

**Open Government status:** Fully Open

**Paper Number:** M3/2002/11

**Meeting Date:** 6 November 2002

**Exempt material:** None

**Type of Paper:** Below the Line

## HEALTH AND SAFETY COMMISSION

### CONSTRUCTION INDUSTRY ADVISORY COMMITTEE (CONIAC)

#### Report from CONIAC Occupational Health Working Group

#### Summary

**This paper reports on the outcomes of the Occupational Health Working Party meetings of 20 June and 10 October 2002.**

#### Research

1 The working party discussed the report entitled '**Musculoskeletal problems in bricklayers, carpenters and plasterers: Literature review and results of site visits**', Reference ERG/01/01. It was agreed that issues raised in the research could usefully feed into a redraft of the CONIAC information sheet on 'handling heavy blocks'. New text is being prepared by one of the members of the working group covering the responsibilities of designers and HSE is drafting a paragraph on managing MSD risk. In the meantime, a business case is being prepared for DIAS in order that the reprint can be made.

2 HSE has also published Contract Research Report number 447/2002, entitled '**Mapping health hazards and risks across aspects of the construction process**' prepared by the Institute of Occupational Medicine. The report contains a number of practical recommendations aimed at improving occupational health provision in construction, including:

- A need for consistent and simple systems for collecting data on work related occupational ill health in construction.
- A need to establish baseline data against which improvements can be measured; it is suggested that a designated person on site could collect information in the form of a simple checklist, an example of which is given in appendix 3 of the report.
- That the current COSHH Essentials approach was not directly suitable for construction as it is not designed to cover the breadth of hazards which may be present at any one time;
- That simple health screening for construction work related issues could be carried out during site induction - this would help with establishing base line data;

- That simple tool box talks could be developed covering Occupational Health issues, such as manual handling and back injuries; dermatitis and Hand Arm Vibration;
- That a 'Smart card' or 'Passport' scheme could be developed to hold information about individual workers health;
- That simple health surveillance schedules could be developed to encourage early identification of problems with hearing, HAVs and dermatitis.

The chair of the working party agreed to write to the chair of the MCG Occupational Health working party drawing his attention to the recommendations in the study so that the group could consider which, if any, could be taken forward by the MCG as part of its commitment to improving occupational health in the industry. The OHWP is seeking other ways in which these recommendations can be taken forward by industry.

### **Revitalising Construction Health and Safety**

3 The working party heard a presentation from Steve Wright concerning the recently published Discussion Document. The OHWP welcomed the report, particularly chapter 6 on occupational health. It was agreed that OHWP should submit a joint response to the document, and Peter Bray from PURAC agreed to co-ordinate the response from the working party.

### **Occupational Health Pilot in Construction**

4 OHWP received updates from HSE's Health Directorate at both meetings. There has been some frustration within the working party at the speed with which this work is progressing. The following issues have been raised/progress achieved:

- Health Directorate is now preparing a detailed business case with the help of our economists.
- It is anticipated that the cost of the scheme will be in the region of £1.2-1.5 million which is too large a figure for HSE to fund from its research budget. Various methods of fundraising are being explored, including the appointment of an outside professional fundraiser. OHWP have provided information potential sources of funding.
- HSE will also be approaching potential service providers during the development of the business case in order to ensure that the case covers the necessary ground. Potential service providers are currently restricted to the major NHS trusts at Kings, Guy's and St Thomas's, Addenbrookes, Bristol and Oldham.
- This is an ambitious scheme that is unlikely to get underway for at least two years. The OHWP is concerned to ensure that in the meantime, we continue to evaluate 'best practice' projects where there has been a particular emphasis on occupational health provision, for example, those at the CTRL project, Terminal 5 and the Swiss Re project in the City of London. It was also felt that more could be done to promote better standards of occupational health provision via the MCG and through demonstration projects administered by M4I.

## **EC Proposal to restrict levels of hexavalent chromium in cement**

5 OHWP welcomed the proposal from the European Commission to restrict the marketing and use of cement containing more than 2ppm of Hexavalent Chrome. The draft Regulatory impact assessment and UK negotiating position were discussed, and comments invited from the working group. **Copies are available from Teresa Quinn in Health Directorate** via [teresa.quinn@hse.gsi.gov.uk](mailto:teresa.quinn@hse.gsi.gov.uk) .

6 The proposal is currently restricted to cement intended for 'manual activities where there is a risk of contact with the skin'. The chair reported that HSE foresaw difficulties for manufacturers in determining the end use of cement and for this reason had lobbied for a UK negotiating position which extended the scope of the proposal to cover all cement. This position was not supported by the UK cement manufacturers and the agreed negotiating position is that the UK should support the proposal as currently drafted but seek clarification as to what is meant by 'manual use'.

## **Asbestos**

7 The new regulations and ACOP were approved by the Commission in July 2002 and the package is currently with the Minister for signing. Asbestos guidance is being reviewed, and four target groups have been identified-

- Licensed work;
- Non-licensed work;
- Management of asbestos containing materials;
- The work of analysts.

8 Consolidated guidance for Licensed contractors will incorporate EH47; EH50 and EH57. A revision of HSG 189/1 is planned for launch in summer 2003, and guidance for analysts is currently being drawn up which will consolidate EH10 and MDHS 39, planned for launch in summer 2003. Work is underway on the preparation of guidance on the controlled removal of Artex.

9 Subject to HSC approval, HSE intends to introduce a new fee regime associated with the granting of Licenses for asbestos removal. This will introduce differential rates for the granting of new/renewed licenses, amendments to existing licenses and administrative changes. This will introduce more flexibility to the existing charging arrangements and should reduce costs for those companies with a good health and safety performance.

10 HSL have carried out work on modular decontamination units that have not been accepted for use during asbestos removal in the past. The research has shown that the quality of the units have improved markedly and the Asbestos Licensing unit is considering changes to EH47 which will allow for their use where traditional DCU 's can not be accommodated. CONIAC members who wish to know more about any of these matters should contact June Cairns at the Asbestos Licensing Unit in Edinburgh, or via [june.cairns@hse.gsi.gov.uk](mailto:june.cairns@hse.gsi.gov.uk) .

## **OHWP- New Ways of Working**

11 OHWP members have taken note of the discussions at the Commission concerning the changing role of Industry Advisory Committees and their working groups, in particular HSC papers HSC/00/243 and HSC/01/178. The working party recognizes that the reconstitution of CONIAC will present an opportunity for the new ways of working set out in these commission papers to be adopted by the new committee. OHWP has considered its terms of reference in relation to these new ways of working, and has agreed to come up with a new programme of work which will be focused on key outcomes identified in the construction Priority Programme, along with milestones and proposals for evaluating impact and value for money. At its next meeting in the Spring, the working group will identify the key issues in Occupational Health in construction which the working party will seek to take forward over the next 2-3 years and will submit a paper to CONIAC in the spring in order to seek their approval for this course of action.

### **Action**

12 CONIAC members are invited to:

- Note the content of the above report;
- Consider ways of raising money to fund occupational health schemes in construction;
- Consider potential service providers for the occupational health pilot;
- Provide the Chair of OHWP, Richard Boland, with details of any projects that they are aware of with a high standard of Occupational Health provision.

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