

# Review of sickness absence data in the waste and recycling industry

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# Review of sickness absence data in the waste and recycling industry

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While injury rates have been calculated and reduced in the waste and recycling industry in recent years (HSE Research Report 701), little is known about the prevalence of ill health for this industry. The main objective of this project was to review sickness absence data for the industry and provide estimates of the occupational ill health rate and the annual number of days absent from work. This review would also aim to identify common causes of ill health and their contribution to the overall absence rate.

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# EXECUTIVE SUMMARY

## Objectives

While injury rates have been calculated and reduced in the waste and recycling industry in recent years (HSE Research Report 701), little is known about the prevalence of ill health for this industry. The main objective of this project was to review sickness absence data for the industry and provide estimates of the occupational ill health rate and the annual number of days absent from work. This review would also aim to identify common causes of ill health and their contribution to the overall absence rate.

## Main Findings

Following consultation with industry representatives, a request for sickness absence data for a two-year period, 2007 and 2008, resulted in submissions from 16 local authorities and two private companies.

Many organisations reported problems in providing data, including limited resources available to extract the information and collating data from existing software systems.

For local authorities, the average number of days absent per employee per year was 12.8 days. The Local Government Employers (LGE) Absence survey in 2007 reported an average of 9.6 days per employee per year, suggesting waste and recycling employees have more days absent than other public sector employees. Waste and recycling employees identified as drivers, loaders or operators had an average of 13.2 days absence. However there were inconsistencies in the methods of recording job role and so estimates may not be accurate. For the private companies, the average number of days absent per employee per year was 7.0 days, which is similar to the 6.8 days reported by the Engineering Employers' Federation sickness absence survey in 2008.

There were various approaches to recording reason for absence (from a set of well-defined categories to free text fields), and so it was not possible to determine the most frequently occurring reasons. The LGE survey reports the most common causes of absence to be musculo-skeletal disorders (MSDs) (22.5% of absences) and stress (22.6%). To facilitate appropriate comparisons, the project data were examined to determine the prevalence of each of these reasons for absence. The percentage of absences due to MSDs was 21% among local authority employees and 11% in the private companies, whereas the percentages of absences due to stress were just 4% and 2% for public and private organisations respectively.

## Recommendations

Absence rates among the waste and recycling industry have been calculated, with some indication of higher rates of absenteeism in local authority employees than in the wider public sector. To gain further information on absence rate trends and the main reasons for absence, organisations should adopt the Waste Industry Safety and Health (WISH) Forum metrics on job role and reasons for absence, and participate in WISH's annual absence surveys planned to start in 2010.



# 1 INTRODUCTION

The Health and Safety Executive (HSE) has commissioned work with the waste and recycling industry that has identified the incidence rate of injury (BOMEL Ltd, 2004). This information has been successfully used to target resources and set standards (see <http://www.hse.gov.uk/waste/information.htm>) and an updated report shows a reduction in 3-day injury rates (ND BOMEL Ltd, 2009). However there are no data available on the prevalence of ill health within this industry except RIDDOR reportable work-related diseases.

The aims of this project were to:

1. Identify current sources of occupational health data within the waste and recycling industry and evaluate the quality of the data.
2. Establish the prevalence rate of occupational ill health and estimate the number of days absent from work.
3. Identify the most frequently reported types of illness and prevalence of the main types.
4. Investigate any possible differences between employment sectors and stages of waste management process.

The waste and recycling industry is split into three employment sectors: public, private and community organisations. In the public sector waste and recycling activities are carried out by local authorities (LAs) or contracted out to private companies. Many private sector companies are members of the Environmental Services Association (ESA). Members of the three sectors, representatives from HSE and other organisations meet collectively as the Waste Industry Safety and Health (WISH) Forum. In January 2009 the WISH Forum launched its strategy on health and safety performance in the industry, in particular, to improve accident numbers, ill health, management, safety culture and competence (<http://www.hse.gov.uk/waste/wish.htm>).

The Local Government Employers (LGE) conduct biennial sickness absence surveys (Local Government Employers, 2007) which request data from LAs on all employees. Waste and recycling activities are carried out by approximately 10% of LA employees (BOMEL, 2009), and the absence rates from the LGE survey will be useful comparisons with those obtained on waste and recycling employees only.

ESA collate data on sickness absence rates and perceived occupational health risks for their members and are currently processing data for 2007 (Freeland, 2009). These data will provide an insight into sickness absence in waste and recycling employees in the private sector.

The structure of this report is as follows. Section 2 describes how historical data were acquired, the completeness of the datasets obtained and the revisions made to the project. Section 3 summarises the data analyses. The conclusions in Section 4 highlight some of the problems encountered and how the results from this project may be applied to future work.

## 2 METHODS AND RESULTS OF DATA ACQUISITION

In the first instance, historical data provided by the public and private waste and recycling sectors were to be analysed to determine its quality and the feasibility of conducting a three-month prospective study.

### 2.1 DATA REQUEST

Local authorities were contacted via email (Appendix 1) through health and safety networks by the National Health and Safety Policy Adviser for the LGE. The email asked representatives from LAs whether their waste and recycling collection was carried out by the local authority or a private company. They were also asked if they were willing to share data on occupational ill health on waste and recycling employees with HSL.

Of the 74 responses to this email, 32 LAs indicated that waste and recycling collection was carried out by LA employees *and* that they were willing to share data on occupational sickness absence (responses (a) and (1) on the form in Appendix 1). A further five who outsource recycling activities but undertake their own waste collection were also prepared to share data. Two responses reported that they did collect data but would not be able to provide it in a suitable format, whereas four do not collect information but would be willing to participate in a prospective study. Thirty-one LAs said they contract out waste and recycling activities.

Contacts at the 37 LAs who had relevant data were sent a data request form (Appendix 2). Local authorities were asked for general information about number of employees and type of activities (Section A), as well as data on individual absences during 2007 and 2008 (Section B) which encompassed demographic details of the employees (an ID number, age, sex, job type, full/part time, number of months employed in current post) and information specific to the absence period (date of first day of absence, number of days absent, reason, whether it was work-related, whether any treatment was received, whether it was a recurrence of a previous illness/injury). Several private companies were approached with the same data request.

Seventeen LAs sent data, six withdrew from the study and 14 did not respond (even after a reminder). Data were also received from two private companies involved in waste and recycling activities.

### 2.2 ASSESSMENT AND REVIEW OF HISTORICAL DATA

Appendix 3 details which variables were obtained. In addition it is worth noting the following:

**Time period covered:** One LA provided data for January-March 2007 only and has been excluded from the data analyses. Another provided data for 2007 only and another for the financial year 2007/08 – data from both these were included in the analyses.

**Individual absences:** One LA provided summary data, broken down by year and waste/recycling activities. Another summarised number of absences and total number of days absent for each employee but with no further information on the employees. Fourteen LAs provided data on periods of individual absence.

**Industrial injuries:** Data on injuries were excluded (where coded) with the intention of looking only at sickness absence. One LA said it was “unable to confirm” the industrial injuries within their absence records.

Following this analysis and consultation with the technical customer and project team, it was decided not to pursue a prospective study for the following reasons:

- Organisations participating in such a study would need to make substantial revisions to the data collection methods.
  - Some organisations had problems linking the demographic data and sickness absence records. Often these pieces of information are held in different databases.
  - There was difficulty in ascertaining the job activities of individuals from their job descriptions.
  - There was no consistency to recording reason for absence. Some organisations have a few categories while others use free text fields.
- A three-month study would be too short to observe the potential influence of seasonal variations.

Our revised project plan therefore was to analyse the historical data and use these as baseline rates to support a long-term monitoring approach.

### 3 DATA ANALYSES

Combining all the information available, absence data were provided on 1579 LA employees and 2298 employees from private companies. The following sections summarise the data by demographic variables, by periods of absence and draw comparisons with other sickness absence surveys.

#### 3.1 SUMMARY OF DEMOGRAPHIC DATA

Since information was requested on individual absences, demographic data were not received on employees who did not have any periods of sickness absence during 2007 and 2008. This accounted for 17% of the total number of employees. For eight of the LAs, at least one absence was recorded for each employee. The average age in these LAs (41.8 years) is significantly lower than LAs where some employees did not take any period of absence (43.8 years, p-value = 0.008). To obtain an overall impression of this workforce, the summaries in Table 1 are calculated using all the available data. However the data should not be used to test for differences in length of absence between age groups or job roles.

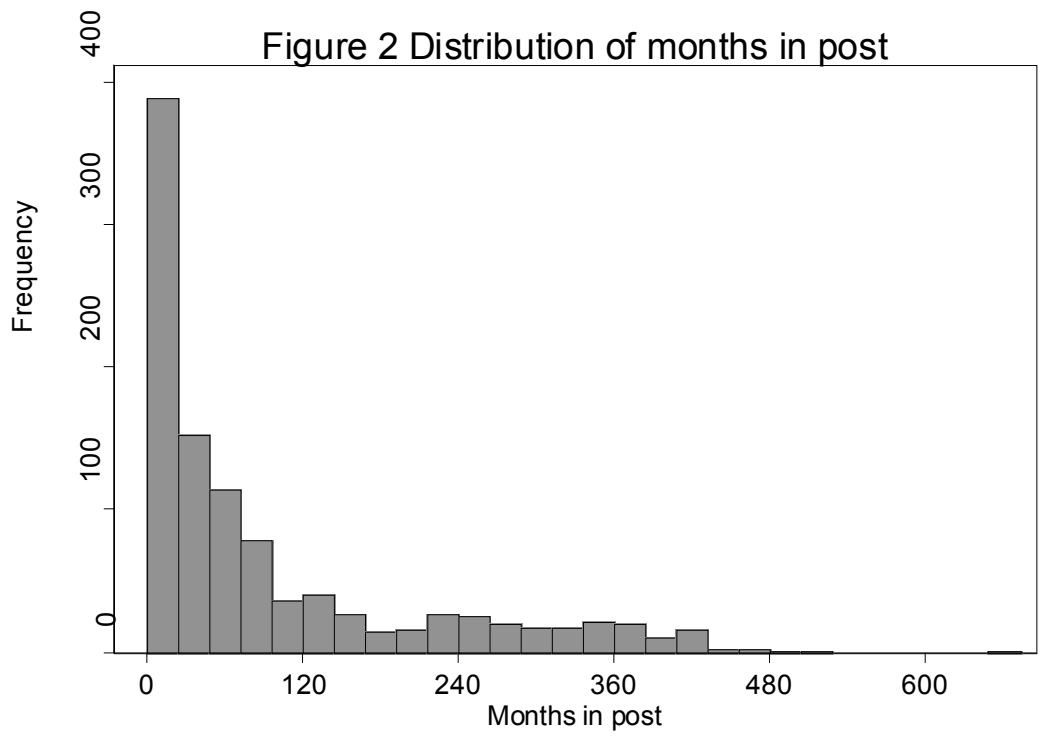
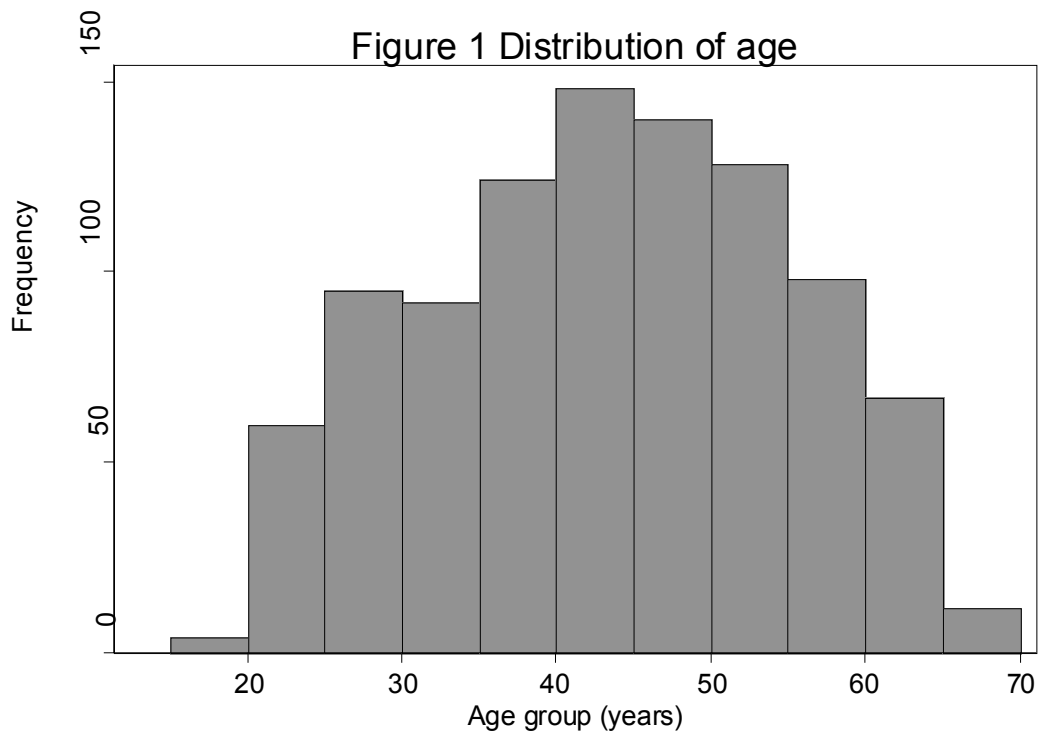
Since only one private company provided demographic data, it will not be summarised here.

**Table 1** Summary of demographic data for LAs

<i>Variable</i>	<i>Summary</i>
Age (years) of employee	Mean of 42.9 years, range 19 to 68 years (Figure 1).
Sex of employee	97% were male.
Job title	Number of different descriptions varied widely, minimum 4 and maximum 29. 67% were drivers, loaders or operators.
Full- or part-time	Fourteen LAs out of 16 reported that all their staff were full-time.
Number of months in post	Mean of 95 months, Median of 46 months. Very skewed data (Figure 2). 28% worked less than 1 year in current post, 58% worked less than 5 years.

Eleven LAs provided data on job positions within waste and recycling. While there were a variety of different job titles, those employed as drivers, loaders or operators (DLOs) were identified and the percentage of total employees was calculated (Table 1).

The number of months in post was very skewed, with 58% of workers being employed in their current job for less than 5 years. However some LAs reported recent changes to employees' contracts resulting also in changes to job title. Further, individuals may move between the private and public sectors. Without complete job history it would be difficult to assess an individual's length of time working in waste and recycling activities.



### 3.2 SUMMARY OF ABSENCE DATA

The main results of the analyses of the absence data are given in Table 2. Section 7 is a glossary of the terms used in this table.

Data are summarised for all LA employees, LA DLOs and the two private companies. The number of DLOs was estimated using the number of DLOs who had at least one absence and the total number of employees. It assumes the absence rate for DLOs is the same as other employees.

Often sickness absence survey data are summarised by the average number of days absent per employee per year and/or the absence rate, which gives an indication of the percentage of staff absent at any given time. These statistics are given in Table 2 as well as the average number of absences per employee per year. All of these quantities are higher in the public sector than in the private and this observation has been made in other surveys (e.g. CBI, 2005).

Estimates on the length of absence are given. These are not adjusted for the number of employees who take no periods of absence, but simply summarise the length of absence periods. A concern with summarising these data using averages is that, since the data are very skewed, long-term absences have more influence on the value than short-term absences. So medians and percentage of absences of 3 days or less are presented in Table 2 alongside means. While the mean for the private sector here is larger than the public sector, this may be simply due to the skewness of the data as the medians are the same.

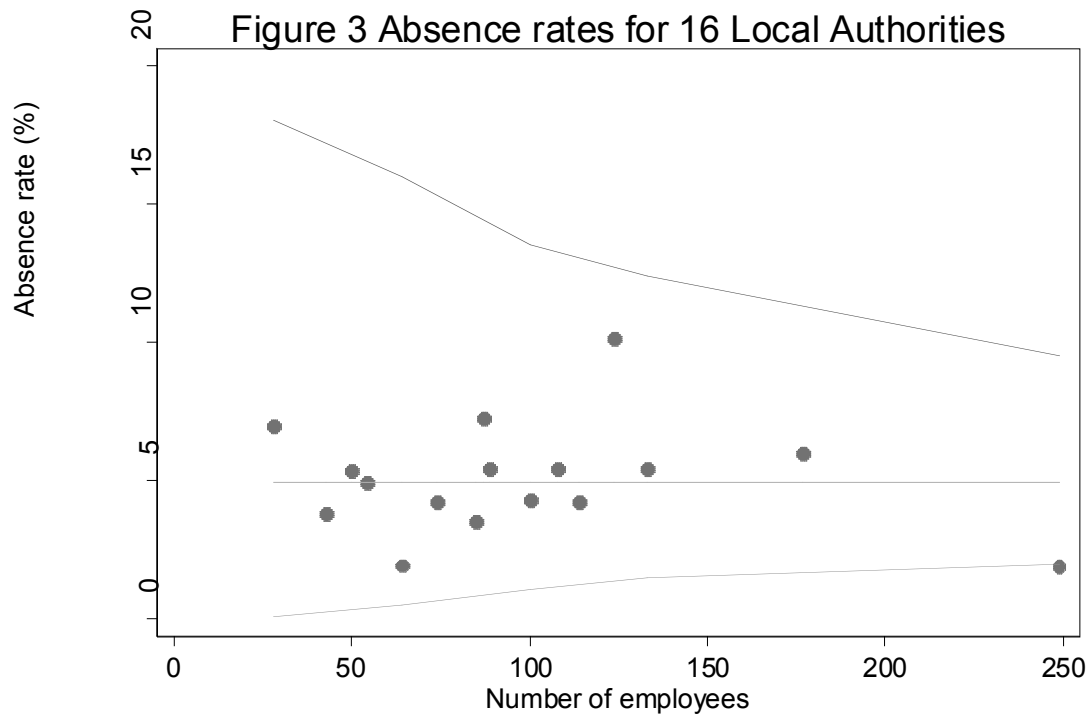
Each organisation had a unique method of recording reason for absence making it impossible to determine the most common ones. However it was decided to attempt to estimate the proportion of absences due to musculo-skeletal disorders (MSDs) and stress, as these were identified by the Labour Force Survey (HSE, 2008) as the most common causes of work-related ill health. Musculo-skeletal disorders were identified by the phrases and categories: "Back complaint", "Back strain", "Back problem", "Back pain", "Back and spinal disorders", "Back and neck problems", "Neck pain", "Shoulder pain", "Joint disorder", "Problems relating to back, spine or neck", "Other musculo-skeletal problems". Those classified as being absent with stress were identified by the following: "Stress", "Stress/Anxiety", "Stress/Depression", "Anxiety attacks", "Stress, depression, anxiety, neurasthenia, mental health and fatigue", "Stress, depression, mental health and fatigue syndrome", "Depression". The percentage of absences due to MSDs is much lower in the private sector (11%) than among LA employees (21%), while absences due to stress are low across both sectors (2% and 4% respectively).

The proportion of absences started in each month was examined using data on the date of first day of absence. The percentages started in January are given in Table 2. Chi-squared tests of homogeneity found that there were a significantly higher number of absences in January and lower number in December than would be expected if month of absence were due to chance alone (Chi-squared test statistic = 73.0, p-value < 0.0005).

The results presented in Table 2 are a simple merge of all the datasets provided by LAs and companies. Figure 3 shows the absence rates for individual LAs plotted against the number of employees. This "funnel plot" includes 99% confidence limits for the observed absence rate. These limits indicate the level of expected random variation and suggest that the LA with most employees may have a significantly lower absence rate than the others.

**Table 2** Summary of absence data

<i>Variable</i>		<i>Public sector</i>		<i>Private sector</i>
		<i>All employees</i>	<i>DLOs only</i>	
Average no. absences per employee per year		2.0	2.1	0.8
Average no. days absence per employee per year		12.8 days	13.2 days	7.0 days
Absence rate		4.9%	5.1%	2.7%
Length of absence	Mean	6.5 days	6.3 days	8.3 days
	Median	2 days	2 days	2 days
	% absences ≤3days	65%	63%	70%
% Absences due to MSDs		21%	24%	11%
% Absences due to stress		4%	3%	2%
Seasonality - % absences started in January		11%	11%	11%



### **3.3 COMPARISON WITH OTHER SURVEYS**

The Labour Force Survey is a survey of households living at private addresses in the UK (HSE, 2009). There is an HSE-sponsored section of the survey on self-reported work-related illness. We had hoped to compare our findings with those from this survey. Six LAs included information on whether individual absences had been work-related, three of whom reported as three categories “yes”, “no” and “unsure”. Due to the low reporting for this variable and the subjective nature of the information, further analyses were not pursued.

The Local Government Employers (LGE) “Sickness absence levels and causes Survey” in 2007 reported an overall sickness absence level of 9.6 days per employee, much lower than the 12.8 days found for the LA waste and recycling employees. Musculo-skeletal disorders (“Back and neck problems” and “Other musculo-skeletal problems”) accounted for 22.5% of absences which is similar to the 21% observed in this study. “Stress, depression, anxiety, mental health and fatigue” was the most common cause of absence with 22.6%, which is much higher than the 4% found for waste and recycling employees. The LGE survey also observed that 25.9% of *long-term* absences (i.e. 20 working days or more) were due to MSDs. For the LA waste and recycling employees in this study that percentage is much higher at 42% and 46% for DLOs respectively.

The EEF (Engineering Employers’ Federation) are an employers’ organisation with members in the manufacturing, engineering and technology industries. The EEF’s “Sickness absence and rehabilitation survey 2008” (EEF, 2008) reported an average of 6.8 days sickness absence per employee and an absence rate of 3%. This is similar to the 7.0 days and 2.6% calculated for the private companies in this study.

## 4 CONCLUSIONS

Sickness absence data for 2007 and 2008 from sixteen local authorities and two private companies were collated and analysed. Although the same information was requested from each source, the completeness of the data between them was very variable.

The average number of days taken as sickness absence for waste and recycling employees in the LAs was 12.8 days per employee per year, and 13.2 days for those identified as drivers, loaders or operators. For the private sector the average number of days was 7.0 days.

Various approaches to recording reason for absence were observed, e.g. some LAs used free text, while others used a limited number of categories. It was impossible to group these consistently and coherently, therefore the most frequently reported reasons for sickness absence could not be identified. An attempt was made to look specifically at MSDs and stress. The percentage of absences due to MSDs between this study and the Local Government Employers (LGE) sickness absence study is similar but the percentage of long term absences is much larger. The percentage of absences due to MSDs was much lower in the private company than in the LA data. The percentage of absences due to stress is much lower for waste and recycling employees than among LA employees in general. In the LGE survey, 45% absences were due to MSDs or stress. Since only 25% absences were due to these causes in the LA data, more research is required on common reasons for absence among waste and recycling employees.

There are other potential factors that may affect absence rates. A study of LA sickness absence rates found significant associations with local measures of deprivation (Wynn and Low, 2008). Social position itself is linked with other ill health risk factors such as smoking (Gruer et al., 2009). Local authorities and companies were not asked to describe their Sickness Pay Scheme but these may also affect absence rates.

The original study plan was to run a 3-month prospective study after a review of historical data. However the request and analysis of the historical data highlighted that there would be several problems with a short-term study.

- Sickness absence is more prevalent in some months than others. Seasonality issues would result in problems with interpretation for a short study time period.
- A number of LAs found it difficult to extract demographic data (such as age, job title) which was also linked with absence data. Organisations may be reluctant to make temporary changes to databases or systems.
- Lists of categories would need to be devised for job description and reason for absence to achieve consistency between organisations. Again enforcing these lists for a short time may affect participation in a study.

A long-term monitoring approach, which addresses these issues, would be preferable but is outwith the scope of this project.

The WISH forum are proposing to conduct annual sickness absence surveys and metrics have been agreed for job title and reason for absence (see Appendix 4). If these are implemented into the sickness absence systems of organisations in both the public and private sectors, long-term monitoring of sickness absence in this workforce could be achieved. With these data, the most common reasons for sickness absence could be determined and, by comparing those engaged in different job activities, work-related causes of absence may be identified. Additionally, annual surveys would detect any trends in sickness absence rates and the results from this project will provide useful baseline rates.

## 5 APPENDICES

### APPENDIX 1 CONTACTING LOCAL AUTHORITIES

The Health and Safety Executive are exploring occupational health risks among employees in the Waste and Recycling Industry through a research project based at the Health and Safety Laboratory (HSL).

Before undertaking a study into the incidence and causes of ill health, we would like your help to establish what data are currently being collected in this area. We would be grateful if you could answer the following questions with an "X" in the box next to your response.

Is waste and recycling collection

(a) carried out by local authority employees, or,

(b) contracted to an independent company?

If (a), please select one of the following statements which best describes your situation:

1) Data are collected on occupational sickness absence and we would be willing to share that information with HSL.

2) Data are collected on occupational sickness absence but we would not be willing to share that information with HSL.

3) Data are not collected on occupational sickness absence but we would be interested in collecting information as part of the HSL project.

4) Data are not collected on occupational sickness absence and we would not be interested in participating in the HSL research project.

We are interested in ALL responses, even those selecting option 4).

Please make any further comments below.

## APPENDIX 2 REQUEST FOR OCCUPATIONAL ILL HEALTH DATA

### Study on Occupational Ill Health in Waste and Recycling

Thank you for your interest in the study on Occupational Ill Health in the Waste and Recycling Industry. You expressed a willingness to share data on sickness absence among employees who work in this area. Please complete section A below and send data for Section B in Excel or plain text (tab- or comma-delimited) format. Please return data to Eileen Holmes (eileen.holmes@hsl.gov.uk) **before 30<sup>th</sup> January 2009**.

Section A requests some background information on the size of the workforce in waste and recycling.

Section B is a list of the data items on individual employees of interest. Please do not send employee identifiable information such as name, address or date of birth.

Submitted data will be kept confidential and held only by the researcher at HSL. We will not identify local authorities by name in the final report.

If you no longer wish to participate in this study, please inform Eileen Holmes at HSL ([eileen.holmes@hsl.gov.uk](mailto:eileen.holmes@hsl.gov.uk)).

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#### Section A

- 1) On 1<sup>st</sup> January 2007, how many employees were there in the waste and recycling section?
  
- 2) What proportion of these were employed full-time ( $\geq 35$  hours per week)?
  
- 3) Please provide a brief description of your waste and recycling schemes, e.g. domestic/commercial refuse collection, kerbside collection of recyclables, civic amenity sites, materials recycling facilities (MRFs), composting, landfill, waste to energy.

## **Section B**

For each absence for a worker employed in waste or recycling between 1<sup>st</sup> January 2007 and 31<sup>st</sup> December 2008, please send data on

- ID number (unique identifier for each employee)
- Age
- Sex
- Job title/type
- Full- or part-time
- Number of months employed in current post
- Date of first day of absence
- Number of days absent
- Reason for absence
- Work-related?
- Did employee receive treatment from GP or hospital?
- Recurrence of a previous illness/injury?

### APPENDIX 3 DATA SENT BY INDIVIDUAL ORGANISATIONS

ID	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Individual absence	Y	Y	Y	N	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Unique ID no.	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Age	Y	Y	Y	N	Y	N	N	Y	Y	N	Y	Y	Y	Y	Y	N	N	N
Sex	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N
Job title	Y	Y	Y	N	Y	Y	N	Y	N	Y	Y	N	Y	Y	Y	N	Y	N
Full-time	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N
No. months in post	Y	Y	Y	N	Y	N	N	N	Y	N	Y	Y	Y	Y	Y	N	N	N
Date of first day of absence	Y	Y	Y	N	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
No. days	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Reason	Y	Y	Y	N	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Work-related	Y	N	N	N	Y	N	N	N	Y	Y	N	N	Y	N	Y	N	Y	N
Treatment	N	N	N	N	N	N	N	N	N	Y	N	N	Y	N	N	N	Y	N
Recurrence	N	N	N	N	N	N	N	N	N	Y	N	N	Y	N	Y	N	N	N

## APPENDIX 4 WISH SICKNESS ABSENCE METRICS

### **WISH Forum Occupational health – sickness absence project**

The WISH forum will conduct sickness absence surveys from April 2010. These surveys will demonstrate any trends in absence rates and quantify the prevalence of common reasons for absence.

Data will be provided by organisations in the private and public sectors.

In order to achieve consistency of information, organisations should record the following fields for each period of sickness absence:

- Job title (using Activity Categories in Table 1)
- Name or Person identifier
- Date of birth
- Sex
- Full- or part-time
- Date of first day of absence
- Number of days absent
- Reason for absence (using categories in Table 2)
- Medical certificate/ self-certificate

The WISH forum will request these data annually.

## Activity and absence categories

**Table 1. Activity categories**

<b>Activity category</b>	<b>Description and comment</b>
<b>Landfill</b>	All activities on landfill sites, including gas, leachate and power station operations with the exception of admin/office staff
<b>RCV</b>	RCV – refuse collection vehicle. Mainly household collection of wastes, but also commercial collections using same vehicle type
<b>Skip / rollonoff</b>	Commercial collections (excepting those conducted as part of household collections) including skips, RELs, rollonoffs etc
<b>Tankers</b>	Wastes moved by tanker, such as hazardous/special wastes, sewage and food wastes etc
<b>Workshop / maintenance</b>	All workshop and maintenance specific activities such as vehicles, static plant and heavy mobile plant maintenance
<b>Transfer station</b>	Simple transfer of wastes activities (note – if combined transfer and recycling use recycling category as below)
<b>Treatment</b>	Treatment and transfer of hazardous/special wastes including drum and IBC transfer and various treatment/recovery activities
<b>Incineration</b>	All incineration including energy from waste and combined heat and power plants
<b>CA site</b>	All civic amenity site (also called HWRC, RRC etc sites) activities – reception etc of wastes from member of the public
<b>MRF</b>	All non-hazardous/special waste recycling activities such as material recycling facilities, recycling plants, baling activities etc
<b>Composting</b>	All ‘green waste’ composting whether open wind-row, in-vessel etc (note – green waste only, see below on MBT/AD)
<b>Total waste management</b>	All waste activities embedded within customer premises and activities no matter the types of waste involved
<b>Cleaning</b>	Industrial cleaning and street cleansing activities including road sweeping and other cleaning activities
<b>AD / MBT</b>	All anerobic digestion, mechanical biological treatment and similar activities (note – not green waste composting as above)
<b>Office / admin</b>	All office based administration, support and managerial type activities: That is non-operational activities

### Notes

- ✓ Where a site/facility has various activities on it, such as a combined transfer station and MRF, and employees work across activity boundaries the category chosen should be that which is likely to attract the higher occupational health exposures
- ✓ The same logic as above should be applied to employees who have various job duties, such as a driver who operates RCV and commercial waste vehicles

**Table 2. Absence categories**

<b>Absence category</b>	<b>Description and comment</b>
<b>Back / neck problems</b>	Any back, neck or other spinal condition, low back pain, slipped or prolapsed disc, but not of other parts of the body (see below)
<b>Other musculo-skeletal problems</b>	Non-back and neck musculoskeletal disorders, such as those of the shoulder, arm, wrist, leg etc – please specify
<b>Mental health</b>	Stress, depression and other similar conditions such as anxiety, mental health, fatigue etc – please specify
<b>Viral infections / colds / flu</b>	Infections such as cold and flu (note – not specific and diagnosed chest or respiratory infections as below)
<b>Chest infections</b>	Specific and diagnosed chest infections including bronchitis, pneumonia and other specific chest/respiratory infections
<b>Other infections</b>	Other infections and diseases such as infected wounds, measles, hepatitis, glandular fever (note – not chest infections as above)
<b>Chest / respiratory other</b>	Non-infection based chest/respiratory disorders such as asthma, respiratory sensitisations, allergic responses etc
<b>Neurological / headache / migraine</b>	Headaches, migraine, tension headaches, cluster headaches, trigeminal neuralgia etc
<b>Eye</b>	Cataracts, glaucoma etc
<b>Ear / nose / throat</b>	Toothaches, hearing disorders, vertigo, dizziness (if related to ENT condition), sinus problems etc
<b>Genito-urinary / menstrual</b>	Kidney/bladder disorders and infections, kidney stones, nephritis, prostate disease, cystitis etc including menstrual issues
<b>Stomach and digestion</b>	Upset stomach, food poisoning, D&V (diarrhoea and vomiting), bacterial and toxin based stomach disorders etc
<b>Other internal disorders</b>	Other kidney, stomach, liver, chest etc not covered above such as cancers, ulcers, irritable bowel, gall stones, cirrhosis etc
<b>Pregnancy related</b>	All pregnancy related disorders, but not including maternity leave or other planned absence relating to child birth and care
<b>Heart, blood pressure and circulation</b>	All heart disorders, heart attacks, angina, high blood pressure, myocardial infarction etc
<b>Physical injuries</b>	Other injuries etc not covered above such as fractures, burns, amputations, bruising etc (see below on workplace injuries)
<b>Other</b>	Any other disorder, disease, injury etc not covered above. A description of the specific issue should be used

**Notes**

- ✓ Organisations may seek to add categories to the above for their own internal purposes, such as whether an absence may be work related or not. The most common example being physical injuries where these may be caused by, for example, a sports accident or an accident at work
- ✓ Likewise the above only includes ill health related absences. Organisations may have other categories related to family emergencies, child care etc, but these are not included above as they are not ill health related

## 6 REFERENCES

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## 7 GLOSSARY

<i>Summary measure</i>	<i>Description</i>
Average number of absences per employee per year	Number of absences divided by the total number of employees multiplied by number of years.
Average number of days absence per employee per year	Total number of days taken due to absence divided by the total number of employees over number of years.
Absence rate	Total number of days divided by number of employees per day per year. It gives an estimate of the proportion of days lost due to sickness absence.
Length of absence	Average and median number of days in all individual periods of absence.
% Absences due to MSDs	Number of absences due to MSDs divided by the total number of absences.
% Absences due to stress	Number of absences due to stress divided by the total number of absences.
Seasonality - % absences started in January	Number of absences with start date in January divided by number of absences (year started ignored)

# Review of sickness absence data in the waste and recycling industry

While injury rates have been calculated and reduced in the waste and recycling industry in recent years (HSE Research Report 701), little is known about the prevalence of ill health for this industry. The main objective of this project was to review sickness absence data for the industry and provide estimates of the occupational ill health rate and the annual number of days absent from work. This review would also aim to identify common causes of ill health and their contribution to the overall absence rate.

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