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Managing health risks in construction – an update of the work in Construction Division

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Summary

This paper updates members on HSE's approach to improving standards of managing health risks in the construction industry. In particular it outlines work being carried out that will contribute to reducing the burden of occupational cancer risk highlighted by Dr Lesley Rushton's work.

Background

1. Improving standards of occupational health in the construction sector and within that, levels of protection against occupational cancer is a key priority of HSE's Construction Programme. This work is driven by Construction Division's Health Risks Management Unit (HRMU) in conjunction with its operational units. There are also a number of HSE policy teams that take a cross-sector perspective on specific topics including asbestos, respiratory risks, noise and vibration.
2. Progress and improvements in the management of health risks in construction have not kept pace with improvements in safety performance even at the better-organised end of the industry. Historically, a lack of awareness of health risks in construction and individual attitudes towards them have made improvements difficult. Of particular relevance here is the immediacy of most safety issues in comparison to the long latency of most health related conditions. The fact that many cancers for example may take many years to develop contributes to an attitude among many that "it won't happen to me".
3. In 2010-11 more than three times as many working days were lost due to workplace ill-health (1.7 million) than due to workplace injury (0.5 million). Whilst there were 49 fatal injuries to construction workers in 2010-11, each year there may be as many as 100 times as many workers lives lost through occupational disease. Indeed we now also know that over half of all occupational cancer registrations (56% of the approximate 8000 annual total) occur in construction workers. The primary contributors are asbestos and silica, but significant numbers occur from non-melanoma skin cancer, exposures to diesel engine exhaust emissions and from chemical exposures to painters and decorators.

Action

4. Work continues with the industry to deliver an improved understanding of work related health risks and crucially to promote the active management of health risks rather than a symptomatic treatment of health effects. Much of this work is having impact: for example, ongoing work from 2010/11 has significantly raised the profile of silica risk control. In conjunction with HSE's Long Latency Health Risks Division progress has been made in raising awareness of dust control methods during cutting operations, by water suppression and on-tool extraction. Practical guidance on the effective use of on-tool extraction which provides an alternative where wet control methods are not appropriate is currently being produced in partnership with the industry.

Operational work

5. Exposure to asbestos containing materials remains the single most significant health risk in construction. Those most likely to be exposed are workers engaged in the refurbishment and demolition of existing buildings. Following the prosecution of several retailers for poor management of risk from asbestos during refurbishment work an initiative is underway to raise awareness of retail companies about their duties for asbestos during refurbishment in trading stores. The focus is on the arrangements put in place by retail companies to provide appropriate management controls, including the use of adequate refurbishment surveys and sufficient time and resource for the work to be safely carried out. This is particularly applicable to those tradesmen most likely to be put at risk such as electricians and plumbers. This work links in with and supports, the 'Hidden Killer' campaigns.
6. Most asbestos work (including all work with sprayed asbestos coatings asbestos insulation or lagging and most work with asbestos insulating board) requires a licence because of the particularly hazardous nature of these materials. Licence holders have to notify HSE of any work with such materials. It is only work where the risk of exposure is low (such as work with asbestos cement) that is not normally licensable. HSE's Asbestos Licensing Unit (ALU - now within Construction Division) administers the licensing regime in line with HSE's Policy on such regimes (see <http://www.hse.gov.uk/enforce/permissioning.pdf>). The licensing regime provides a significant level of control over the standards that contractors bring to most work with asbestos. By visiting sites where licensable work is being carried out HSE is able to check the contractor's performance on-site. In 2011/12, 1690 visits to licensed asbestos removal work were carried out and the information from these visits feeds into future assessments of licence holders. These visits constitute around 20% of Construction Division's proactive operational work in 2011/12.

7. In addition to the licensing, priorities in the inspection of small sites and refurbishment work (around 50% of Construction Division's proactive operational work) include asbestos and other respiratory risks with risks of developing occupational cancer. An example is the visits to a number of companies engaged in stonemasonry on construction sites to assess the level of awareness of the health risks from respirable crystalline silica. A generally low level of understanding was found, both of the risks and precautions that should be taken and in particular, the selection and face fitting of respirators.

Partnership working

8. Supply chain work initiatives aim to bring about improvements to health risk control by developing practical solutions in partnership with the industry, drawing together suppliers, contractors, clients and designers. Several work strands have been undertaken using this model and the current project underway is focussed on improving the management of all health risks associated with paving, road and highway work. A health risk management matrix is being developed, and work to examine health surveillance and exposure monitoring requirements, and design considerations is also being carried out. The project is planned to run for the next two years and will produce tools to help reduce the incidence of ill-health due to noise, vibration, respiratory risks and skin exposures to the sun and chemicals in these sectors
9. The CONIAC Health Risks Working Group aim is to raise awareness of common health risks and influence behaviour to eliminate health hazards or improve control of health risks. The group has spent time considering what occupational health means to different stakeholders, as this is subject to widely differing interpretations. Consequently the group is developing guidance for employers, and service providers on the definition and practical requirements of 'occupational health' as it applies to the construction industry. Its longer term work will be to try to move the industry towards a better vision of what best practice is in occupational health.
10. The promotion and encouragement of effective leadership and worker involvement is a key priority through site visits and other interventions (eg. senior level engagement with larger contractors). The Leadership and Worker Involvement Toolkit, developed jointly with the industry and launched in 2011 provides a range of information and interactive learning exercises including case study scenarios on five of the most common health risk issues (noise, hand arm vibration syndrome, asbestos, dust and manual handling) to assist employers understand how to reduce ill health.

Guidance

11. Welfare remains a priority topic for HSE and is one of five topics addressed at all site inspections. A welfare information sheet consolidating previous guidance for industry has been published and HSE's internal guidance for its inspectors also revised clarifying expectations of appropriate enforcement decisions on general welfare provision, and, for example, where cement or other potentially hazardous substances are present.
12. Other supply chain initiatives have targeted a number of moving and lifting tasks to encourage the use of mechanical lifting aids and where appropriate substitution of heavy materials with lighter alternatives (for example plastic kerb products). One specific example promotes the avoidance of using heavy blocks and a 'Busy Builder' sheet is currently being produced to consolidate this.
13. HSE has guidance on its website regarding sun protection for workers. Support has also been provided to the Institution of Occupational Safety and Health funded SunSafe project, which is working to change construction workers group behaviour and reduce exposure to solar radiation. This project has involved production of a DVD based intervention delivering key sun protection messages to this high risk group. A further initiative to evaluate the success of this intervention in terms of changes in the workers' knowledge, attitudes, and behaviours is planned for 2013.
14. Two research initiatives with the Health and Safety Laboratory (HSL) are currently underway which are both anticipated to be of value in future work initiatives. One is looking at reviewing all hazardous substance exposures in the construction workplace with a view to identifying any 'gaps' in our knowledge to help prioritise our efforts. For example, Dr Rushton's work identified a peak of cancer registrations due to PAH (polycyclic aromatic hydrocarbons) exposure in construction. This research is therefore looking at all PAHs, ie. bitumen materials and coal tar pitches to establish whether this is a historical issue (as coal tars are no longer used) or whether there is an ongoing real hazardous substance exposure issue, for example in the roofing industry. The second research project is looking at producing a self-assessment tool for dutyholders on their competence to manage occupational health issues. Termed 'HeRMMIn' (Health Risk Management Maturity Index), it is envisaged this will provide a useful leading indicator for health where little such measures currently exist.

15. The expertise and confidence of operational inspectors to deal with health risk issues in the construction workplace is regularly reviewed. In addition to well-established asbestos inspection training programme, training is also provided on other issues through a course called 'Preventing occupational disease in construction'. The delivery of this course is focussed on practical demonstrations of how to solve the common health risk issues. With much help from partner organisations who manufacture and sell these controls it is possible to show inspectors directly how reasonably practicable control of the most significant health risks is. Additionally in this work year, a series of respiratory risk briefings is being provided to all construction inspectors and visiting officers to give them further guidance on dealing with COSHH and RPE (respiratory protective equipment) matters.

Areas for Further Development

16. Following the publication of Dr Rushton's work it is acknowledged that HSE's efforts have to date mainly centred on the two carcinogens with the highest numbers of occupational cancer registrations, namely asbestos and respirable crystalline silica. The identification of painters and decorators, roofers, those exposed to solar radiation and diesel engine exhaust emissions has demonstrated the need to assess these risks and determine how best to tackle them.

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