

HEALTH AND SAFETY EXECUTIVE			
CONSTRUCTION INDUSTRY ADVISORY COMMITTEE (CONIAC)			
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**Reducing occupational disease in the construction industry  
– making a difference**

**A paper by Ian Strudley, HSE Construction Division**

For information and discussion

**Summary**

This paper advises members on HSE’s planned approach to improving standards of occupational disease prevention in the construction industry and seeks their assistance in taking this forward. Members and the industry are challenged to help make a real difference and ensure health risk issues are managed *at least as adequately* as safety risks.

**Background**

1. Reducing the incidence of occupational disease in the construction sector is a key priority of HSE’s Construction Programme and in 2014/15 a number of initiatives will be taken forward to secure further improvements in the industry’s standards of health risk management. This work continues to be driven by Construction Division’s Health Risks Management Unit (HRMU) in conjunction with its operational units. HRMU also works with a number of HSE policy teams that take a cross-sector perspective on specific topics including asbestos, respiratory risks, manual handling, noise and vibration.
2. In 2012/13<sup>p1</sup> there were 39 fatal injuries to construction workers in the UK. In the same period we estimate that there were over 100 times as many deaths from work-related ill health and disease. Whilst the contribution from exposure to asbestos is understood, recent research demonstrates the significant contribution from other exposures such as silica, chemicals and diesel exhaust emissions. An alarmingly-high occupational cancer burden is attributed to the construction industry accounting for over 40% of all workplace cancer deaths.
3. The most recent statistics (2012) indicate that over 30,000 new work-related ill health conditions were reported that year within the construction

industry, often with debilitating and potentially disabling consequences. Examples of the latter include asthma, hand-arm vibration, noise-induced hearing loss and musculoskeletal disorders (MSDs). Ill health incidence rates in construction in each case are often higher than the all industry average.

4. Whilst many cases we see today result from historical exposure, control of exposure to hazardous substances and conditions within the industry remain poor creating the ill health, disease and deaths of tomorrow. These deaths and diseases are preventable. Standards and awareness remain stubbornly poor particularly (but not exclusively) in the SME and refurbishment sectors.

### **Planned activities**

5. 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 to reduce occupational disease rather than a symptomatic treatment of health effects. Much of this work is already having impact: for example, ongoing work in the last few years has significantly raised the profile of silica risk control. Working and delivering through the industry Dust Partnership Group has achieved much progress in raising awareness of dust control methods during cutting operations. HSE also regularly participates in and supports the ongoing programme of Working Well Together (WWT) safety and health awareness days (SHADS) with an increasing focus on health issues.
6. HSE's Construction Division plans to undertake a two week health inspection initiative in June 2014. HSE operational inspectors will carry out 500 inspections covering all significant health risk issues, eg control of dust or other hazardous substances, moving and lifting of blocks, kerbs and paving, and the noise and hand-arm vibration dangers associated with activities such as cutting and breaking concrete products. Following this initiative, including during a further refurbishment initiative, there will be a continual increased emphasis on health inspection topics. HSE will be encouraging its inspectors to take a critical look at how health risks are managed in all construction activities. To assist them in this HSE is producing new operational guidance detailing the associated enforcement expectations
7. Systems for the mechanical moving and lifting of heavy loads, and the hierarchy of engineering controls for managing the risk of hazardous substance exposures are readily available but not always properly used. Particular focus will be made in the next year upon e.g. avoidance of manual lifting and repetitive movements where appropriate. Proper consideration of e.g. chemical products substitution for less harmful alternatives, and then the appropriate use of water suppression and on-tool extraction, other ventilation controls and protective equipment

including respirators will all be included when looking at COSHH exposure risks.

8. As part of HSE's ongoing industry major contractors project, the way they manage health issues will be assessed using a new tool developed in conjunction with HSL. Named HeRMMIn (Health Risk Management Maturity Index), inspectors will use this auditing process to evaluate how 'mature' contractors are in dealing with and so managing health issues throughout the company. It is envisaged that after further development work this tool will then be available on the HSE website for industry to use as a self-assessment audit process. Guidance on what mature practice looks like is also being drafted so companies can readily identify the solutions to become more effective in dealing with the issues.
9. Exposure to asbestos containing materials remains the highest priority for HSE and around 1200 inspections to licensed removal work will be delivered in the next workplan year. An asbestos analysts inspection initiative will also be carried out to ensure standards of e.g. site clearance after work are being correctly established.
10. New guidance produced in conjunction with industry will help raise awareness of the proper control of health risks. Alongside the recently published information sheet on on-tool extraction for silica control, two Busy Builder sheets on the manual handling of plasterboard and heavy blocks are due to be published soon. Existing manual handling information sheets are also being revised to produce one consolidated sheet on the handling of concrete products. And, it is planned to produce a further Busy Builder sheet on hazardous substance control during painting before the June inspection initiative. HSE has also completed a revision of its Construction health web pages and these are planned for launch in April.
11. HSE will also be challenging architects, clients and designers to design out health risks. This will involve considering health aspects through the lifecycle of any project from design to demolition.

### **Today**

12. To encourage a member discussion on what health issues can usefully be taken forward, several short presentations will be given by members of the CONIAC Health Risks Working Group. These are:
  - Caroline Haslam – Home Builders Federation (HBF): *designing out health risks in new home build and planning to eliminate them e.g. manual handling*
  - Gren Tipper – Construction Clients Group (CCG): *Construction 2025 and the 'health strategy' and role of the Construction Leadership Council Delivery Group*

- Andy Turrell – UK Contractors Group (UKCG): *role of major contractors in delivering change through initiatives – e.g. ‘bin the broom ‘and the UKCG Health Charter*
- Kevin Minton – Construction Plant Hire Association (CPA): *responding to the occupational cancer burden challenge, and specifically the risks from exposure to Diesel Engine Exhaust Emissions (DEEE)*
- Susan Murray – Unite: *worker involvement – ensuring workers and their representatives are properly informed and involved.*
- Kevin Fear – CITB: *the industry training board’s role in raising awareness and provision of training vehicles to secure competence.*

### **Action**

13. CONIAC members are asked to :

- Note the contents of this paper and advise what further actions can be taken collectively and/or on behalf of their specific representative groups.
- Following the listed presentations, discuss how they might further assist to ensure that occupational disease prevention is dealt with *at least as* seriously as the management of safety risk issues in construction.

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