

SITE SAFE NEWS



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Ownership, Leadership, Partnership 2005 Construction Health and Safety Summit

Ownership
Leadership
Partnership

Construction Health and Safety Summit
Thursday 24 February 2005

The 2001 Summit was called because of concerns over the levels of injury and ill health in construction. It challenged the industry to reduce accidents and work-related ill health, setting targets for the next ten years. So how are we doing?

The 2005 Construction Health and Safety Summit was an opportunity to review progress and celebrate success in improving health and safety in the industry. Held in London on 24 February, it was attended by over 200 senior executives and trade union officials.

Speakers identified a need for investment in occupational health and rehabilitation, to stop workers having to leave the industry because of long-term health problems developed or made worse in the workplace.

Unions called for a greater investment in training and education to assist the culture change, as well as stressing that union safety advisors are available to advise businesses as well as workers.

To make a real and lasting progress, everyone in the industry – from site workers to senior managers, from designers to suppliers – needs to take responsibility and be committed to improving health and safety.

Delegates expressed their support for a 'zero tolerance' approach to reducing fatal accidents and major injuries in the industry.

Do you want to see an accident happen on your site? Do you want to be a statistic?

Remember – all deaths on site are preventable. Help make your site safe.

“Whatever your position in the industry - site worker, micro-business or major contractor - you have a role to play”

Kevin Myers,
Chief Inspector of Construction
Listen to a presentation by Kevin Myers online at:
www.hse.gov.uk/construction/summit/progress.htm

“Construction is one of the UK's most successful industry sectors with year-on-year growth regularly reported. A safe and healthy workforce will deliver projects on time and to budget.”

Nigel Griffiths,
Under Secretary of State for Construction at the Department of Trade and Industry, speaking at the Summit

Four years on - so what's changed?

- 2003/04 had the lowest incidence rates ever for all injuries: fatals, major and over-3-day;
- the fatal injury rate has fallen 40%;
- the employee major injury rate has fallen 12%, and over-3-day injury rate has fallen 18%;
- more workers are now prepared to challenge health and safety on site;
- greater communication between management and workforce, with many organisations introducing regular safety briefings.

Key deliverables

The Summit identified the key areas where the industry needs to focus:

- influencing poor health and safety culture by **encouraging positive changes** in behaviour;
- promote **competence**;
- recognise the need for people to **work together** to promote a safer and healthier environment;
- ensure managers **engage** with their **workforce** to identify and tackle health and safety problems on site;
- improve occupational health;
- **share best practice** across industry.

ENGAGING THE WORKFORCE

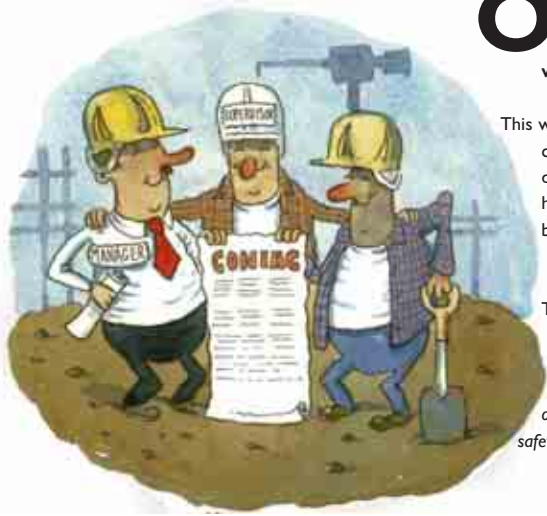
Getting the right message to the right people at the right time

One of the messages of the Summit is the importance of consultation between the managers who control construction work, and the workforce who carry it out.

This will enable workers to raise concerns and, crucially, to identify and do something about dangerous conditions before an accident happens. For this to be effective, managers must be prepared to respond to worker's concerns, and to control the risks as the work progresses.

This page illustrates workforce engagement at its best - and at its worst.

If you think health and safety could be improved on your site, discuss what could be done with your safety representative or site supervisor.



CONIAC declaration for worker engagement

CONIAC, the Construction Industry Advisory Committee on health and safety, has produced an industry-wide declaration. The aim is to achieve a long-term culture change in the construction industry to improve working conditions for everyone.

- Managers must be committed to providing safe sites with competent supervisors, and to taking on board the health and safety concerns of their workforce.
- Workers need to be involved in safety on site, to be trained and confident in speaking out when they see something wrong, and to be prepared to do something about it.

“We are all responsible for actions on our projects. Don't walk by and condone bad practice.”

Peter Rogers, Client and Chair of the Strategic Forum for Construction

WORKER INVOLVEMENT- The good, the bad and the ugly

the good

Workers at this site attend daily activity briefings before starting work, where the supervisor checks with individual workers to make sure everyone understands how to work safely and control the risks to other

gangs who may be working nearby. This, along with regular safety meetings and a partnership working agreement between the client and main contractors, has helped contribute to a safety record which is nearly four times better than the industry average.



the bad



the bad

A 40-year-old worker fell 9 m to his death from the unprotected edge on top of this partly constructed operating theatre, while a boiler was being lifted into place. In this case, the contractors controlling the work failed to identify the risks and communicate with the workers involved. No one on site on the day identified the obvious risks and open edges were left unprotected. Two companies were fined a total of £87 000 for these failings.

the ugly

This steel staircase, weighing 1.7 tonnes, fell over 70 m while being lifted by crane. The contractor in control of the work did not make sure that the eyebolts used to secure the lifting chains were properly designed. The correct information was not passed on to the workforce, who were left to do their best without a risk assessment or method statement to guide them. The lifting arrangements were not properly planned, and the site team were left to make the best job they could. The eyebolts provided did not fit the welded lugs on the staircase properly, and failed in use. The company in control of this lifting operation was fined £15 000.



Why not use this page of Site safe news as a poster to put up in your site office?



Occupational health for construction workers

Improving occupational health is a key priority for the industry. Skilled workers are sometimes forced to leave work because their health problems are so severe.

What is occupational health?

Occupational health is all about preventing or minimising the effects of illness and injury caused or made worse by work.

Some of these illnesses may cause death (such as asbestos-related illness) or long-term health problems (such as back pain) or serious injury (eg amputation in the case of serious chemical burns).

These illnesses don't just affect your ability to work in the construction industry, but they can have a serious impact on your overall quality of life.

In most cases these illnesses are **preventable** with good risk management and preventative measures.

Workers and their employers should work together to find the best ways of preventing and managing occupational ill health.

The most common occupational health risks to construction workers include:

- **musculoskeletal disorders (MSDs) including back pain, usually from poor methods of manual handling such as heavy or awkward lifts;**
- **contact dermatitis, from substances such as cement;**
- **hand-arm vibration (HAV), caused by vibrating or poorly managed hand tools;**
- **long-term hearing loss caused by excessive levels of noise;**
- **asbestos-related illnesses (such as mesothelioma).**

CSCS - the card for the industry

The Construction Skills Certification Scheme (CSCS) helps workers prove they are competent to do their job. It also helps to improve safety on site by raising health and safety standards and encourages companies to use skilled workers.

The scheme is based on a combination of competence (based on the S/NVQ framework of qualifications) and basic health and safety awareness. The card is proof that the holder is skilled, trained and has safety awareness. It lists the holder's qualifications and is normally valid for five years.

The number of occupations covered by CSCS has increased from just five in 1995, when the scheme started, to over 219 today. CSCS has strong support from government, major clients, employers and trade organisations, professionals, contractors and the workforce. Over 600 000 workers now hold CSCS cards.

Large clients have proved that running projects with CSCS cardholders reduces the accident rate significantly and CSCS has started workers talking about safety on site, marking the beginning of a culture shift to a more safety aware workforce.

To apply for a CSCS card or to find out more about the scheme please ring the CSCS Helpdesk on 0870 4178777 or visit the website at: www.cscs.uk.com.



Healthy handling

Plasterboard

Plasterboard can be large and heavy. Boards are usually delivered to site on pallets, and although the pallet can often be brought close to the point of use on pallet trucks, this is not always possible. Boards are then manually handled to their point of use. Due to the size and weight of the panels, and awkward postures that have to be adopted when they are handled, this creates a risk of manual handling injury.

The boards are often prepared (eg trimmed to a suitable size) while in the stack on the pallet. The low height means that this will often be undertaken when stooped, again posing a risk of discomfort.

A transit bench can be used to move the boards safely, and then provide a suitable work surface for preparing them.

Using cement

Wet cement is now safer, but is still dangerous:

- cement will contain less chromium because of new COSHH Regulations that came into force on 17 January 2005;
- chromium in wet cement caused a serious skin disease (allergic dermatitis);
- even with the chromium levels reduced, wet cement can still cause skin disease (irritant dermatitis and serious burns);
- so remember to take sensible precautions.

Before starting work with cement, assess the risks and make arrangements to control exposure. Consider the use of suitable gloves.

Keep hands clean. Welfare facilities (including hot and cold running water, with means of washing and drying hands) should be provided on site.

Report any occurrence of dermatitis and seek attention from a doctor or occupational health specialist. Where there is residual risk, workers should have regular skin inspections by a trained and competent person.



Plasterboard placed on the floor, requiring the operative to stoop to pick it up or trim it to size.



Using a lift truck on a larger site can prevent boards having to be manually handled to their point of use. Using the wheeled truck reduces the loading on the body and the associated risk of injury. This can increase productivity and reduce the manpower required to move a large quantity of boards. With this model, stacks of boards can be easily transferred to a set of purpose-made trestles, avoiding the need to handle each board.



The bench allows boards to be wheeled from the pallet to the point of work without the need for them to be carried, reducing the risk of injury. Once in position, the trolley can be converted to a stable workbench that allows board preparation and subsequent handling to be completed at a suitable height, reducing the need to bend and stretch, and so reducing the risk of injury.



Cement dermatitis is a disabling condition that can force workers to leave the industry.

Diary 2005/06

Safety and Health Awareness Days (SHADs)

10/05/05 Camarthen (Camarthen Showground) contact *Anne Redman*
Tel: 02920 263033

TBC/05/05 Dundee (venue TBC) contact *Ritchie McCrae*
Tel: 0131 247 2111

TBC/06/05 Oban/Fort William (venue TBC) contact *Irene Ward*
Tel: 0141 275 3109

30/06/05 Brighton (Brighton Racecourse) contact *Andrew Lambert*
Tel: 01342 334293

12/07/05 Cardiff (Glamorgan Cricket Club, Sophia Gardens) contact
Anne Redman Tel: 02920 263033



A Safety and Health Awareness Day at Newmarket Racecourse

13/07/05 Newmarket (Newmarket Racecourse) contact *Gary Brookes*
Tel: 01245 706230

06/09/05 Cwmbran (Cwmbran Stadium) contact *Anne Redman*
Tel: 02920 263033

TBC/09/05 Edinburgh (venue TBC) contact *Ritchie McCrae*
Tel: 0131 247 2111

20/10/05 Stoke (Britannia Stadium) contact *Wayne Owen*
Tel: 01782 602319

TBC/10/05 North Wales (venue TBC) contact *Anne Redman*
Tel: 02920 263033

03/11/05 Carlisle (Carlisle Racecourse) contact *Lynn Morgan*
Tel: 0161 952 6285

W/C6/03/06 Aberdeen (venue TBC) contact *Ritchie McCrae*
Tel: 0131 247 2111

Healthy Handling SHAD

14/04/05 Barnsley (Barnsley Rugby Union Club) contact *Jan Foers*
Tel: 0114 291 2377zzz

Roadworks SHAD

10/05/05 Airdrie (Shyberry Excelsior Stadium) contact *Irene Ward*
Tel: 0141 275 3109

Designer Awareness Days (DADs)

13/04/05 Abingdon (TWI, Granta Park) contact *Sandy Carmichael*
Tel: 01245 706214

18/05/05 Brentwood (Warley Centre) contact *Sandy Carmichael*
Tel: 01245 706214

15/06/05 Ipswich (Jacksons, Sandyhill Lane) contact *Sandy Carmichael*
Tel: 01245 706214

WORKER ENGAGEMENT – WE WANT YOUR IDEAS!

HSE's Construction Division is working with Glasgow Caledonian University on a project to document good practice in worker engagement on construction sites. We would be delighted to hear from anyone with evidence or support for methods of worker involvement that have improved health and safety, or led to wider business benefits. Please contact **Iain Cameron** (ica@gcal.ac.uk) Tel: 0141 331 3297, or **Billy Hare** (b.hare@gcal.ac.uk) Tel: 0141 331 8036.

WORKING WELL TOGETHER



The themes of leadership, ownership and partnership are familiar to those involved with the industry's own health and safety campaign – Working Well Together. Since it started six years ago, the campaign has become a focus for improving health and safety performance and driving down accidents and ill health.

As well as ensuring performance is reviewed and improved in their own organisations, many members have come together in groups across Great Britain to help others. There are now eleven WWT groups, from Scotland to Devon, from Wales to East Anglia.

The numbers of fatal and serious accidents have been reduced, particularly on large sites, but statistics show that over the last four years, two thirds of all fatalities have occurred on sites of less than 50 workers.

During the last two years, the WWT campaign has focused on small building companies and sole traders. There has been a programme of Safety and Health Awareness Days for small companies, sponsored, supported and delivered by WWT groups, and attended by representatives of over 5000 small companies.

These events have been organised by partnerships of major and local companies, intermediaries, suppliers, trade unions and trade federations – providing 'help for the industry, from the industry'. It's about ownership – the problems of the industry will only be solved by the industry. It's also about leadership – the sort that takes action.

Other WWT campaign activities include the health and safety information Roadshows and site visits from the White Van tours. A visit to the Roadshow may only take about 15 minutes, but the discussion and debate it encourages makes sure that health and safety is seen as everyone's concern, not just the site manager's responsibility.



White Van Roadshow visits a housing development

So what can you do to improve things in your company, or to help the industry help itself?

- Join the WWT Campaign.
- Get yourself to a Safety and Health Awareness Day.
- Nominate your site for a Roadshow or White Van visit.
- Join a WWT Group.

How? Log onto the WWT website at: www.wwt.co.uk, or phone Joy Jones on 020 7556 2130.



Workers attending a White Van Roadshow

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Health and safety queries can be answered by HSE Information Services, Caerphilly Business Park, Caerphilly CF83 3GG. Tel: 0845 345 0055 e-mail: hseinformationservices@natbrit.com HSE website: www.hse.gov.uk.

