such as this. Furthermore where health and safety and the welfare of all employees is seen as a basic principle, productivity of staff is improved and there are obvious benefits for the wider organization and service users.

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