

| HEALTH AND SAFETY EXECUTIVE | | | |
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Encouraging Improvement in the Management of Health Risks in the Construction Industry

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For information and discussion at CONIAC on 17 November 2010

Issue

1. This paper updates members on HSE's approach to improving standards of health management risk in the construction industry and progress with current work streams. It seeks feedback from CONIAC members to support the Health Risks Working Group work plan and requests support for future work.

Background

2. HSE's work in improving the management of health risks in the construction industry is driven by Construction Division's Health Risks Management Unit (HRMU). 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.
3. It is widely recognised that the management of health risks by the industry has not improved at the same rate as improvements in the management of safety risks. In 2008-9 four times as many working days were lost due to workplace ill-health (2.4 million) than due to workplace injury (0.6 million). Whilst there were 41 fatal injuries to construction workers in 2008-9, each year an estimated 1000 die from asbestos related disease and 500 die from silica exposure. The opportunity therefore exists to make substantial progress in reducing workplace ill-health and further move the health and safety agenda forward across the industry.
4. Recently HSE has seen increasing calls from stakeholders for presentations and participation in events on health topics, indicating an encouraging increased awareness of health issues and an appetite for improvement that should be harnessed.

HSE's Approach to Health risks

5. One of the main goals of HSE's strategy is, *'To specifically target key health issues and to identify and work with those bodies best placed to bring about a reduction in the number of cases of work related ill health'* (<http://www.hse.gov.uk/strategy/>). HSE has long felt that working in partnership with industry has more of an impact on outcomes than working in isolation. Partnership working drives innovation and improvements and ensures consistency.
6. The HSE Board recently agreed that health delivery across HSE should comprise five overarching areas of activity:
 - data, research and targeting – delivery should be evidence-based;
 - building competence - encourage management of health risks as a whole;
 - partnership working - HSE must look to all stakeholders to play their part;
 - communications – HSE should look to imaginative messaging, emphasising the real cost of the ill-health burden;
 - enforcement - developing benchmarks for risk issues and learning the lessons from activity.
7. HSE's Construction Programme sets priorities for HSE's work in tackling health and safety across the industry, it is evidence-based and places value on partnership working. However, future work may need to go even further to ensure it is focused and justified against the areas of activity now agreed by HSE's Board.

Emphasis on partnership working

8. In view of the emphasis on partnership working and setting agreed priorities, HSE has reformed CONIAC's Health Risks Working Group (WG). The WG met for the first time on 12 July. Early discussion centred on the terms of reference and remit of the group. The WG agreed there is a need to define what is meant by 'occupational health' in the context of the Health and Safety at Work etc Act 1974 and to make this better understood within the industry.
9. The second meeting of the WG was set for 2 November and an oral update on progress will be provided at CONIAC's meeting on 17 November. Once the WG's remit and work plan are fully developed, the WG will provide an important mechanism for the delivery of HSE's strategy through CONIAC, and will represent a significant opportunity for targeted partnership working.

10. HSE's supply chain initiative focuses on working in partnership with all stakeholders by focusing on a specific process or activity which causes a health risk. The success of this approach is based upon facilitating a discussion forum for all industry players to agree the most practicable way forward in preventing or controlling that risk (see paragraphs 16 to 18 below).
11. HSE continues to support the Working Well Together (WWT) campaign. Last year HSE supported 33 builders' merchants and tool hire events on controlling exposure to silica dust, which reached over 500 people of whom a significant proportion were SMEs. HSE also regularly participates in and supports an ongoing programme of safety and health awareness days (SHADS) and White Van road shows with a focus on health issues.
12. HSE maintains its support for the aims of Constructing Better Health (CBH). It is currently discussing with CBH how it can further its National Standards work by developing a set of risk management standards for the key health issues.

Emphasis on evidence-base

13. HSE's Strategy highlights the need to set evidence-based priorities. This has been further emphasised by the Board's agreement (see paragraph 6) that focus should be on using emerging evidence to identify, refine and prioritise delivery on health risks, within a mix of interventions. Construction Sector's HRMU recognises this and is undertaking research to further establish the workplace ill-health evidence base.
14. HSE is developing a research proposal with the Health and Safety Laboratory (HSL) on hazardous substance-related exposures in construction. The findings will enable account to be taken of any new or emerging health risk issues and changes in industry working practice to substance exposures previously recognised.
15. Work has recently started on a project to provide a critical summary of industry understanding of the concept of 'occupational health', what contractors ask of occupational health service providers, and the range of services provided and the skill mix of those supplying it. This is being undertaken through a series of interviews with dutyholders and their occupational health providers. This work will help inform the discussions of the Health Risks WG and aid in raising the standard of occupational health service delivery to the industry.

Current position in specific topic areas

Supply Chain Initiative

16. The supply chain initiative aims to bring about improvements to health risk control by developing practical solutions in partnership with the industry, drawing together suppliers, contractors, clients and designers/architects. Seven work strands have been undertaken using this model.
17. A draft independent evaluation report by the Institute for Employment Studies into the effectiveness of the supply chain approach was discussed at a workshop on 16 June. The report highlights successes, for example in relation to exposure to silica in block and kerb cutting and manual handling of heavy blocks as well as looking at the barriers to success and how well this approach could be transferred to other areas.
18. HSE is exploring the possibility of extending the supply chain model to focus on the spectrum of health risks associated with a range of industry processes. A stakeholder meeting to consider this application to, for example, roads and highways maintenance is being planned for November/December 2010.

Welfare

19. Welfare remains a priority topic for HSE in 2010/11 and it is one of five topics that is addressed at all site inspections. A welfare information sheet consolidating previous guidance for industry is being developed. HSE's internal guidance for its inspectors clarifying expectations of appropriate enforcement decisions on general welfare provision, and, for example, where cement or other potentially hazardous substances is also being revised.

Construction Occupational Health Management Essentials (COHME)

20. COHME was originally launched in February 2008 as a single point of access to HSE's web-based guidance on the management of health risks in construction. It intended to signpost toolkit information to help, workers, SMEs, designers and others tackle their health challenges (<http://www.hse.gov.uk/construction/healthrisks/>).
21. COHME was initially well-received but further feedback and 'web hit' figures suggest that, whilst the information in it is of significant value, problems with usability and navigation mean that much of it is not being accessed. HSE has begun a redesign of COHME to refocus its original intent as a 'tool' for the industry. This work will be completed by the end of the financial year.

Respiratory Risks

22. HSE is developing the construction specific strand of HSE's wider 'Dust' campaign. Initial stakeholder engagement has begun with bodies including Park Health at the Olympic Park and the Hire Association of Europe. A cross-industry Construction Dust Forum is taking forward awareness raising and controls, with an emphasis on refurbishment activities.
23. Ongoing work from 2009/10 has significantly raised the industry profile of controlling exposure to silica dust. Enforcement activity on silica exposure risks increased seven-fold from 2008/09 to 2009/10 with approximately 100 Notices served by inspectors. Following the success of the 'Time to clear the air' initiative, interim guidance on the Control of silica risks associated with the cutting of roof tiles has been published and agreed with roofing stakeholders. This represents a practical step forward in delivering accepted working practices where some aspects of control involving use of water suppression are not entirely practical. A cross-industry working group has subsequently met to tackle the outstanding issues.

Asbestos

24. Asbestos remains a major cause of fatal disease. Published evidence suggests that construction accounts for over half of more than 8000 new occupational cancer registrations each year and asbestos makes up much of this total. The 2010/11 Construction Work Plan will result in around 1400 visits to licensed asbestos contractors with the intention that each is visited at least once. Construction Division's Strategy for 2011-2014 will continue to identify asbestos as one of the five priority topics for the industry with the focus on asbestos licensed work, small sites and refurbishment.
25. The ongoing work of HSE's asbestos team to raise awareness and improve standards in relation to training, transfer of information and asbestos surveys is outlined in the Annex to this paper.

Manual Handling

26. Indications are that recent work using the supply chain model has encouraged more widespread use of mechanical lifting aids, further substitution with lighter materials (for example plastic kerb products) and use of smaller and pre-cast blocks with lifting handles, and the general specification of lighter materials by designers. HSE is finalising a DVD on the handling of heavy masonry blocks, which is due to be released soon.

Areas for Further Development

27. In addition to the ongoing work outlined in paragraphs 16 to 26, there are areas where further work is planned, dependent on the emerging evidence base:

- Lead Paint - HSE has met with the Lead in Paint Safety Association to discuss awareness-raising of lead hazards in paint. HSE believes this issue is becoming more relevant due to the potential for increased worker exposure to lead particles during refurbishment;
- European dichloromethane (DCM) ban - Following an EU ban on its supply and use, HSE is working with formulators to support them in developing training and certification arrangements to make use of a derogation allowing safe professional use of DCM. HSE's input will become clearer as the industry's proposal for a training scheme takes shape.
- Noise and vibration – HSE recognises this as a continually important area and is one example which could be linked with other health risk topics as part of the leadership and worker engagement tool under development with HSL.

Action

28. CONIAC members are asked to:

- comment on the approach and work outlined in this paper;
- provide views as to how the mechanisms for making asbestos information available to those carrying out repair and refurbishment work can be improved, and how awareness amongst clients of this issue can be raised;
- agree to approaches on an individual basis by members of the Health Risks Management Team if opportunities for partnership working are identified.

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Progress in Asbestos Work

Background

1. It is estimated that over 500,000 non-domestic buildings and a significant number of domestic properties built or refurbished before the year 2000 still contain asbestos materials. As a consequence, the effective management of asbestos risks will continue to be a priority topic for HSE.
2. Since 2008, the highly successfully *Hidden Killer* campaign has targeted tradesmen, the group of workers now most at risk of exposure. HSE research found that although tradesmen knew asbestos is a risk to health, they believed it was a historical problem not relevant to them. The media campaign has been underpinned by work with industry stakeholders to promote key messages and inspection activity in the construction sector, focusing on refurbishment work, and more generally across all sectors to examine compliance with the duty to manage asbestos in buildings. Although evaluation of the media campaign has shown significant success in raising awareness, continued work is required to bring about sustained change.

Training

3. HSE's asbestos policy team is working with asbestos training providers to examine training demands and delivery in relation to asbestos awareness and non-licensed training. The key concerns emerging are the extent to which those in the construction industry are receiving asbestos training, and whether it is of the correct type. Indications are many workers only receive awareness training when in fact they are likely to be required to carry out non-licensed work. A small working group has recently been set up with the aim of improving standards of training, working to develop e-learning as a method of delivery for awareness training and to further clarify the content and delivery requirements for non-licensed training.
4. The *Hidden Killer* campaign highlighted a gap in the information and training given to apprentices as they join the construction industry. Feedback suggests that asbestos often features minimally within apprentices' wider health and safety training and is not covered in detail. As a result HSE has produced an *Introduction to Asbestos* learning package targeting apprentices designed for delivery by college lecturers and other training providers. The package includes a 45-minute interactive presentation, activity sheets, posters and a take-away pocket card and has been successfully piloted by a number of colleges. The package is now available on the HSE asbestos website.

Transfer of Asbestos Information

5. Research commissioned by HSE identified that one of the barriers to the effective management of asbestos is the transfer of information between various parties, including during the commissioning of repair or refurbishment work. Key messages from the *Hidden Killer* campaign focused on alerting

contractors and workers to their entitlement to information about asbestos and duty holder's legal obligation to provide it.

6. An important element of HSE's work going forward is to increase awareness among clients, and property management and construction professionals about their legal obligations. By embedding the requirement for asbestos information in the processes surrounding the sale or rental of a commercial property is hoped there will be an improvement in the availability of asbestos information during the life of the building. For example, in consultation with the Lease Code Group, chaired by the Royal Institute Chartered Surveyors (RICS), HSE is exploring the possibility of using the Lease Code (a best practice guide) as a mechanism to improve awareness of tenants and landlords about their obligations under the Control of Asbestos Regulations 2006. HSE is also starting work with RICS to produce Information Sheets targeting specific audiences, e.g. tenants/landlords, surveyors etc, setting out guidance on their responsibilities according to their role.

Surveys

7. Linked to the transfer and provision of information are the issues of asbestos survey quality and surveyor competence. Feedback is that inspectors are regularly finding evidence of poor quality asbestos surveys which fail to properly and fully identify the presence of asbestos containing materials. Often the inadequacy of the information provided only becomes apparent when work has begun and workers have potentially been exposed. To help address these concerns asbestos surveys and surveyor competence will be a key theme of the planned inspection work in the refurbishment sector with follow-up work with surveyors being carried out by HSE's occupational hygiene specialists.

8. HSE will also continue to work with industry to promote the use of suitably competent and accredited asbestos surveyors by clients commissioning refurbishment or construction work. Asbestos: The Survey guide (HSG 264) published by HSE in January 2010 provides clearer guidance than previously for clients on how to choose a surveyor and what constitutes a good survey.