

CONSTRUCTION INFONET – OCTOBER 2006

An e-bulletin for clients, designers, contractors and health and safety specialists

THE 'BETTER BACKS' CAMPAIGN HAS STARTED

Construction suffers a high rate of musculoskeletal disorders (MSDs), mostly back problems from manual handling, with 56,000 work-related MSD cases during 2004/05. The UK-wide [Better Backs](#) campaign has started and from 16 October 2006 HSE Construction Inspectors will visit construction projects and focus on manual handling tasks which involve kerbs, building blocks, panelled products, lintels and bagged aggregates.

The HSE website Construction pages contain guidance on ['Handlings Kerbs'](#) and the Concrete Block Association provide advice on [Safe Handling and Correct Use of concrete blocks](#). Guidance on the use of a [manual handling assessment tool](#) can be found on the HSE website and additional information from the HSE Construction Sector on occupational health is attached for your use during the Better Backs campaign and beyond.

NEW CONSTRUCTION (DESIGN AND MANAGEMENT) REGULATIONS

Revisions to the CDM Regulations (1994) are expected to come into force in April 2007. The new, simplified Regulations (CDM 2007) will revise and bring together the existing CDM 1994 and the Construction (Health Safety and Welfare) (CHSW) Regulations 1996 into a single regulatory package. They will be supported by an Approved Code of Practice (ACoP) and industry-approved guidance.

To give construction and design professionals time to plan and prepare for the regulatory changes, the ACoP will be available in January 2007, three months before the Regulations come into force. [Further information](#) on the proposed timeline, launch timetable and public consultation is now on the HSE Construction web pages.

A number of seminars have been organised by the NHBC in partnership with HSE to provide the latest information on these changes. The seminars will be held in Falkirk, Bolton, Cambridge, Brands Hatch, Bristol and Birmingham. The [HSE website](#) and the [NHBC website](#) provide further details.

RECENT FATAL INJURIES IN CONSTRUCTION

Recent fatal injuries in construction have included deaths in the circumstances outlined below. Preventable deaths still occur despite the fatal injury rate for construction being at the lowest level on record. It is vital that such tragic loss of life is used as a reminder to review existing arrangements and precautions. The links after each line go to a source of some relevant advice on the prevention of such incidents.

- Collapse of an excavation during work on a domestic extension - [advice](#)
- Crane collapse on a new housing development - [advice](#)
- Overturning of a mobile elevating platform during refurbishment of flats - [advice](#)
- Fall through a fibre cement roof during painting of a warehouse - [advice](#)
- Fall from a tower scaffold - [advice](#)
- Struck by a vehicle during movement of temporary traffic management cones - [advice](#)

ASSESSING CONTRACTOR COMPETENCE

HSE has welcomed the [launch of an initiative](#) by the Electrical Contractors' Association (ECA) and the Heating and Ventilating Contractors' Association (HVCA), which helps member contractors meet [health and safety competences](#). Commenting on the launch, HSE's Richard Boland said: " I am pleased that we have been able to work with the ECA/HVCA to launch this initiative to their members and clients. I hope that it will prove useful in explaining what should be covered when carrying out a competence assessment."

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RECENT COURT CASES

[Case 1](#) – Two large contractors have each been fined £25,000 following an incident in which a workman was struck by a reversing lorry, which ran over, and crushed his leg. The HSE investigating Inspector said that despite “having recognised the risk of injury from reversing vehicles, and taking account of this in their method statements, the visiting lorry driver received no site induction about safe reversing from either company on site.”

[Case 2](#) - The director of a painting and decorating company was fined £16,000 and ordered to pay £12,153 in costs following an incident when an employee was fatally injured after falling 8m through a fragile roof light at a warehouse during redecoration. Suitable and sufficient measures had not been taken to prevent the fall or to minimise injury for example coverings and/or safety netting.

[Case 3](#) - A major contractor was fined £5000 plus costs of £7632 after workman fell from an unguarded working platform shattering his ankle. The HSE investigating Inspector said: "This case demonstrates all too clearly how anyone working at height is at serious risk of injury if proper precautions are not observed and regular rigorous inspections are not carried out."

HSE INFORMATION IN OTHER LANGUAGES

Those working in the construction industry speak a wide range of languages. HSE aims to serve every part of our community and our telephone interpreting service covers over 100 different languages. The [HSE Infoline](#) is organised to answer questions in many languages. When calling Infoline just say which language you would like to speak and the operator will do the rest. A number of important [information sheets](#) relevant to construction work have now been translated in many languages.

CHIEF INSPECTOR FOR CONSTRUCTION SPEAKS AT APS CONFERENCE

The HSE Chief Inspector for Construction, Stephen Williams, spoke recently at the Annual Convention of the Association for Project Safety. His speech was entitled, '[CDM 2007 – Making a Difference](#)' and a summary is now available on the APS website.

ADVISORY COMMITTEE ON ROOFWORK

The [Advisory Committee on Roofwork](#) (ACR) is a body dedicated to making working on roofs safer. It was established in 1998 and is made up of nominees from Trade Associations and organisations involved in roofwork. HSE is represented on the committee and the ACR website contains [advice on safe working practices](#) on both fragile and non-fragile surfaces and other roof work issues.

MEASURING HEALTH AND SAFETY PERFORMANCE

The [Corporate Health and Safety Index \(CHaSPI\)](#) has been designed for larger organisations operating in the UK within any business, public or charity/volunteer sector. It is voluntary and free to all users. A [recent report](#) examines recent developments in the tool.

I hope you find this information helpful.

Philip Poynter
Construction Infonet Editor
October 2006

**MANAGING OCCUPATIONAL HEALTH IN CONSTRUCTION
SOME IDEAS FROM NICK PATIENCE HSE CONSTRUCTION SECTOR HEALTH UNIT**

THINK: “Manage the risks not the symptoms”

A concerned Site Manager (Safety Manager/Director):

I am already doing all I can to reduce safety risks on site but I can't get a grip on what I can do to reduce health risks... I've heard from others in the trade that they have had medicals from nurses to help with this but they just seem to do hearing tests and give advice to eat more fruit. **Help, how can I deal with work related health risks?**

Answer:

Just as you would identify safety risks,
THINK: “Manage the risks not the symptoms”.

Look at what gives rise to the health risk and ask yourself the following:

1. Do I have to use the product/process?
 - **Avoid/combat risk at source**
2. Have the risks been evaluated?
 - **Carry out a risk assessment**
3. Can the product/process be changed?
 - **Adapt the work to the individual –**
 - **Workplace design**
 - **Choice of work equipment**
 - **Adapt to technical progress (new products/processes)**
 - **Replace dangerous with non or less dangerous**
4. Is there a coherent overall prevention policy that takes account of
 - **The work is organised,**
 - **The working conditions,**
 - **The environment and relevant social factors**
5. Is priority given to measures that protect the whole workplace and workers?
 - **Give collective measures priority over individual measures**
6. Is sufficient information given to workers?
 - **So that they understand what they must do**

In practice one way of achieving positive change is to work with your supply chain.

Some practical examples are shown on the next page, (Supply Chain issues highlighted *SC*).

**MANAGING OCCUPATIONAL HEALTH IN CONSTRUCTION
SOME IDEAS FROM NICK PATIENCE HSE CONSTRUCTION SECTOR HEALTH UNIT**

**Practical examples of managing
health risks on site**

- ***SC*** Ensure that blocks are specified to be less than 20kg unless there is a good reason for using heavier blocks. If heavier blocks are needed then two person lifting aka 'team lifting' may be needed. The partners must be evenly matched and have received specific team lifting training.
- Ensure blocks are stored under cover (e.g. a tarpaulin) to prevent weight gain from rainwater.
- ***SC*** Reduce risk of injury from moving panel products such as plasterboard by encouraging designers to specify smaller sizes of plasterboard and/or ensuring that handling aids such as 'panel toters' or trolleys are used to move the products.
- ***SC*** Ensure that subcontractors laying heavy kerbs follow HSE Information sheet 57 [\[See CIS 57 -handling kerbs\]](#) and paving is looked at in a similar way.
- ***SC*** Maximise the full health benefit of Chromium VI reduced cement by ensuring that cement is used within its 'use by' date - the additive to reduce Chromium content loses its effect after several months. Chromium VI is known to cause allergic dermatitis.
- Provide decent washing facilities with hot and cold running water and sinks large enough to wash forearms in (decent welfare helps to reduce risk of dermatitis).
- ***SC*** Ensure that heavy lintels are only specified when essential and that means other than manual handling are used to install lintels over 20kg.
- ***SC*** Mechanically handle drainage products that weigh over 20kg (e.g. manhole covers, manhole frames, gully pots or similar) - Highways Agency guidance suggests that such products should have lifting eyes incorporated into their design, specialist lifting equipment is available for all or most items.
- ***SC*** When tying re-bar - e.g. for pile cages - fabricate on stands/tables at waist height to prevent bending. Consider whether posture and repetitive action could be improved by the use of re-bar tying machines.
- ***SC*** Design out processes that expose workers to high levels of hand arm vibration for example the use of pole scabblers or pile cap removal by use of hand tools. Alternatives for pile cap removal such as the use of machine mounted 'peckers', the Elliot TM method, use of expanding foam (RecipieuxTM), or the use of special machine mounted crushers have all been successfully used.
- ***SC*** Obtain good vibration data on the tools that are in use on site, know how long workers can safely use them.
- Design out noisy processes or separate them by use of enclosures or time the noisy work when fewer workers are likely to be exposed. Ensure personal protective equipment is used.
- ***SC*** Use water suppressed or local exhaust ventilated cutting equipment when kerbs or other stone is cut. Exposure to silica dust causes chronic respiratory disease.

MANAGING OCCUPATIONAL HEALTH IN CONSTRUCTION SOME IDEAS FROM NICK PATIENCE HSE CONSTRUCTION SECTOR HEALTH UNIT

THINK: Manage the risks not the symptoms

However where risks remain input from Occupational Health professionals is important. OH professionals can provide assistance in a number of ways e.g.: -

- Health Surveillance
- Fitness to work assessment

Health Surveillance

This is a legal requirement where:

- a) there is an identifiable disease or adverse health condition related to the work; and
- b) valid techniques are available to detect the disease or condition; and
- c) there is a reasonable likelihood that the disease or condition may occur under the particular conditions of work; and
- d) surveillance is likely to further the protection of the health and safety of the employees covered

A competent person should determine the appropriate level, frequency and procedure of health surveillance. Nursing or Medical practitioners may not always be needed for health surveillance e.g. skin inspection for dermatitis. The minimum requirement is keeping a record. Once the need for surveillance is decided then it should be maintained unless the risk and associated health effects are rare and short term.

When introduced employees or their representatives should be given an opportunity to consult with the employer regarding the programme of health surveillance.

Some examples of health surveillance:

- surveillance for Hand Arm Vibration Syndrome for those who regularly operate vibrating tools
- audiometry for those exposed to high noise levels
- skin surveillance for bricklayers ([see Skin dermatitis information sheet](#))
- breathing surveillance for those exposed to high levels of silica dust

Fitness to work

Some companies have identified a relatively high level of general ill health amongst their workers. Dealing with these workers' general health issues by providing health checks could have business benefits for the company but is not required by health and safety legislation.

However some illnesses could affect the ability of a worker to safely carry out a safety critical job - e.g. a crane driver with poor uncorrected vision. Occupational health providers should be able to advise on appropriate checks for fitness for work for such workers.

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