

Health Topic Inspections

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What will be covered?

- Justification
- Aims
- Objectives
- Case studies
- Further information

Justification

- Work-related ill health still significant challenge for most dutyholders
- Health issues can be complex – need to ensure access to competent occupational health providers for help and support
- Opportunity to work with specialist OH Inspectors directly
- Previous project work identified areas of concern
 - wide variation in management health risks – dutyholders and OH providers
 - dutyholders not checking competence of OH providers
 - OH not included in overall safety management systems
 - variation in performance standards of OH providers

Project Aims

- Better identification and management of health risks
- Reduction of incidence of occupational ill-health
- Support HSE's Strategy: Be Part of the Solution:
 - Create safer healthier workplaces by specifically targeting key health issues to reduce rate and numbers of work-related ill health
 - To encourage an increase in competence to enable greater ownership and profiling of health risk thereby promoting sensible and proportional risk management

Objectives

- Assess compliance with current legislation relating to health risks
- To engage with dutyholders and employee reps in a range of premises
- Make enquiries re health surveillance (where it is required) into performance of OH providers
- Provide feedback to dutyholder (and OH provider if required) identifying areas of concern and taking action as appropriate (including enforcement)

Case Study 1

- Small business – stainless steel fabrication, 5 employees
- Previous visit 2008 – no response to HSE letter and unable to contact by telephone
- At 2010 visit possible health risks identified
 - TIG welding stainless steel
 - use of vibrating tools
- Other MEC's
 - fork lift truck with no LOLER certificate
 - pressure washer with no RCD
 - no interlocked guard on metal guillotine
 - ladders in poor condition
- Dutyholder poor understanding of H&S or where to seek advice/support

Case Study 1 continued

- Talked through necessary remedial actions
- Arranged for re-visit in one month
- Remedial actions were completed within 6 weeks of visit

Case Study 2

- Small joinery business – 7 employees incl owners/partners
- Previous visits 2006
 - 3 x Improvement Notices served
- Further visits 2007
 - Written advice
- At 2010 visit possible health risks identified
 - Wood dust (hard and soft woods in use)
 - LEV had not been thoroughly examined/tested
 - PPE in poor condition
 - No health surveillance in place despite previous advice x 2
 - One member of staff with eye irritation/runny nose



Case Study 2 continued

- Dutyholder poor understanding of H&S despite previous enforcement and written advice
- Couldn't produce LEV certificate and confirmed no health surveillance in place
- 2 x Improvement Notices served
 - 1 x LEV thorough examination and test
 - 1 x health surveillance
- Remedial action taken
 - LEV thorough examination and test completed within 4 weeks
 - Health surveillance completed within 3 months by competent provider.
 - No member of staff identified as having work-related ill-health

Key Messages

- Ensure health risks are properly and clearly identified **and** adequately managed
- Ensure any OH provider you engage is competent
- Health surveillance is never a substitute for adequate control
- Health surveillance is not a 'one off'

Further Information

www.hse.gov.uk

Thanks for Listening!

Any questions?