Working together for better workplace health

OCCUPATIONAL HEALTH MANAGEMENT
Occupational Health Management

Some key facts about occupational health management

During recent years the construction industry has concentrated on site safety. However it is important that everyone working in construction also understands the many health hazards that can also be part of working on a construction site.

- 74,000 construction employees report a health problem caused by work (2012)
- there is an estimated 1.2 million days lost in a workforce of 1.5 million
- 96,000 cases of musculoskeletal disorders
- 15,000 cases of respiratory disease
- 6,000 cases of skin disease
- 5,000 cases of noise induced hearing loss

How can health problems affect your organisation?

- loss of productivity
- increased absenteeism
- increased sickness
- increased costs
- poorer employer/employee relations
- increased insurance costs
- early retirement/poor staff retention
- bad publicity
- prosecution

The Law

The Health and Safety at Work Etc Act 1974 requires employers, the self employed and those in control of work to ensure the health and safety of their employees and others who may be affected by their work activities (such as others working on the site or members of the public). Where the health of a worker could affect their ability to do the job safely, the employer or person in control of the work needs to take action to ensure that this risk is controlled.

The Management of Health and Safety at Work Regulations 1999 require a risk assessment to be carried out to identify the level and nature of risks associated with a particular work activity. Appropriate precautions need to be taken to eliminate or control this risk. Regulation 5 requires the provision of appropriate health surveillance, which has been identified as being necessary by the assessments.
Other, more specific regulations also outline legislative requirements for the prevention and control of occupational health issues:

- The Control of Asbestos at Work Regulations 2013
- The Control of Lead at Work Regulations 2002
- The Control of Substances Hazardous to Health (Amendment) Regulations 2004 (COSHH)
- The Control of Vibration at Work Regulations 2005
- The Control of Noise at Work Regulations 2005

What should you do?

Identification
As with any area of risk, the first step is to obtain information.

Is there a problem?
It is almost inconceivable that any organisation is not affected in some way by the health of its workers or that the health of its workers is not affected by their work.

What is the size of the problem?
Personnel and health statistics need to be reviewed. A confidential health survey will give you further information.

Where is the problem?
Some of the problems may be confined to certain areas of your organisation and others may be more general, for example dermatitis in bricklayers

Once the problem areas have been identified you can then develop a strategy for dealing with it, as follows:

Management commitment (policy)
An Occupational Health Policy needs to be drawn up, some help on how to do this is included in this leaflet.

The policy needs to be prepared after consultation and will need to be brought to the attention of all staff.

Implementation
How the policy is implemented will depend on the structure of you company and the extent of any identified problems.

It may be an idea to target one area at a time rather than trying to make too many changes at once. Set realistic time scales for implementation.

Worker involvement
All workers should be involved. If you inform your staff of changes to be made and why they are being made, you stand a better chance of motivating them.

Resource identification (cost)
The most important resource requiring allocation and management is time. It is the failure to manage time that leads to one of the growing problems - stress.

Planning work can help to prevent health problems and may reduce overall costs. Sometimes by spending a little time and money early on you can reap the benefits later, eg. using newer/different tools may not only reduce the risk of Hand Arm Vibration but may actually speed up the work.

**Monitoring**
Any changes will need to be monitored and reviewed to check that they are working. Get feedback from staff and make further changes if needed.

**How often should you review the policy?**
It should be reviewed and revised in the light of experience, or operational/ organisational changes. It is useful to review the policy regularly, eg. annually.

**Pre-placement health checks**
Do you test your workers before they start working for you? If not, how do you know whether they have any existing problems?

A pre-employment check is a good way of obtaining base line information. This makes good business sense, especially due to the recent increase in litigation claims.

**Risk control**
Health issues can affect workers in two different ways. The health of a worker can affect their ability to do their job safely, or the job can damage the worker’s health.

**You can identify who may be at risk by asking yourself two questions:**

- *are they doing a safety critical job where an existing health condition may affect their ability to do the job safely?* Eg. a dumper driver with uncorrected poor eyesight puts himself and others at risk
- *are they doing a job that could affect their health?* Eg. a road breaker will be at risk from noise and vibration

Information and training must be provided to all staff to provide them with the information they need to conduct their activities in a safe and healthy way. Training can include induction training and toolbox talks.

**Health surveillance / screening for the specific risk**
Health Checks (including health monitoring and surveillance) are a periodic examination to detect early signs of work related ill health in those workers exposed to certain health risks. It is a specific legal duty for some job activities such as working with asbestos or lead.

**What is health surveillance?**
Health surveillance is the application of systematic, regular and appropriate procedures to detect early signs of work related ill health in workers who are exposed to certain health risks and acting on the results.
It provides information to allow for the detection of harmful health effects at an early stage and checks that control measures are working, highlighting where and what further action might be needed. It also provides an opportunity to train and instruct workers and gives them the opportunity to raise any concerns.

At its simplest health surveillance involves the completion of self-assessment questionnaires by your workforce that are then reviewed to see if any further action is necessary. This is often termed as ‘health screening’.

Why carry out health surveillance?
**The benefits of health surveillance are that it can:**

- provide information to detect harmful health effects at an early stage, thereby protecting workers and confirming that they are still fit to do their jobs
- check that control measures are working well by giving feedback on risk assessments, suggesting where further action might be needed and what it might be
- provide data, by means of the health records, to detect and evaluate risks
- provide an opportunity to train and instruct workers further in safe and health working practices
- give workers the chance to raise any concerns about the effect of their work on their health

When is health surveillance appropriate?
**Health surveillance is required if you answer ‘yes’ to all the following:**

- is it required by legislation?
- is the work known to damage health in any particular way?
- it is reasonably likely that damage to health may occur under the particular conditions at work?
- are there valid ways to detect the disease or condition? Health surveillance is only worthwhile where it can reliably show that damage to health is starting to happen or becoming likely. A technique is only useful if it provides accurate results, is safe and practicable
- is it likely to benefit the employee?

When assessing the need for health surveillance, remember that:

- health surveillance is not a substitute for preventing or controlling harmful exposure to hazards, but another way of protecting workers health
- using the right technique, in the right way, at the right time is important. Getting it wrong can be expensive
- whichever technique is used, you should carry out health surveillance systematically and regularly

Simply carrying out health surveillance procedures is not enough, it is essential that you act on the results.
Statutory entry health checks
Pre-employment and periodic medical examinations are required by law for workers exposed to certain defined hazards such as asbestos, lead and radiation. These ‘statutory medicals’ have to be carried out by an Appointed Doctor designated by the HSE. These consist of:

- a personal interview
- a medical examination
- a review of medical and occupational history, particularly in relation to recent exposure to relevant hazards

Record keeping
Health records
Completed pre-placement questionnaires and/or correspondence with occupational health professionals regarding individual workers should be kept in a secure place with restricted access.

It is vital to keep records to demonstrate that individuals have been assessed and that advice about work suitability has been given. This entry health check information will be fitness data only, not confidential medical information (medical information would be kept by the occupational health professionals).

These records will also assist with decisions made in the risk assessments to see if the controls identified and put in to place to control the risks are working.

How long should records be kept for?

- health surveillance: 40 years from date of last entry
- examination and testing of control equipment and repairs carried out as a result: 5 years

Other examples of records are:

- risk assessments
- training using Equipment / PPE

The Data Protection Act 1999
Places requirements on employers who hold information on medical surveillance records. In particular, those holding such records must take steps to tell those on whom records are held:

- that a record is being kept
- the purpose for which it is being held
- that they have the right of access to information and the right to correct it

Expert help available
CBH contact

- Tel: Adviceline 0845 873 7726
- E-mail: info@cbhscheme.co.uk
- Web: www.cbhscheme.com
• The NHS: - Your GP can help with any health problems arising from your work - NHS Direct - a 24 hour helpline for health problems: NHS 111 - NHS drop-in health centres mean you don’t need an appointment

Publications
• Successful Health and Safety Management HDG65 £12.50
• Management of Health and Safety at Work, Approved code of practice L21 ISBN 0 11 886330 4
• Health Surveillance at Work HSG61 ISBN 0 7176 1705 X £7.00
• Health risks from Hand Arm Vibration Advice for employers INDG175 (rev1) ISBN 0 7176 1553 7
• Health Surveillance in Noisy Industries INDG 193L ISBN 0 7176 0933 2
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Example occupational health policy statement

Your written Occupational Health Policy should be in three parts:
• the statement of your company’s general policy with regard to occupational health
• the organisation for carrying out that policy
• the arrangements for carrying out the policy

No one policy is necessarily suitable for two firms so each firm should write its own policy according to its own needs. In relation to work related ill health, there are a number of points which should normally be covered, and these are set out in the sections below.

This should contain a general commitment to ensure the work which you do does not affect the health of people working for you, or anyone else, eg. contractors or members of the public. It should also contain a commitment to ensure that those who are working for you do not have any health conditions which, because of the nature of their work, could put others at risk.

Organisation
The organisation section deals mainly with the allocation of responsibilities to people. It may include details of:
• the director or partner who has ultimate responsibility for occupational health in the company
• how duties and responsibilities for occupational health are allocated in a clear and logical way, with everyone knowing who and what they are responsible for
• who will be responsible for giving expert advice if needed, particularly when medical advice, health surveillance or return to work advice is needed
• how workers’ views on occupational health matters will be taken into account and for responding to health and safety or other employee representatives
• who will be responsible for the delivery of training, including site inductions
• who is responsible for monitoring compliance with the policy and who is responsible for its regular review

Arrangements
The arrangements section deals mainly with how the responsibilities under organisation will be carried out, in relation to health issues. It may include details of:

• the procedures for identifying, eliminating or controlling health risks which may arise from the company’s work
• arrangements for managing any pre-employment health checks or on-going health monitoring where needed, including arrangements for ensuring medical confidentiality
• arrangements for helping those workers whose health may have been affected by their work
• arrangements for obtaining expert occupational health advice, including details of the company’s occupational health provider where relevant
• arrangements for identifying training needs and for training delivery, for example through toolbox talks
• arrangements for consultation with health and safety representatives and involvement with safety committees
• arrangements for the provision and use of personal protective equipment, including its storage, maintenance and cleaning
• arrangements for accident and ill health recording, including investigation procedures when something goes wrong
• procedures for checking the effectiveness of these arrangements and revising them when necessary