

HEALTH AND SAFETY EXECUTIVE			
CONSTRUCTION INDUSTRY ADVISORY COMMITTEE (CONIAC)			
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Cleared by:	Simon Longbottom, on behalf of Heather Bryant, Chair of CONIAC, on 2 July 2014		

**Reducing occupational disease in the construction industry
- CONIAC member challenge to *'think health'***

A paper by Ian Strudley, HSE Construction Division

For information and discussion

Summary

This paper presents the information received from CONIAC members in response to the request made at the March 18 meeting for their views on what issues to take forward to encourage the industry to *'think health'*, and seeks their assistance in deciding how and what actions to take forward.

Background

1. Members will recall Paper M1/2014/1 from the previous CONIAC meeting held on March 18 and the resulting action that called upon them and their representative bodies to respond to a questionnaire challenging them to help make a real difference in ensuring health risk issues are managed *at least* as seriously as safety risks.
2. The questions asked were:
 - a. What do you see as the three biggest occupational ill health and disease priorities to the industry?
 - b. What do you see as the three biggest occupational ill health and disease priorities to you/your organisation/representative body?
 - c. What are you doing about it?
 - d. What more can be done?
 - e. How can you assist as a member of CONIAC?

- f. How can CONIAC make a difference?
 - g. What commitment can you and / or your representative make as a member of CONIAC to raising the awareness of health risks in construction?
3. Responses to the questionnaire have been gratefully received from members / organisations, and a number of common themes / points emerged from carrying out the exercise:
- a. Respiratory risks and musculoskeletal disorders cause the most concern to both industry and the various CONIAC members / representative bodies. There is also a lack of knowledge about lead; and skin exposure issues including occupational dermatitis. A renewed focus on noise control is also needed. Work related stress is not currently a HSE priority but is recognised as one of the most significant issues for construction. It is suggested that mental ill-health causes more working days lost than any other health risk issue in construction.
 - b. Many member organisations endeavour to pursue a policy agenda which aligns itself with HSE's priorities and so are keen to collaborate and enter into appropriate partnership arrangements to collectively raise awareness of health risks and secure better workplace control. These partnership arrangements include working with HSE, but are not restricted to their involvement.
 - c. A focussed effort on agreed targets (e.g. occupational cancers, raising awareness amongst certain trades, further training/guidance aids) is suggested as a means to ensure effective use of resource effort.
 - d. Improved collaboration between client, designer and builder will help promote the '*health like safety*' message and achieve a consistent level of minimum workplace standards.
 - e. Raising the profile of, and strengthening the CONIAC 'brand' will improve visibility of the committee and its representative standing for the industry. It is recognised that CONIAC has a different, independent role to fulfil compared to HSE. Where HSE as the regulator is perceived as a body to 'punish', CONIAC is well-placed to enhance its role as an advisory body, to help guide and promote standards. Many recognise that CONIAC as a representative industry body has a pivotal role in demonstrating achievable workplace standards.

- f. To develop the CONIAC 'brand' the committee could seek out and, as the industry representative committee, congratulate industry successes. One member suggested that each CONIAC colleague could bring one case study from their representative affiliation to each CONIAC meeting. These could then be presented in a highlighted CONIAC health pages website. With appropriate launching through a targeted communications exercise by HSE and CONIAC member organisations this would help raise awareness and improve workplace standards. Distributing case study information in this way might also encourage those who are nervous of their dutyholder legal compliance duties but who have something 'new' to say.

Action

4. CONIAC Members are asked to:
 - Note the contents of this paper and consider how their responses to the member challenge on health can be taken forward: as a stand alone industry Committee; in their individual representative groups; and, where deemed appropriate, alongside / in partnership with HSE.
 - Agree a series of actions to ensure that CONIAC is seen as a credible industry representative body making sure that occupational disease prevention is dealt with *at least as* seriously as the management of safety risk issues in construction.

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