

CECA HEALTH MANAGEMENT TOOLKIT

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Introduction to the Health Management Toolkit

Ill health problems at work

Occupational ill health affects large numbers of construction operatives in the UK each year. Ill health can have an effect on people's ability to work and on their general health and well-being. Unfortunately, in the more serious cases of occupational ill health, permanent disability and a slow death can result.

Despite the dire consequences of occupational health problems, there is little management of ill health within the industry sector, possibly due to the delay between exposure to hazardous materials and activities and the onset of health problems.

Ill health kills and maims large numbers of construction operatives. Every year many thousands of construction workers suffer from work-related ill health. This is due to exposure to hazardous substances used such as asbestos, silica and cement, as well as exposure to manual handling activities, and noise and vibration in the working environment. Recent data illustrate these hazards; the UK's self-reported work-related illness survey found an estimated 134,000 construction-related workers report a health problem caused by their work, resulting in an estimated 1.2 million days lost in a workforce of 1.5 million.¹ In particular there were 96,000 cases of musculoskeletal disorders; 15,000 cases of respiratory disease; 6,000 cases of skin disease and 5,000 cases of noise induced hearing loss. Hand arm vibration syndrome (HAVS) has also been identified as a health hazard as shown by recent research¹.

Toolkit development

As part of their Health and Safety Action Plan and Strategy, the Civil Engineering Contractors Association (CECA) has worked with Loughborough University to develop some simple management strategies for reducing the incidence of ill health amongst employees and sub-contractors. Every effort has been taken to align the project with other ongoing work on managing occupational health undertaken by other industry bodies, such as CONIAC.

The Toolkit is designed to be suitable for use in any contracting company, and is freely available as a resource to all those who could benefit in UK construction.

¹ Gibb, A G F (2002), Health, Safety's Poor Cousin - Keynote presentation, *CIB W99 Triennial International Conference*. Hong Kong, May 2002, awaiting publication by Spon, Rowlinson, S (ed).

The main hazards associated with the civil engineering industry are:-

- hand arm vibration syndrome (HAVS)
- muscular problems
- dermatitis and hand injuries
- noise induced deafness
- respiratory problems
- fatigue
- mental health

This review is based on current practices within the industry and advice from members on the most appropriate actions to be taken to comply with current legislative requirements.

Potential benefits of the Toolkit

The principal benefit of the Toolkit would be the establishment of meaningful occupational ill health management arrangements for civil engineering contractors. This would directly address one of the most difficult implementation issues facing the construction industry's Revitalising Health and Safety in Construction programme. This ultimately would help drive the industry's targets on reducing ill health amongst its workforce. The active management of health issues features heavily in the agendas of all the construction umbrella organisations, and in key initiatives, such as Accelerating Change and Rethinking Construction. Improving health and safety conditions in construction are also an essential component in helping to solve the industry's retention and recruitment problems. Another potential benefit would be the reduction of Employers Liability Insurance premiums for contractors adopting the developed approach.

General information

The Toolkit is available to download from www.ceca.co.uk

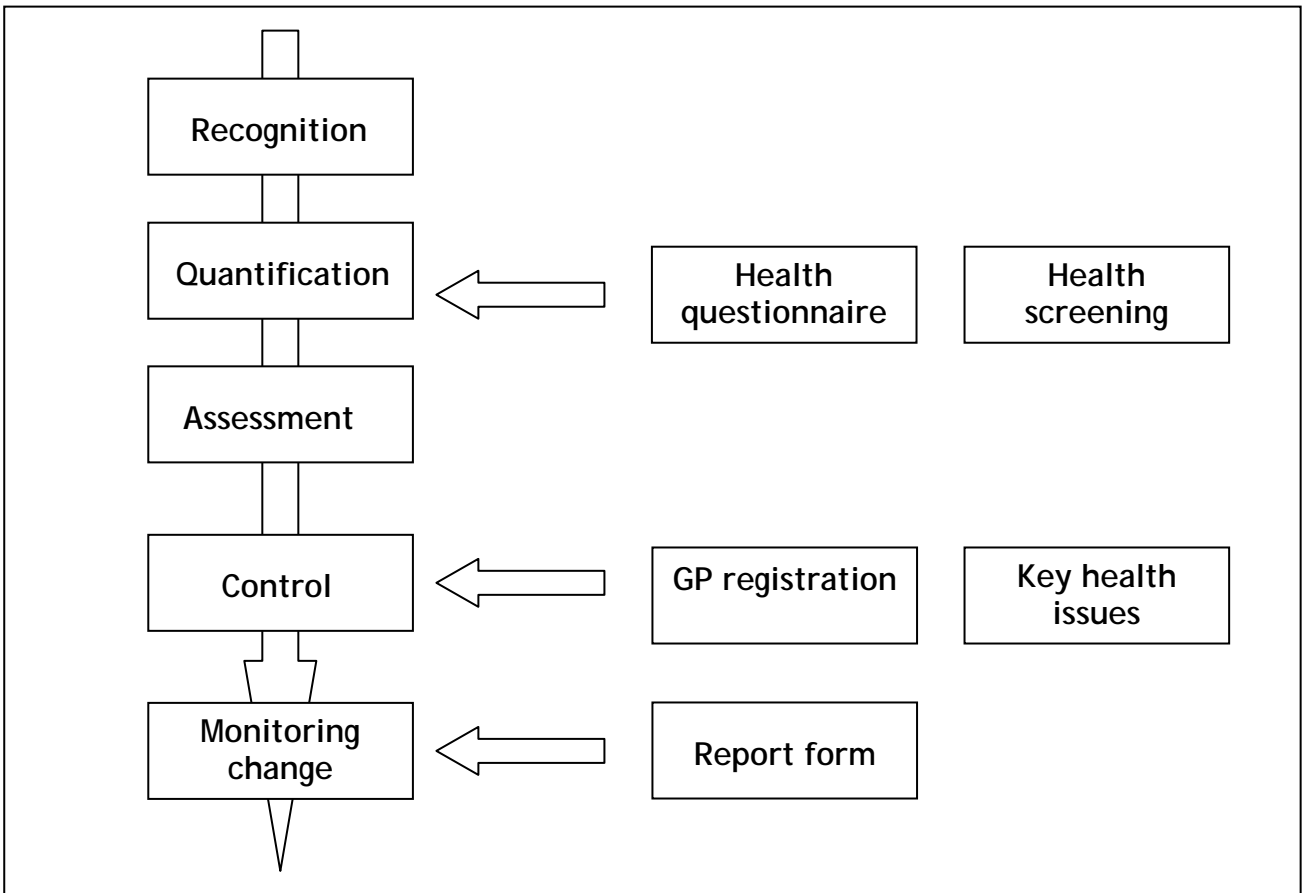
Occupational Health

Occupational health anticipates and prevents health problems which are caused by the work which people do. In some circumstances, the work may aggravate a pre-existing medical condition, and stopping this is also the role of occupational health. Health hazards often reveal their effects on the body only after the passage of time; many have cumulative effects and in some cases the way this happens is still not fully understood. Because the effects are often not immediately apparent it can be difficult to understand and persuade others that there is a need for caution and control. Good occupational health practice encompasses the following ideas:

- **Recognition** of the hazards or potential hazards
- **Quantification** of the extent of the hazard - usually by measuring physical and chemical factors and their duration, and relating them to known or required standards
- **Assessment** of risk in the actual conditions of use, storage, transport and disposal
- **Control** of exposure to the hazard, through design, engineering, working systems, the use of personal protective equipment and biological monitoring
- **Monitoring change** in the hazard by means of audits or other measurements techniques, including periodic re-evaluation of work conditions and systems

The assistance of an occupational hygienist may be required to quantify the hazard, assess the risk and confirm that control measures are effective.

From Principles of Health and Safety at Work by Alan St John Holt



Components of the Health Management Toolkit

Component	Details	Output	Reference
Introduction to the Health Management Toolkit	Background to the development, use and importance of the Health Management Toolkit. Scope of occupational health practice. Process diagram for the toolkit.	- Information sheet	0
Health Definitions	Defines general health and occupational health.	- Information sheet	0
Behavioural Change and Worker Engagement (BCWE)	Describes how behavioural change and improved consultation can deliver increased safety on construction sites and the importance of worker engagement in achieving improvement	- Information sheet	0
Designing out Risks	Describes how consideration and elimination or reduction of potential hazards in the pre-construction phase of projects can minimise effects on workers health on site as well as reducing the likelihood of accidents	- Information sheet	0
Information on Drugs and Alcohol	Includes Health and Safety Executive statement; signpost to CECA document and minimum requirements.	- Information sheet	0
Information on Stress	Includes Health and Safety Executive statement and reported prevalence of stress in the construction industry.	- Information sheet	0
Information on Eye Problems	Includes background to eye problems in civil engineering work and a case study.	- Information sheet	0
Step 1			
Information on Step 1: III Health Report Form	Information sheet for management/supervisors, trade union and employee safety representatives on the background to the use of the III Health Report Form.	- Information sheet	1.0
III Health Report Form Instructions	Instructions for completion of the form.	- Information sheets	1.1
III Health Report Form Cover Sheet	Contains information on who to return completed forms on site.	- Information sheet	1.2
III Health Report Form	Similar to a Site Accident Book, this proforma should be completed after an employee has reported an episode of ill health, whether the problem results in periods of time off work or a case of mild discomfort.	- Proforma	1.3
Toolbox Talk on III Health Report Forms	This educational aid is provided for managers/supervisors, trade union and employee safety representatives to inform the workforce about the importance of completing III Health Report Forms (Document Reference 1.3)	- TBT for operatives	1.4

Crib sheet for Toolbox Talk on III Health Report Forms	For use by managers/supervisors, trade union and employee safety representatives when conducting Tool box talk.	- Information sheet	1.5
III Health Report Form: Documentation Record	Used by managers/supervisors to briefly document what they have done about any reported health issues arising from III Health Report Forms (Document Reference 1.3) in order to record actions taken and for future reference.	- Proforma	1.6
III Health Report Form: Monthly Summary	Completed by managers/supervisors to briefly summarise the frequency and the types of health issues that have been reported by the workforce, which is sent back to CECA so that current problems in the industry can be monitored.	- Proforma	1.7
Step 2			
Information on Step 2: Employee Health Questionnaire	Information sheet for managers/supervisors, trade union and employee safety representatives on the background to the use of the Employee Health Questionnaire.	- Information sheet	2.0
How To Use The Employee Health Questionnaire	Information on when and why to use the questionnaire and what to do with the responses.	- Information sheet	2.1
Employee Health Questionnaire	Questions are asked about the general health of the employee, for the records of the organisation. This information may need to be kept within the organisation for up to 50 years or more. (Information will be provided on the best ways of doing this.) This information must be kept confidential	- Proforma	2.2
Employee Health Questionnaire: Documentation Record	Used by managers/supervisors to briefly document what has been done about any reported health issues arising from Employee Health Questionnaire (Document Reference 2.2) in order to record actions taken and for future reference.	- Proforma	2.3
Employee Health Questionnaire: Monthly Summary	Completed by managers/supervisors to briefly summarise the types of health issues that have been reported by your workforce, which is sent back to CECA so that current problems in the industry can be monitored.	- Proforma	2.4
Step 3			
Information on Step 3: The GP Registration Process	Information sheet for managers/supervisors, trade union and employee safety representatives on the background to the use of General Practitioners services.	- Information sheet	3.0
Frequently Asked Questions About Registering With A GP	Information for use by managers/supervisors, trade union and employee safety representatives to respond to operatives' queries.	- Information sheet	3.1

Tool Box Talk About Registering With A GP	This educational aid is provided for managers/supervisors, trade union and employee safety representatives to inform the workforce about why and how they should register with a GP.	- TBT for operatives	3.2
Tool Box Talk Crib Sheet	For use by managers/supervisors, trade union and employee safety representatives when conducting Tool box talk.	- Information sheet	3.3
Information Letter To GPs	Proforma letter to be personalised and sent from the organisation (supervisors/management) to local GP practices where the workforce are or just about to register. This letter is designed to raise awareness about occupational health issues among GPs.	- Proforma	3.4
Step 4			
Information on Step 4: Health Hazards	Background to the use of the Health Hazard Information Sheets, Tool box talks and Self Health Checks.	- Information sheet	4.0
Information On Key Health Issues	<p>Educational documents for managers/supervisors trade union and employee safety representatives to highlight the key issues and latest facts and figures on:</p> <ul style="list-style-type: none"> Hand arm vibration Muscular problems, e.g. back ache, manual handling Dermatitis and hand injuries Noise and hearing loss Respiratory problems Fatigue Mental Health (No detailed information at present, Sept '16) <p>The above include examples of behavioural change and worker engagement (BCWE) approach.</p> <p>Having studied these, managers/supervisors will be able to perform the TBTs (Ref 4.2-4.6) for site operatives. The TBTs also cover preventative measures e.g. PPE, job design, specialised tools/equipment.</p> <p>Records of attendance at TBTs need to be kept for company records (Ref 4.12).</p>	- Information sheet	4.1
Toolbox Talks On Key Health Issues	TBTs for managers/supervisors, trade union and employee safety representatives to use with operatives to educate them on key health issues.	- Tool box talks - BCWE guidance	4.2-4.6

<p>Self-Health Checks For Key Health Issues</p>	<p>A self administered health checklist for uncovering symptoms will be completed by site operatives. The responses should be examined by the competent personnel or the organisation's health professional(s). If an operative reports a positive response, they should either be referred to the health professional (if applicable), or their GP, for further examination. When a negative response is given for example for vibration related conditions referral to an occupational health professional will be required after 3 years.</p> <p>Areas for assessment include: Hand arm vibration Muscular problems, e.g. back ache, manual handling Dermatitis and hand injuries Noise and hearing loss Respiratory problems</p> <p>- This checklist is to be carried out by every new employee on the day that they start a job</p>	<p>- Proformas</p>	<p>4.7-4.11</p>
<p>TBT Attendance Sheet</p>	<p>Records of attendance at TBTs will be kept so that an organisation knows who is being educated in the issues. Reasons for non-attendance should also be disclosed so that the company knows, for future reference, if the employee could not or did not attend, etc.</p>	<p>- Proforma</p>	<p>4.12</p>
<p>Step 5</p>			
<p>Information On Health Screening</p>	<p>This information will be for managers/supervisors, trade union and employee safety representatives who may be thinking about health screening for their workforce. It will describe what health screening is all about. It will highlight the types of medical screening that are available from health care providers and the approximate costs involved. Contact details of health care providers will also be supplied.</p>	<p>- Information sheet</p>	<p>5.0</p>
<p>Constructing Better Health</p>	<p>Details of the Constructing Better Health programme and continuing work on occupational health in the construction industry. Includes a matrix of civil engineering operatives and levels of risk associated with key health issues.</p>	<p>-Information sheet</p>	<p>5.1</p>

General Health

Definitions

Health

Health is defined in the Preamble of the Constitution of the WHO as *a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*. In 1978, WHO-EURO (Copenhagen) referred to health as a dynamic process which depends largely on the individual capacity to adapt to the environment; to be healthy means to maintain an intellectual and social activity despite any disorders or handicaps.

Occupational health

Occupational health should aim at: the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; the prevention amongst workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health; the placing and maintenance of the worker in an occupational environment adapted to his physiological and psychological capabilities; and, to summarize, the adaptation of work to man and of each man to his job.

General health issues are particularly relevant for an industry such as the construction industry where there are skills shortages and a need to keep skilled operatives at work. Employers are, therefore, unlikely to draw a clear distinction between work-related and other health problems.

Finally, some jobs in construction (e.g. crane operation) can be safety critical precisely because of failures in general health. Suffering a heart attack, for example, whilst operating machinery could cause fatalities. Therefore detecting indicators such as high blood pressure are important in an occupational sense, as well as providing information on general health.

Despite this, it is important to have a clear distinction between ill-health which is caused or made worse by work and general health issues which may or may not be work-related. An employer's responsibility to their staff extends to managing risk and ensuring that members of staff are fit for work. Basically an employer needs to minimise the extent to which individual workers are put at risk as a result of their work.

General health issues are slightly different. If an employer is aware of a general health condition which affects the individual's ability to work safely, then there is a responsibility to protect the safety of all workers from any potential harm that may result. However, an employer is not expected to manage an employee's lifestyle or out-of-work activities.

Approximately one-third of those participating in the Constructing Better Health pilot were found to have some form of occupational health issues, predominantly caused by noise exposure, with some vibration issues. Also, one-third of those

participating were found to have general health issues, predominantly related to blood pressure, respiratory and blood, protein and/or sugar in urine. Individuals may have experienced either type of problem or both.

General health screening is non-statutory, periodic monitoring of an employee's health and may include administration of a general health questionnaire and measurements of height, weight, body mass index, blood pressure and testing urine (urinalysis) although it may be necessary to satisfy the requirements of regulation 6 of the Management of Health and Safety regulations. It can help to identify lifestyle factors in time to prevent the onset of disease, so encouraging good health and reducing ill-health absence

Individuals who are identified, through health screening, as having an occupational health issue should be counselled by the Occupational Health Nurse/Technician and then referred on to an Occupational Physician if appropriate. For general health issues individuals should be referred directly to their own GP.

Behaviour Change and Worker Engagement (BCWE)

Achieving Behavioural Change (HSE)

Achieving behavioural change is vital to preventing accidents and for helping you and your workforce improve standards and work smarter on site. It need not cost much to do.

According to the contemporary evidence base, behaviour change can arise from any intervention that affects risk taking/protective behaviour through either targeting the individual directly, or the social and physical aspects of their work environment. The same processes can apply not just to health and safety issues but to other topics such as quality management, environment and performance management. Individuals can correspond to an operative or a manager. In effect, by altering management behaviour, organisational behaviour is changed.

Worker engagement refers to the amount of input workers have in decisions that affect their health and safety. Both worker engagement and behaviour change have been demonstrated as highly interdependent. Behaviour change requires worker engagement both in the identification of issues, and production of workable solutions. Worker engagement also serves to motivate the workforce.

However, it is not enough to assume that simply involving workers in decisions is enough to secure change. Behaviour transformation also requires: focussed attention upon modifying the latent and immediate contributors to unsafe behaviour; modifying their consequences where appropriate and; strategies for reinforcing change over time. In other words, behaviour change requires integration with the wider performance management system.

Behaviour-based approach to health and safety

Research at the University of Manchester Institute of Science and Technology (UMIST), has shown that a behaviour-based approach to health and safety management can be an effective tool for increasing safety on construction sites and elsewhere, despite some practical problems of implementation. The technique involves sampling, recording and publicising the percentage of safe (versus unsafe) behaviours, as noted by specially trained observers drawn from workforce and management. This gives more data on potential system and individual failures that could be obtained from a study of accident records. The attraction of the technique is that it offers measurement of potential for harm, independent of the accident record. Disadvantages may include the need to achieve an altered safety climate inside management and workforce to adopt the techniques, and employees' suspicion of hidden motives for the observations.

(HSE Research Report RR 660:

<http://www.hse.gov.uk/research/rrhtm/rr660.htm>)

Designing out Risks

One of the best ways to prevent and control occupational injuries, illnesses, and fatalities is to "design out" or minimize hazards and risks early in the design process. The National Institute for Occupational Safety and Health in the United States is leading a national initiative called Prevention through Design (PtD) to promote this concept and highlight its importance in all business decisions.

The concept of PtD can be defined as:

Addressing occupational safety and health needs in the design process to prevent or minimize the work-related hazards and risks associated with the construction, manufacture, use, maintenance, and disposal of facilities, materials, and equipment.

The Health and Safety Executive guidance for designers under the Construction Design and Management Regulations 2007 state that -

- Designers have to:
 - Ensure clients are aware of their duties
 - Make sure they (the designer) are competent for the work they do
 - Co-ordinate their work with others as necessary to manage risk
 - Co-operate with CDM co-ordinator and others
 - Provide information for the health and safety file
- Designers have to avoid foreseeable risks so far as is reasonably possible by:
 - Eliminating hazards from the construction, cleaning, maintenance, proposed use (workplace only) and demolition of a structure
 - Reducing risks from any remaining hazard
 - Giving collective risk reduction measures priority over individual measures
- Designers must also:
 - Take account of the Workplace (Health, Safety & Welfare) Regulations 1992 when designing a workplace structure

- Provide information with the design to assist clients, other designers, & contractors
- In particular - inform others of significant or unusual/ “not obvious” residual risks
- Be given relevant information by the CDM co-ordinator
- Designers do not need to
 - consider risks which are not foreseeable
 - design to “zero risk”
 - use undue effort to eliminate hazards which should be proportionate to the risk

Health and Safety Executive Guidance on Occupational Health

The Health and Safety Executive (HSE) website for Construction Occupational Health Management Essentials (COHME) gives guidance using a five stage risk assessment (Arrangements, Assess, Eliminate, Control and Manage). This is applied to construction related health risks emphasising the need to **eliminate** risks, where possible, as a priority. This should be carried out before considering **control** measures such as reducing the impact of the risk or to **manage** the risk, for instance, by the use of personal protective equipment. <http://www.hse.gov.uk/construction/healthrisks/risks.htm>

Notes on Other Health Issues

Drugs and Alcohol

Drugs and alcohol (HSE)

People should not do construction work if they are under the influence of drugs or alcohol.

Drug and alcohol testing is a complex area. If you decide to carry out testing, you will need to consult health and safety representatives and employees about the company position and procedures. Employees need to give informed consent before a blood or urine sample is taken.

The CECA document "*Drugs & Alcohol at Work: Guidance for Employers*" has been prepared to provide a basic understanding of the signs, effects and risks of drug and alcohol misuse. It also sets out a best practice approach to dealing with drug and alcohol related problems at work. A copy of the document is available for downloading in the Members Area of the CECA website at www.ceca.co.uk.

Problems present at the workplace relate not just to consumption at or before work or to intoxication at work. The indirect effects of alcohol and drug problems on individuals' functioning within the workplace can also be severe.

A workplace policy applying to all staff can benefit all organisations and should form part of the overall health and safety package. The alcohol and drug policy that you adopt will need to take account of the particular needs and the practical situation of your company. However, there are a number of minimum requirements for such a policy, which must:

- Contain a clear statement of the behaviour that is expected of employees.
- Apply equally to all employees, including managers and supervisors, at the workplace.
- Be part of your comprehensive health and safety policy.
- Result from adequate consultation with your employees before it is adopted.
- Be made known to all employees.

- Address issues in the work environment that increase the use of alcohol or drugs.
- To the greatest possible degree, be non punitive.
- State the conduct likely to result in action under the discipline.
- Provide for appropriate treatment and rehabilitation for employees with problems.
- Be evaluated, after implementation and amended, if necessary, in line with the outcome of the evaluation

Stress

What is stress? (HSE)

HSE defines stress as 'an adverse reaction to excessive pressure'. Pressure is often part and parcel of work and helps to keep people motivated. Excess, badly-managed exposure to pressure can lead to stress. Workers who experience stress, anxiety or depression are unlikely to perform effectively. This can be costly to employers and in safety-critical industries such as construction it can have serious consequences.

<http://www.hse.gov.uk/construction/healthrisks/stress.htm>

An analysis of the prevalence and distribution of stress in the construction industry (HSE Report RR518) <http://www.hse.gov.uk/research/rrhtm/rr518.htm>

1. What is the extent of work-related stress?

Around 5% of those working in the sampled construction industry job roles are currently experiencing stress, depression or anxiety which they feel was caused by or made worse by their job or work done in the past. For comparison, 8% of the sample reported bone, joint or muscle problems.

Around 10% of the sample found their job very or extremely stressful.

2. What is causing stress?

The 'top five' most stressful aspects of work for respondents were:

- Having too much work to do in the time available
- Travelling or commuting
- Being responsible for the safety of others at work
- Working long hours
- Having a dangerous job

3. Who is most stressed?

In the present sample, management grade employees, along with road maintenance staff, designers and administration staff report more stress than other job roles, primarily construction labourers/operatives.

4. What can be done?

The findings suggest that work-related stress is an occupational health issue for the construction industry. HSE may wish to consider tackling stress along with other occupational health priorities, particularly with management grades. Ideas for tackling stress are summarised within the report.

Strategic interventions suggested by stakeholders

- Provide industry-specific case studies to demonstrate what stress is and how it can be tackled in a simple manner, along with best practice examples (e.g. similar to the 'Real People, Real Solutions' information).
- Develop and share examples of the business case for tackling work-related stress.
- Provide employees with a formal dedicated stress 'helpline', or Employee Assistance Programmes they can call to discuss work-related stress.
- Consider whether goal-setting schemes that focus on reducing accidents on sites can also be used to address health issues.
- Consider proactive health checks to help identify work-related stress problems and solutions.
- Include the requirement for contractors to have robust occupational health management in tenders.

Workload interventions suggested by stakeholders

- Organisations may like to consider how they can help managers manage their workload, e.g. through training on time management. Training workforces on more than one skill may also help organisations be more flexible in their use of resources, relieving pressure as demands change.
- Consider systems that allow for working long hours during periods of high demand but then allow time off in lieu when demands are less.
- Regarding travelling and commuting, consider providing services, such as dedicated bus services, to get workers to site on larger projects. For management roles that require individuals to travel on their own or at different times to a number of sites, use of technology such as mobile phones and wireless internet connections may help to reduce the need to visit sites or help solve some problems from a distance.

Other interventions suggested by stakeholders

- Encourage all workers to be responsible for their own health and safety, and not assume it is solely a management responsibility. This could relieve some of the pressure on managers.
- Encourage greater communication within organisations. For example, use a 'suggestion box' scheme and ensure suggestions are acted on.

Eyesight

Poor eyesight is one of the health conditions that can affect the ability of a worker to do their job safely, or their ability to do their job without affecting the safety of others.

It is important to consider both the

- nature of the illness, and
- the affect this could have on the job the worker will do

before making a judgment about the suitability of a worker for a particular task.

The following are examples of tasks which may be affected by a workers ability to see correctly:

- Poor eyesight for jobs which include driving; controlling machinery such as cranes or working as a banksman; crossing high speed roads;
- Colour blindness for jobs which involve looking for visual signals or alarms;

It is important to remember that if this health condition is properly under control, the person will be capable of doing most of the jobs in construction safely. Where you have concerns about a particular illness and its possible effect on the worker's ability to do the job, you should seek advice from the worker's GP or from your occupational health advisor. Guidance on getting expert advice can be found in Section 5 of this toolkit.

Workers with disabilities are protected from discrimination at work by the Disability Discrimination Act, and further information about this can be found on the Health and Safety Executive's website in the 'Employments rights' section.

<http://www.hse.gov.uk/workers/index.htm>

Example:

A worker reported for work on site as a dumper truck driver. The company had identified dumper driving as a safety critical job because drivers with poor eyesight could put other site workers at risk. So before allowing him to start work, he was given a simple eyesight test. The foreman discovered that even though he did not wear glasses, his eyesight was poor and he had never had a proper eye test. The foreman explained to the worker that he could not start on site until he had visited an optician to see if he needed glasses. A few days later the worker returned to the site wearing glasses, and he was given a job straight away. He later commented that he never realised that his eyesight had become so poor, and that the glasses had made a huge difference to his quality of life.

Constructing Better Health

Constructing Better Health (CBH) is an organisation which has over the last 8 years developed a scheme whereby the construction industry can access employee information to determine the suitability of personnel for tasks associated with health issues or which allows the employer to determine any health restrictions which may be applied to an employee. CBH also provides information for employers for example the selection of suitability of health providers.

Selection of an Occupational Health Provider

When selecting an occupational provider it is important to ensure that they are competent to carry out the task and understand the work that you carry out. The provider should also be able to carry out assessments with appropriately trained and experienced personnel. A decision should be made at any early stage to determine whether the organisation will join the CBH scheme which provides individuals with a smart card containing their information. If this is the case the health provider should be a member of CBH

B&CE

On 1 April 2016, B&CE acquired CBH from CSCS and since then have been consulting widely with industry and key stakeholders to establish how the existing operational model for the CBH offering can be improved.

In the meantime, we would encourage members (when and where appropriate) to continue to engage with the existing CBH format.

III Health Report Form: Instructions for Use

Why use the III Health Report Form?

The information collected on this form can be used to give an estimate of the sickness absence amongst the work force and to find out about ill-health issues arising from particular tasks or tools. This information can then be used to improve the work situation, resulting in a more productive, healthier and happier workforce. By picking up any health problems at the earliest opportunity and examining the possible causes, the likelihood of future problems occurring and the implicated cost for your organisation, e.g. long term sickness absence, disability benefit, rehabilitation costs, are greatly reduced.

The collection of information in this way can also be used to reduce the occurrence of dishonest sickness absence and regular absenteeism, e.g. Monday morning and Friday afternoon symptoms.

When to use the III Health Report Form

This form should be used to report any incidences of ill health at work, amongst operatives, supervisors and managers.

- A form should be completed for any ill health suffered at work. This may include:
 - aches and pains,
 - colds and flu,
 - work related and non-work related problems.
- A form should also be completed by individuals returning to work after a period of sickness absence.

Although key health issues have been identified as the main ill health effects within the civil engineering sector (hand arm vibration syndrome, manual handling, dermatitis and hand injuries, noise induced deafness, respiratory problems), **this form should be used to collect information on any health problem that occurs amongst employees.**

Any individual that completes an III Health Report Form which contains details of a current health problem (see the dates on the form), should be referred to their GP (or occupational health advisor if applicable) for a check up. Details of such referrals should be noted using Toolkit Document Reference 1.6.

This form should be used in addition to a Site Accident Book and any sickness absence reporting system that is already in place. You may find that on occasion, you may need to report illnesses on an Ill Health Report Form **and** in an Accident Book, e.g. acute illness requiring medical treatment due to exposure to toxins by inhalation, ingestion, or through the skin.

Who completes the questionnaire?

Ideally the form should be completed by a trained manager to ensure that full information is gathered.

Case study

"I kept getting twinges of pain in my back. It only lasted a few minutes and then went away. It got to happening more often and it took longer to go away. I didn't want to bother but my supervisor said I should put it on an Ill Health Report. My details got picked up by the boss and he sent me with a letter to the local GP where I got checked over. While I was there I told the doctor that I had a bit of a tight chest. He asked me about my work as a kerb layer and suggested that I wear the masks that are provided or I could really get some problems with my breathing. We do have masks at work but none of us really bother using them when we're cutting the kerbs, but the doc saying that has made me think twice. It turned out that my back muscles were a bit strained, and the doc said I should think about alternatives to lifting heavy, awkward loads. Because the boss had picked up my details from the Ill Health Report Form, he came and had a look at us working, and showed us how to lift in different ways which have made it easier and the twinges have stopped."

Kerb layer, age 40

What to do with completed forms

The Data Protection Act 1998 requires that personal details entered in accident and ill-health books/forms are kept confidential. For this reason ill-health report forms are set out in two sections.

Page 1 (Section A) of the form contains details about the nature of the health issue, and the action taken. This page should be retained in the folder to provide a basic record of all the ill-health that has occurred. This information should be made available to the trade union or employee safety representatives.

On **Page 2 (Section B)** of the form are sections relating to the personal details of the individual involved, and the health problem(s). This section must be removed once completed and stored securely by the person responsible for confidential company medical records (in a small company this may be the Company Secretary). In order for everyone on site to know who this person is, their details should be documented on Toolkit Reference 1.2 - the cover in the folder of forms.) This person should create a file identified by the ill-health report number.

The two completed pages (Sections A and B) should be given the same ill health report number.

CECA will periodically ask for you to anonymously report back on the type and frequency of ill health reported amongst your workforce (see Toolkit Document Reference 1.7). This is so that CECA can attempt to establish an industry baseline figure for ill health at work and so that future initiatives can be properly targeted to the needs of the industry.

Health and safety legislation

Employers and the self-employed should be well-aware of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) which state that they must report deaths, serious injuries and dangerous occurrences immediately to the relevant enforcing authority by the quickest method (usually by telephone). A report should then be submitted on HSE Form F2508A within ten days. Immediate notifications can be made by ringing the Incident Contact Centre (ICC) on 0845 300 9923, or your local HSE office. Work-related diseases do not require immediate notification but a completed Form F2508 should be forwarded within ten working days to the relevant enforcing authority. For the majority of construction activities the enforcing authority will be the Health and Safety Executive (HSE).

Copies of Form F2508A are available from the HSE, or online at www.hse.gov.uk/forms/index.htm. Alternatively, you can file a report via the ICC website at www.riddor.gov.uk.

NOTE: Under the Construction (Design and Management) Regulations 2015 the principal contractor must be informed of any death, injury, ill health or dangerous occurrence.

Reporting work-related diseases

A disease must be recorded and reported on Form F2508A where an occupational disease specified under the RIDDOR regulations has been diagnosed in an employee doing a specified type of work. The report must be made when the disease has been diagnosed by a registered medical practitioner. Those likely to affect construction include: Hand-arm Vibration Syndrome (HAVS), Leptospirosis, Silicosis, Dermatitis, Mesothelioma, and Asbestosis.

III Health Report Form: Cover Page

How do I use the III Health Report Form?

This form should be used to report any incidences of ill health at work, amongst operatives, supervisors and managers.

- A form should be completed for any ill health suffered at work. This may include:
 - aches and pains,
 - colds and flu,
 - work related and non-work related problems.
- A form should also be completed by individuals returning to work after a period of sickness absence.

Why bother filling in a form?

By filling in a form, we are able to collect examples of ill health in the workplace. By picking up any health problems as soon as they occur and examining the possible causes, the likelihood of future problems occurring, e.g. long term sickness absence, disability, are greatly reduced.

What do I do with completed forms?

Section A (page 1) of the form contains details about the nature of the health issue, and the action taken. This page should be retained in this Toolkit folder to provide a basic record of all the ill-health that has occurred.

Section B (page 2) of the form contains sections relating to the personal details of the individual involved, and the health problem(s). This section must be removed once completed and stored securely by the person responsible for confidential company medical records (in a small company this may be the Company Secretary). Therefore, please pass on to the person listed below:

Name of person responsible for confidential medical records:

Contact details: phone number, office location.

The two completed Sections (pages 1 and 2) should be given the same ill-health report number.

III Health Report Form

Health Management Toolkit
Reference 1.3

III health report number

Section A

- Please complete all questions.
- Leave Section A in the Toolkit Folder.
- Remove Section B and hand in to the person responsible for confidential company medical records. (see Cover Sheet at the start of this Toolkit Section if you are uncertain who that person is).

Date of health problem: From..... To

Type of health problem (tick all that apply):

✓	Problem	Details, e.g. part of the body, severity
<input type="checkbox"/>	Skin complaint	
<input type="checkbox"/>	Aching	
<input type="checkbox"/>	Pain	
<input type="checkbox"/>	Tingling	
<input type="checkbox"/>	Numbness/loss of feeling	
<input type="checkbox"/>	Breathing problems, e.g. tight chest	
<input type="checkbox"/>	Tinnitus (ringing in ears)	
<input type="checkbox"/>	Hearing problems, e.g. deafness	
<input type="checkbox"/>	Other illness, e.g. cold/flu	
<input type="checkbox"/>	Other (please specify)	

What were you doing when the problem started? e.g. using a saw

What did this health problem result in? (tick all that apply):

✓	Result	Details/Action taken / reasonable adjustments made
<input type="checkbox"/>	Time off work	
<input type="checkbox"/>	A change of work duties	
<input type="checkbox"/>	A visit to the doctor	
<input type="checkbox"/>	Other (please specify)	

Supervisor's name (PRINTED), signature and date:

Name:	Signature:	Date:
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Now please complete Section B.

III Health Report Form

Health Management Toolkit
Reference 1.3

III health report number

Section B

- Please complete **all** questions.
- Leave Section A in the Toolkit Folder.
- Remove Section B and hand in to the person responsible for confidential company medical records (see Cover Page at the start of this Toolkit Section if you are uncertain who that person is).

Date of health problem: From..... To

Type of health problem (tick all that apply):

✓	Problem	Details, e.g. part of body, severity
	Skin complaint	
	Aching	
	Pain	
	Tingling	
	Numbness/loss of feeling	
	Breathing problems, e.g. tight chest	
	Tinnitus (ringing in ears)	
	Hearing problems, e.g. deafness	
	Illness, e.g. cold/flu	
	Other (please specify)	

The person suffering with ill health:

Full name		Occupation/Job	
Address			
Postcode		Tel. No.	

What did this health problem result in? (tick all that apply):

✓	Result	Details/Action taken / reasonable adjustments made
	Time off work	
	A change of work duties	
	A visit to the doctor	
	Other (please specify)	

Name (PRINTED) and signature of the person suffering with ill health:

Name:	Signature:	Date:
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Have you completed Section A?

Reporting ill health at work



What is ill health?

- Anything that makes you feel 'under the weather', resulting in you not being able to do your job:
 - Aches, pains, cracked skin, headaches, flu, tight chest etc., etc...



Ill health at work

- 1.7 million days lost due to ill health in UK construction industry
- Ill health is a major problem in the construction industry



Why is ill health a problem in the construction industry?

- Exposure to:
 - hazardous substances
 - hard physical work
- Hazardous job design



What can we do about ill health?

- Find out what is causing the health problems:
 - e.g. a type of chemical
 - e.g. use of certain tools
- ...and make changes



Tell us about your health problems...

- So that we can find out about ill-health issues arising from particular products, tools or work processes



improvements



better health



How to tell us about ill health

- A new form is on site for you to fill in if you have any health problem at work:

“ Ill Health Report Form ”



The “Ill Health Report Form”



Ill Health Report Form

Health Management Toolkit
Reference 1.3

Ill health report number

Section A

- Please complete **all** questions.
- Leave Section A in the Toolkit Folder.
- Remove Section B and hand in to the person responsible for confidential company medical records. (see Cover Sheet at the start of this Toolkit Section if you are uncertain who that person is).

Date of health problem: From..... To

Type of health problem (tick all that apply):

✓	Problem	Details, e.g. part of the body, severity
<input type="checkbox"/>	Skin complaint	
<input type="checkbox"/>	Aching	
<input type="checkbox"/>	Pain	
<input type="checkbox"/>	Tingling	



If the health report number is

Section A

- Please complete all questions
- Leave Section A in the Toolkit Folder
- Remove Section B and hand in to the person responsible for confidential company medical records (see Cover Page on the start of this Toolkit Section if you are someone who does this)

Date of health problem: From To

Type of health problem (tick all that apply)

✓ <input type="checkbox"/>	Problem	Does it, e.g. pain of the body, restrict?
<input type="checkbox"/>	Skin complaints	<input type="checkbox"/>
<input type="checkbox"/>	Aches	<input type="checkbox"/>
<input type="checkbox"/>	Pain	<input type="checkbox"/>
<input type="checkbox"/>	Tingling	<input type="checkbox"/>
<input type="checkbox"/>	Numbness/loss of feeling	<input type="checkbox"/>
<input type="checkbox"/>	Swelling	<input type="checkbox"/>
<input type="checkbox"/>	Tipsy	<input type="checkbox"/>
<input type="checkbox"/>	Headaches	<input type="checkbox"/>
<input type="checkbox"/>	Other	<input type="checkbox"/>

What is the person's name (PRINTED), signature and date?

Name:	Signature:	Date:
-------	------------	-------

What did this health problem do to you?

✓ <input type="checkbox"/>	Reason	Does it, e.g. restrict?
<input type="checkbox"/>	Time off work	<input type="checkbox"/>
<input type="checkbox"/>	A change of work duties	<input type="checkbox"/>
<input type="checkbox"/>	A visit to the doctor	<input type="checkbox"/>
<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

Supervisor's name (PRINTED), signature and date?

Name:	Signature:	Date:
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Now please complete Section B



If the health report number is

Section B

- Please complete all questions
- Leave Section A in the Toolkit Folder
- Remove Section B and hand in to the person responsible for confidential company medical records (see Cover Page on the start of this Toolkit Section if you are someone who does this)

Date of health problem: From To

Type of health problem (tick all that apply)

✓ <input type="checkbox"/>	Problem	Does it, e.g. pain of body, restrict?
<input type="checkbox"/>	Skin complaints	<input type="checkbox"/>
<input type="checkbox"/>	Aches	<input type="checkbox"/>
<input type="checkbox"/>	Pain	<input type="checkbox"/>
<input type="checkbox"/>	Tingling	<input type="checkbox"/>
<input type="checkbox"/>	Numbness/loss of feeling	<input type="checkbox"/>
<input type="checkbox"/>	Swelling	<input type="checkbox"/>
<input type="checkbox"/>	Tipsy (intoxicated)	<input type="checkbox"/>
<input type="checkbox"/>	Headaches	<input type="checkbox"/>
<input type="checkbox"/>	Other	<input type="checkbox"/>

The person's name (PRINTED), signature and date?

Name:	Signature:	Date:
-------	------------	-------

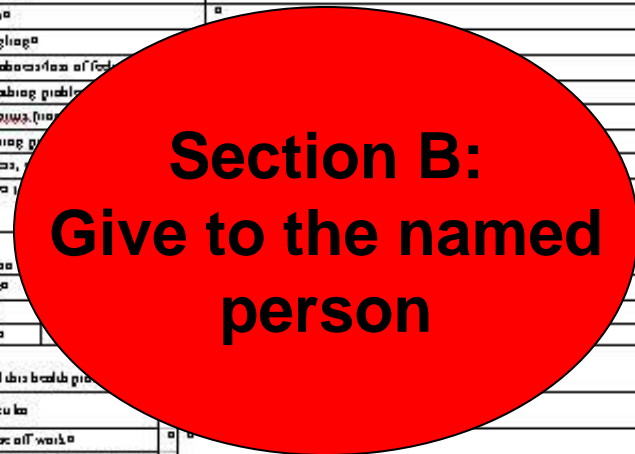
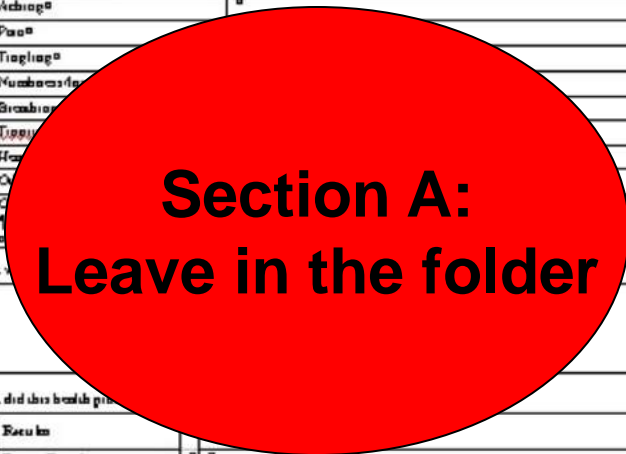
What did this health problem do to you?

✓ <input type="checkbox"/>	Reason	Does it, e.g. restrict?
<input type="checkbox"/>	Time off work	<input type="checkbox"/>
<input type="checkbox"/>	A change of work duties	<input type="checkbox"/>
<input type="checkbox"/>	A visit to the doctor	<input type="checkbox"/>
<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

Name (PRINTED) and signature of the person suffering with the health problem?

Name:	Signature:	Date:
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Have you completed Section A?

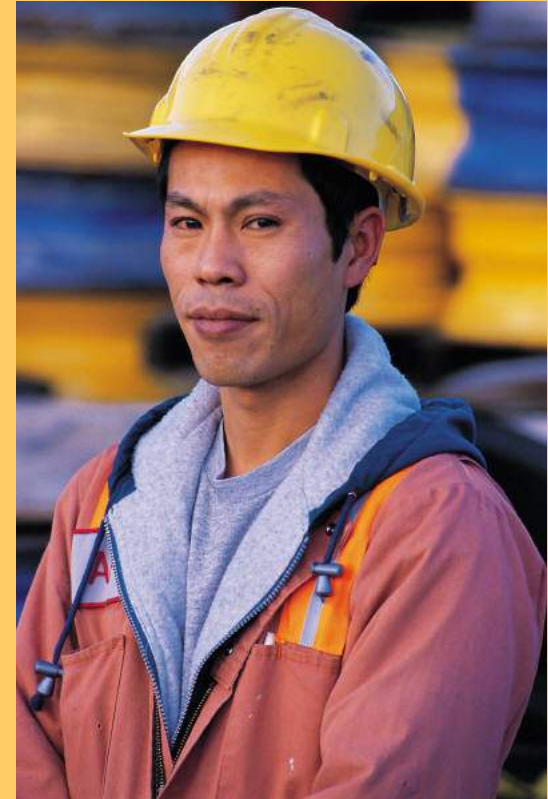


When to use the Form?

- This form should be used to report any incidences of ill health at work, amongst operatives, supervisors and managers
 - A form should be completed for any ill health suffered at work. This may include:
 - aches and pains
 - colds and flu
 - work related and non-work related problems

When to use the Form?

- A form should also be completed by individuals returning to work after any time off sick



Remember...

- This form should be used along with the Site Accident Book
 - Sometimes you might need to fill in both at the same time e.g. acute illness requiring medical treatment due to exposure to toxins through the skin
 - **Always complete this form if you experience any ill health at work**

Information sheet on toolbox talk: How to use the Ill Health Report Form (Reporting ill health at work)

This is a copy of the slides in the toolbox talk for operatives on reporting ill health at work and how to use the Ill Health Report Form. Notes are available for the presenter about each slide.

<p>Reporting ill health at work</p>    <p>Health Management Toolkit Ref 1.4</p>	
<p>What is ill health?</p> <ul style="list-style-type: none"> Anything that makes you feel 'under the weather', resulting in you not being able to do your job: <ul style="list-style-type: none"> Aches, pains, cracked skin, headaches, flu, tight chest etc., etc...     <p>Health Management Toolkit Ref 1.4</p>	<p>Ill health is anything that makes you feel under the weather and stops you from being able to do your job properly. It might present itself as mild problems such as a headache or aches and pains, or as a more serious problem such as breathing difficulties.</p>

<p>Ill health at work</p> <ul style="list-style-type: none"> • 1.2 million days lost due to ill health in UK industry • Ill health is a major problem in the construction industry • WHY?  	<p>Almost 2 million days are lost due to ill health across the UK construction industries. Ill health is a particular issue in the construction industry.</p> <p>Why is this?</p>
<p>Why is ill health a problem in the construction industry?</p> <ul style="list-style-type: none"> • Exposure to: <ul style="list-style-type: none"> – hazardous substances – hard physical work • Hazardous job design  	<p>Due to the hard physical work that is carried out on construction sites, people's bodies are more prone to wear and tear, compared to office workers, for example.</p> <p>Additionally, people who work on construction sites may be exposed to potentially hazardous substances, e.g. inhalation of wood dust, exposure to paint fumes, lifting of heavy equipment.</p> <p>No job is risk free, but working on a construction site requires particular care by both the employer and the employee.</p>
<p>What can we do about ill health?</p> <ul style="list-style-type: none"> • Find out what is causing the health problems: <ul style="list-style-type: none"> – e.g. a type of chemical – e.g. use of certain tools <p>...and make changes</p>  	<p>In order to improve the situation for workers on construction sites, we can look at the root cause of any problems and make changes. For example, if a particular tool emits a particularly high level of vibration that results in vibration white finger, changes can be made to the design of the job (e.g. reduce time using the tool), to the tool (e.g. change design of handle to prevent such high levels of vibration being emitted), or by changing the tool that is being used (e.g. change it for a more 'healthy' alternative tool).</p>
<p>Tell us about your health problems...</p> <ul style="list-style-type: none"> • So that we can find out about ill-health issues arising from particular products, tools or work processes <p style="text-align: center;">↓</p> <p style="text-align: center;">improvements</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">better health</p> 	<p>However, in order to look at the root cause of any problems and make these changes, we need to know if or when your health is being affected.</p> <p>For example, if you're noticing that you're suffering from a tingling in your fingers after using a certain appliance, then we need to know about it so that we can make a change for the better.</p>

How to tell us about ill health

- A new form is on site for you to fill in if you have **any health problem** at work:





“Ill Health Report Form”



Health Management Toolkit Ref 1.4



We have a new form on site for you to fill in if you have any health problem at work called the “Ill Health Report Form”.

The “Ill Health Report Form”

Health Management Toolkit Ref 1.4

The form consists of some very basic questions about the health problem, e.g. whether it’s a muscular problem (e.g. bad back), or a skin problem (e.g. cracked, dry skin), what might have caused the problem (e.g. what tools have you been using etc.), and what the health problem resulted in (e.g. time off work, a change in work duties etc.)


Health Management Toolkit Ref 1.4

The form is in 2 sections. Please leave the first section (Section A) in the folder and give the second section (Section B) to the named person (it says who to give the form to at the front of the designated folder).

That person for this site is.....who is based in office/department etc.

When to use the Form?






- This form should be used to report **any** incidences of ill health at work, amongst operatives, supervisors and managers
 - A form should be completed for any ill health suffered at work. This may include:
 - aches and pains
 - colds and flu
 - work related and non-work related problems



Health Management Toolkit Ref 1.4

In order to get everyone used to using it, we ask that the form should be used to tell us about **any** ill health you suffer from at work, whether it’s work related (e.g. bad back) or non-work related (e.g. colds, flu).

We will use the information you provide to improve the tools and environments in which you work, in order to try to reduce health problems from starting in the first place.

<p>When to use the Form?</p> <ul style="list-style-type: none">• A form should also be completed by individuals returning to work after any time off sick  <p>  Health Management Toolkit Ref 1.4</p>	<p>You should also remember to fill in a form when you return to work after being off sick, as many reasons for being off work are due to the more serious and long term work related ill health issues.</p>
<p>Remember...</p> <ul style="list-style-type: none">• This form should be used along with the Site Accident Book<ul style="list-style-type: none">– Sometimes you might need to fill in both at the same time e.g. acute illness requiring medical treatment due to exposure to toxins through the skin– Always complete this form if you experience <u>any</u> ill health at work <p>  Health Management Toolkit Ref 1.4</p>	<p>It's important to remember that although we have this new form for reporting about ill health, we still need to complete the Site Accident Book when accidents occur. It's worth remembering also that sometimes you might need to fill in both the Ill Health Form and the Accident Book for 1 problem e.g. when an accident results in a health problem</p>

III Health Report Form: Documentation Record

This document contains personal information and it to be kept securely with **the corresponding III Health Report Form:**

← *Corresponding III Health Report Form number*

Any further information about the individual or the health problem e.g. has the individual visited their doctor, changed their work duties etc.	Date	Signature*

* of person completing this form

III Health Report Form: Monthly Summary

This document should be completed and posted back to CECA at the end of each month (address overleaf)

		Day	Month	Year
Summary date				
Reporting period	From			
	To			

Please read through each III Health Report Form that has been submitted to you this month and mark each health problem and the resulting action in the appropriate tally boxes below.

Frequency of reported health problems (Please include all responses)

Health Problem	Tally over this month's period	Total
<i>Example</i> - headache		7
Skin complaint		
Aching		
Pain		
Tingling		
Numbness/loss of feeling		
Breathing problems, e.g. tight chest		
Tinnitus (ringing in ears)		
Hearing problems, e.g. deafness		
Other illness, e.g. cold/flu		
Other (please specify)		
Other (please specify)		

What action did this month's health problems result in? (Please include all responses)

Action	Tally over this month's period	Total
Time off work		
A change of work duties		
A visit to the doctor		
Other (please specify)		

Other (please specify)		
------------------------	--	--

In order to keep your responses anonymous, whilst at the same time allowing us to use the information you have provided in the most useful way that we can, please answer the following quick questions:

The size of your workforce

Approximate size of your workforce *who have been invited to complete Ill Health Report Forms?*

⇒ Approximate number of operatives within this workforce?

⇒ Approximate number of office workers within this workforce?

UK location of your site(s) to which these episodes of ill health refer:

✓	Location
	South East
	South West
	Midlands
	North East
	North West
	Scotland
	Wales

Total number of Ill Health Report Forms completed during this month's summary period:

If you know, what is the number of compensation claims made against your company this month by current/previous employees, regarding occupational health and safety issues?

Number	Issue	Type(s) of problem
	Health	<i>e.g. asbestosis, deafness</i>
	Safety	<i>e.g. slip from scaffolding</i>

Thank you very much. Please post back to:
 Peter Crosland
 CECA
 1 Birdcage Walk
 London SW1H 9JJ

Information on Step 2: Employee Health Questionnaire

Many cases of ill health can go unreported in the workplace, which can put the workforce at risk of suffering long term disabilities, health problems and reduced quality of life. Additionally, there is the risk of litigation against the employer and the reduced productivity and expense of rehabilitation that work-related ill health can incur.

Therefore, it is important to manage any small health problems before they become uncontrollable and costly. This can be done, to some extent, by collecting information on health problems that may be suffered in the work place, investigating their cause, and improving the situation. This can also be done by examining any health problems that may exist from hobbies and activities from outside work, e.g. sport, DIY injuries.

Step 2 consists of:

- 2.1** How to use the Employee Health Questionnaire - information on when to use the questionnaire and what to do if ill health is reported.
- 2.2** Employee Health Questionnaire - for supervisors/management to distribute to operatives.
- 2.3** Employee Health Questionnaire: Documentation Record - used to briefly document what employer has done about any reported health issues arising from Employee Health Questionnaires.
- 2.4** Employee Health Questionnaire: Monthly Summary - Completed by employer to summarise frequency and types of health issues that have been reported by the workforce.

Retention of records

It may be necessary to keep health related information for 50 years or even more. This will depend on the type of work undertaken, legislation (e.g. asbestos) and the age of the employee. When that person leaves your employment you should provide them with a copy of their health records. Health records should not contain any clinical data. The records will need to be kept confidential.

For further information see the HSE website as follows:

<http://www.hse.gov.uk/construction/healthrisks/records.htm>.

How to use the Employee Health Questionnaire

When to use the Employee Health Questionnaire

This questionnaire should be used to monitor ill health amongst operatives, supervisors and managers.

- A questionnaire should be completed by every employee within the organisation and by every new employee when they join the organisation.
- A questionnaire should be re-completed by employees periodically, as and when required, e.g. every 12 months.

What to do when individuals report ill health on the Employee Health Questionnaire

Illness that can affect your safety at work

If an employee ticks 'Yes' the supervisor must ask them about their symptoms/ailment and find out if it would prevent them from undertaking particular tasks due to health and safety implications. This information must be written down and stored with the questionnaire in the employee's file. When applicable the medical information should be sent to any occupational health provider used by the company. The information should be used in the preparation of any risk assessment for the employee. If the answer to the question on vibration is ticked yes the individual must be seen by an occupational health professional or the individual's G.P.

Work activities that can affect your health

If an employee ticks 'Yes' the supervisor must ask them about their previous exposure and confirm their responses to the other health questions ("Illnesses that can affect your safety at work" and "Other information that the employer needs to know for health and safety requirements"). This information must be written down and stored with the questionnaire in the employee's file. When applicable the medical information should be sent to the occupational health provider used by the company. The information should be used in the preparation of any risk assessment for the employee.

Other information that the employer needs to know for health and safety requirements

Do you suffer from:

Aches?
Pains?
Tingling?
Numbness/loss of feeling?
Skin allergies, eczema or dermatitis?
Other allergies of which we should be aware?
Breathing problems, e.g. tight chest, asthma?

If an employee ticks 'Yes' to any of these questions their supervisor must send them to see their GP for a check-up and / or send the information to the occupational health provider.

Are you generally in good health?

If an employee ticks 'No' to this question their supervisor must send them to see their GP for a check-up and / or send the information to the occupational health provider.

Are you:

Epileptic?
Diabetic?
Colour blind?
Dyslexic?

If an employee ticks 'Yes' to any of these questions their supervisor must ask them about their responses and find out if this issue has an impact on any tasks in the job. The information should be sent to the occupational health provider to allow a more detailed assessment to be carried out.

Do you have any physical disability which could affect your work?*
Do you have difficulty hearing (with a hearing aid if needed) for all normal work purposes?*
Do you have difficulty seeing (with glasses or contact lenses if needed) for all normal work purposes?*
Do you currently take any prescribed medicines that make you dizzy or drowsy?*
Have you ever been told that you suffer from a work related health problem?*
Do you suffer from a frequent health problem that causes you to be off work more than 2-3 times a year?*
Have you ever had an illness or injury that has kept you off work for more than 3 months?*
Have you ever had to give up any previous job for medical reasons?*
Have you ever received compensation for industrial injury or illness?*

* If an employee ticks 'Yes' to any of these questions, the supervisor must recommend that the individual consult a doctor for a check-up. The information should be sent to the occupational health provider to allow a more detailed assessment to be carried out

** If an employee ticks 'Yes' to any of these questions, the supervisor must discuss the issue with the individual to ensure that they are fit for the job. This may require a further visit to a doctor by the individual. The information should be sent to the occupational health provider to allow a more detailed assessment to be carried out

Any additional data that is obtained or recommendations that are made, must be written down using Toolkit Reference 2.3 and stored with the questionnaire in the employee's file.

Please return this to your supervisor when all questions have been answered

Forename	Surname
----------	---------

This questionnaire is designed to help the Company meet its legal Health and Safety duties, assess whether there are any existing health issues likely to affect your employment and to find out if any changes need to be made to the workplace under the Disability Discrimination Act 1995. Information given by you will also help us to work out if you need any vaccinations or any health checks as part of your job.

The information supplied will remain strictly confidential and can be accessed only by authorised personnel. No information will be given outside of the company. A copy will be available when leaving the company's employment

Please tick **Yes** or **No** to each question. Please answer truthfully.

Illnesses that can affect your safety at work

Have you suffered with any health problems that have caused you to have time off work? *Please tick below*

	Yes	No		Yes	No		Yes	No
Stomach/bowel	<input type="checkbox"/>	<input type="checkbox"/>	Back/neck	<input type="checkbox"/>	<input type="checkbox"/>	Mental illness	<input type="checkbox"/>	<input type="checkbox"/>
Bladder	<input type="checkbox"/>	<input type="checkbox"/>	Ears	<input type="checkbox"/>	<input type="checkbox"/>	Claustrophobia	<input type="checkbox"/>	<input type="checkbox"/>
Kidney	<input type="checkbox"/>	<input type="checkbox"/>	Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Vertigo	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Nose or throat	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety/stress	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	Nervous disorder	<input type="checkbox"/>	<input type="checkbox"/>
Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Sinusitis	<input type="checkbox"/>	<input type="checkbox"/>	Skin disease	<input type="checkbox"/>	<input type="checkbox"/>
Blood disorder	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	Fainting/dizzy spells	<input type="checkbox"/>	<input type="checkbox"/>	Drug dependency	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatism/arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Headaches/migraines	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol dependency	<input type="checkbox"/>	<input type="checkbox"/>
Tendons/ligaments/joints	<input type="checkbox"/>	<input type="checkbox"/>						

If any of the above answers is 'Yes', please give details on a separate piece of paper and return it with this questionnaire, to your supervisor.

Work activities that can affect your health

In previous jobs, have you had any significant exposure to:

	Yes	No		Yes	No		Yes	No
Vibration	<input type="checkbox"/>	<input type="checkbox"/>	Cancer causing agents	<input type="checkbox"/>	<input type="checkbox"/>	Lead	<input type="checkbox"/>	<input type="checkbox"/>
Dust	<input type="checkbox"/>	<input type="checkbox"/>	Radiation	<input type="checkbox"/>	<input type="checkbox"/>	Asbestos	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous chemicals	<input type="checkbox"/>	<input type="checkbox"/>	Mineral oil	<input type="checkbox"/>	<input type="checkbox"/>
Manual handling	<input type="checkbox"/>	<input type="checkbox"/>	Skin irritants	<input type="checkbox"/>	<input type="checkbox"/>	Tar	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes', please describe the tools/products you have used:

Please continue on a separate piece of paper if you run out of space and return it with this questionnaire, to your supervisor

Other information that the employer needs to know for health and safety requirements

Do you suffer from:

Yes No

- Aches?
- Pains?
- Tingling?
- Numbness/loss of feeling?
- Skin allergies, eczema or dermatitis?
- Other allergies of which we should be aware?
- Any blood borne disease, e.g. hepatitis, HIV?

Are you:

- Suffering any health problems?
- A smoker?
- Asthmatic?
- Epileptic?
- Diabetic?
- Colour blind?
- Dyslexic?

Yes No

- Do you have any physical disability which could affect your work?
- Do you have difficulty hearing (with a hearing aid if needed) for all normal work purposes?
- Do you have difficulty seeing (with glasses or contact lenses if needed) for all normal work purposes?
- Do you currently take any prescribed medicines that make you dizzy or drowsy?
- Have you ever been told that you suffer from a work related health problem?
- Do you suffer from a frequent health problem that causes you to be off work more than 2-3 times a year?
- Have you ever had an illness or injury that has kept you off work for more than 3 months?
- Have you ever had to give up any previous job for medical reasons?
- Have you ever received compensation for industrial injury or illness?

If any of the above answers is 'Yes', please give details on a separate piece of paper and return it with this questionnaire, to your supervisor.

GP Registration:

You should be registered with a doctor local to where you are currently living.

Please provide contact details of your GP so that the Company can inform your doctor of any details of the type of health problems you may be exposed to as a construction worker.

GP Details: Surname Initials:

Address:

Postcode: Tel No.

Note

As it may be necessary for the Company's Medical Advisor to communicate with your doctor if you experience a health problem in the future you may be asked to provide authorisation for your doctor to reply to any query concerning your health or medical history. Information in the report relating to your employment may be passed on to the Company. You have the right to see any medical report prepared by your doctor before it is sent to the Company Medical Advisor who will treat the information in the strictest confidence. It is within your rights to decline to give authorisation for information to be passed to the Company.

Please check over this form to make sure you have answered all the questions. Please complete ALL the questions and return the form (with any additional information) to your supervisor **by the end of your first week of employment.**

Declaration: I declare that the answers contained in this questionnaire are, to the best of my knowledge, true. I understand that should I withhold information, or lie about any details, my employment may be terminated.

Employee's signature: Date:
2016 Amendment

Employee Health Questionnaire: Documentation Record

This document is to be kept with the corresponding Employee Health Questionnaire:

Employee Surname:
Employee Forename:

Any further information about the individual or the health problem e.g. has the individual visited their doctor, changed their work duties etc.	Date	Signature*

* of person completing **this** form

Employee Health Questionnaire: Monthly Summary

This document should be completed and posted back to CECA at the end of each month (address overleaf)

		<i>Day</i>	<i>Month</i>	<i>Year</i>
Summary date				
Reporting period	From			
	To			

Please read through each Employee Health Questionnaire that has been submitted to you this month and mark each health problem in the appropriate tally boxes below.

Frequency of reported “Yes Responses” for illnesses that can affect your safety at work:

Health Problem	“Yes Responses”: Tally over this month’s period	Total
<i>Example</i> - headache		7
Stomach/bowel		
Bladder		
Kidney		
Hernia		
Heart		
Blood pressure		
Blood disorder		
Jaundice		
Rheumatism/arthritis		
Tendons/ligaments/joints		
Back/neck		
Ears		
Eyes		
Nose or throat		
Lungs		
Sinusitis		
Tuberculosis		
Fainting/dizzy spells		
Headaches/migraines		
Mental illness		
Claustrophobia		

Vertigo		
Anxiety/stress		
Nervous disorder		
Skin disease		
Allergies		
Drug dependency		
Alcohol dependency		

Frequency of reported "Yes responses" for work activities that can affect your health:

Health Problem	"Yes Responses": Tally over this month's period	Total
Vibration		
Dust		
Noise		
Manual Handling		
Cancer causing agents		
Radiation		
Hazardous chemicals		
Skin irritants		
Lead		
Asbestos		
Mineral oil		
Tar		

Frequency of reported "Yes responses" for other information that the employer needs to know for health and safety requirements:

Health Problem	"Yes responses": Tally over this month's period	Total
Aches?		
Pains?		
Tingling?		
Numbness/loss of feeling?		
Skin allergies, eczema or dermatitis?		
Other allergies of which we should be aware?		

Any blood borne disease, e.g. hepatitis, HIV?		
Generally in good health?		
A smoker?		
Asthmatic?		
Epileptic?		
Diabetic?		
Colour blind?		
Dyslexic?		
Physical disability which could affect your work?		
Hearing in each ear ok (with a hearing aid if needed) for all normal work purposes?		
Eyesight ok (with glasses or contact lenses if needed) for all normal work purposes?		
Do you currently take any prescribed medicines that make you dizzy or drowsy?		
Have you ever been told that you suffer from a work related health problem?		
Do you suffer from a frequent health problem that causes you to be off work more than 2-3 times a year?		
Have you ever had an illness or injury that has kept you off work for more than 3 months?		
Have you ever had to give up any previous job for medical reasons?		
Have you ever received compensation for industrial injury or illness?		

Frequency of reported GP Registration:

GP Registration	Tally over this month's period	Total
GP registration details given?		

In order to keep your responses anonymous, whilst at the same time allowing us to use the information you have provided in the most useful way that we can, please answer the following quick questions:

The size of your workforce

Approximate size of your workforce that has *been invited to complete Employee Health Questionnaire?*

⇒ Approximate number of operatives within this workforce?

⇒ Approximate number of office workers within this workforce?

UK location of your site(s) to which these episodes of ill health refer:

✓	Location
	South East
	South West
	Midlands
	North East
	North West
	Scotland
	Wales

Total number of Employee Health Questionnaires completed during this month's summary period:

If you know, what is the number of compensation claims made against your company this month by current/previous employees, regarding occupational health and safety issues:

Number	Issue	Type(s) of problem
	Health	<i>e.g. asbestosis, deafness</i>
	Safety	<i>e.g. slip from scaffolding</i>

Thank you very much. Please post back to:

Mr Peter Crosland
 CECA
 1 Birdcage Walk
 London SW1H 9JJ

Frequently Asked Questions: The GP Registration Process

These notes should be read by management/supervisors so that they can answer any queries from operatives about the GP registration process.

Why should I be registered with a GP?

Before you start work on a site, you should be registered with a doctor. Even if you are not suffering from any health problems, it is a good idea for you to be registered with a GP just in case.

Construction operations can be hazardous to your health - you should look after yourself in and out of work, and see your GP if you have any concerns about your health.

Your supervisor may ask you to go and see your GP about a work related health issue, therefore you need to be registered.

How can I find out where my nearest GP is?

Doctors in your area are listed in the Yellow Pages under Doctors (Medical Practitioners). Alternatively, you can call 08 45 46 47 to find a local GP. Neighbours or local pharmacists will also be able to advise on the location of local GPs. If you have attended a local A & E or Casualty Department they may be able to provide you with a list of names and addresses of general practitioners in your area.

How do I register with a GP?

You can go along to any local doctor and ask to be registered. Unless it is an emergency and you have to be rushed to hospital, you have to be registered with a doctor before you can receive treatment. Therefore, it's important to register with one as soon as you can.

There are two different types of registration:

Permanent Registration

If you have been living within the doctor's practice area for more than three months, or if you have reason to believe that you will be doing so, you should be registered as a permanent patient.

Temporary Registration

This allows you to be taken onto the doctor's list for a three month period. If you have a doctor but are away from your home area, you can register temporarily with a doctor near where you are currently staying and still remain a patient of your permanent doctor.

There are two important differences between temporary and permanent registration.

Temporary registration does not:

- allow the transfer of previous medical records to the doctor
- allow a medical card to be issued to the patient

If you have one, take your NHS card with you to the practice when you want to register. You will normally be asked to fill in a registration form and are likely to be invited to come in for a routine check-up. If there is one, pick up a copy of the practice leaflet- this will have useful information about the opening hours, what to do when the surgery is closed, and services that the practice provides.

If you don't have a medical card:

You don't need a medical card to get a doctor. If you don't have one, you will be asked to fill in a form (GMS1). Then you will get a new medical card which will be sent to you in the post.

You **do not** have to pay to see a NHS doctor, but you may have to pay for any medicines that you are prescribed unless you have a low income, are pregnant or a nursing mother, or have an exemption certificate.

• *If you can't find a doctor to accept you:*

A doctor can refuse to take you into his/her list. This may be because you live too far away from the surgery or because the doctor's list is full.

If you have tried three or more local surgeries without success contact the local health authority (look in the Yellow Pages or ask for the telephone number from one of the surgeries that you contacted) who will arrange for a doctor to accept you. You will be asked to fill in an allocation form, which asks for your name, date of birth, address, NHS number if known and the names of the surgeries where registration was refused.

• *If you need treatment whilst you are waiting to get a doctor:*

If you don't have a doctor and you become ill, you can go to a local doctor's surgery where **you have a right to receive any immediate necessary treatment** for a period of up to 14 days. During this time you are entitled to the same treatment as a registered patient - e.g. home visits if required.

When should I make an appointment to see my GP?

Many practices offer services that are run by practice nurses. These include travel vaccination clinics, family planning advice, asthma clinics and so on.

When arranging your appointment, it is worth asking who the most appropriate person for you to see is - it might not always be your GP. The practice leaflet should also be able to provide further details about the services available at your local surgery.

How do I arrange to see my GP?

The way that you arrange to see your GP will depend on the type of appointment system in place. Most practices run appointment systems which allow you to ring the reception during opening hours and book a time to attend. If you are unable to attend for your appointment, be sure to let the surgery know as soon as possible. Someone else may be able to use your slot.

Some practices run drop-in surgeries between certain hours, where patients wishing to see a doctor are seen on a 'first come, first served' basis; while others may offer a system called Advanced Access, which allows you to book an appointment in the morning of the day you would like to be seen.

Details of the appointment system available at your practice should be detailed in the practice leaflet.

Under what circumstances can I have a home visit?

You should only request a home visit if you are too unwell to get to the practice. On average, the doctor can see up to four patients in the surgery in the time it takes to do one home visit. If you are unsure about whether a home visit is necessary, talk to a member of staff at the practice about your concerns.

What about when the doctors' surgery is closed?

The surgery will offer an 'Out of Hours' service for when the surgery is closed (usually before 8am and after 6pm during the week, and anytime at the weekends). They are there for when you need medical attention urgently. In England, call NHS 111, in Scotland call NHS 24 and in Wales call 08444 06 888.

If you need a doctor when the surgery is closed, you should telephone the surgery as usual where you should hear a telephone message giving you an emergency number to call. Alternatively, details of who to call are available from your practice.

What happens when I am away from home and I need to see a GP?

You should go to the nearest practice and ask to register as a Temporary Resident. This is most commonly the GP nearest to where you are staying. Temporary Resident status applies if you expect to be away from home for less than 3 months.

If you expect to be away from home for more than 3 months, or you spend more time away from home than at home (e.g. contracting), you should re-register with a local practice.

How can I change to a new GP?

It is important that you feel able to talk freely with your GP. If you find that you are not comfortable with your doctor, you may wish to consider changing to another one in the same practice. We would encourage patients who decide to leave a doctor's list to give the doctor their reasons.

If you wish to change GP's because you have moved, you may need to register with another practice. You should check with your existing practice to see if they cover the area to which you have moved. If not, you will need to move to another practice.

What do I do if I am removed from my GP's list?

Patients may reasonably be removed from a GP's list if they have moved out of the practice area, are verbally or physically abusive to a doctor or to practice staff, or have attempted to deceive members of practice staff or steal from the practice. Patients should normally be supplied with a reason for their removal.

If you have been removed from a list you will not be left without a GP but you will need to register with a new one. Your existing practice should be able to provide information on how to begin the process of registering with another GP.

What is a community nurse?

There is a variety of nursing roles based in the community, including practice nurses, district nurses, health visitors and community psychiatric nurses. They work alongside the practice team seeing patients at home and in community clinics, perhaps in the surgery or in local schools.

Practice nurses are based in a local health centre and are employed by that practice, rather than the local health authority. Many practices offer services that are run by practice nurses including travel vaccination clinics, family planning advice, asthma clinics and so on. The practice leaflet should be able to provide further details about the services available at your local surgery.

Can I access my medical records?

Yes. According to the Data Protection Act 1998, anyone can access their records or they may authorise a third party, such as a lawyer, to access them on their behalf. Parents may access their child's records, if this is in the child's best interest and is in accordance with a competent child's wishes.

Applications for access should usually be in writing and you may be charged an administrative fee. A patient would normally discuss a request to see their records with either the practice manager or their GP in the first instance.

Registering with a Doctor



Why bother?

- You are doing a risky job
- Your supervisor may ask you to go and see your GP about a work related health issue



How do I register?

- You can go along to any local doctor and ask to be registered



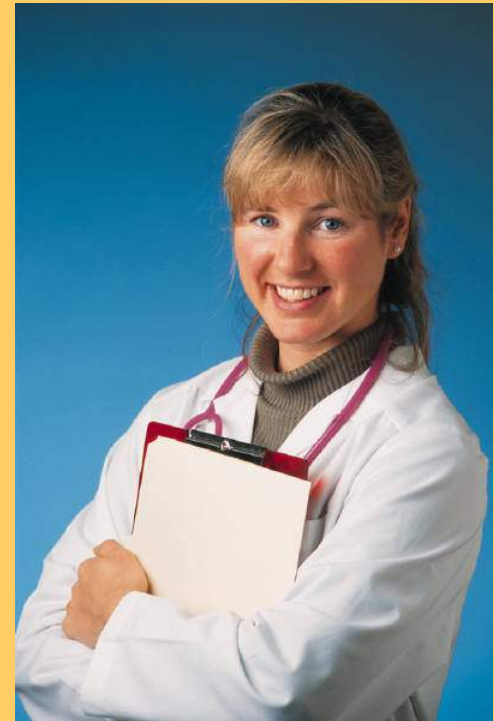
Registration Type?

- There are two different types of registration:
 - Permanent
 - Temporary



What about if I'm working away from home?

- You should go along to any local doctor and ask to be registered on a temporary basis



What do I need?

- If you have one, take your NHS card with you to the practice when you want to register



It's quick and easy to do...

- It doesn't cost you anything either



If you can't find a doctor to take you...

- Contact the **local health authority** (look in the Yellow Pages or ask for the telephone number from one of the surgeries that you contacted)
- The local health authority will then arrange a doctor to accept you




If you need treatment whilst you are waiting to get a doctor...

- Go to a local doctor's surgery where you have a right to receive any immediate necessary treatment








Information sheet on toolbox talk: How to register with a doctor

This is a copy of the slides in the toolbox talk for operatives on the GP registration process. Notes are available for the presenter about each slide.

<p>Registering with a Doctor</p>  <p>Health Management Toolkit Ref 3.2</p>	
<p>Why bother?</p> <ul style="list-style-type: none"> You are doing a risky job Your supervisor may ask you to go and see your GP about a work related health issue  <p>Health Management Toolkit Ref 3.2</p>	<p>Before you start work on a site, you should be registered with a doctor. Even if you are not suffering from any health problems, it is a good idea for you to be registered with a GP just in case. Construction operations can be hazardous to your health - you should look after yourself in and out of work, and see your GP if you have any concerns about your health. Your supervisor may ask you to go and see your GP about a work related health issue, therefore you need to be registered.</p>
<p>How do I register?</p> <ul style="list-style-type: none"> You can go along to any local doctor and ask to be registered  <p>Health Management Toolkit Ref 3.2</p>	<p>You can go along to any local doctor and ask to be registered. Unless it is an emergency and you have to be rushed to hospital, you have to be registered with a doctor before you can receive treatment. Therefore, it's important to register with one as soon as you can.</p>

<h2 style="text-align: center;">Registration Type?</h2> <ul style="list-style-type: none"> • There are two different types of registration: <ul style="list-style-type: none"> – Permanent – Temporary  <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;">  <p style="font-size: small;">Health Management Toolkit Ref 3.2</p> </div>	<p>There are two different types of registration:</p> <p>Permanent Registration If you have been living within the doctor's practice area for more than three months, or if you have reason to believe that you will be doing so, you should be registered as a permanent patient.</p> <p>Temporary Registration This allows you to be taken onto the doctor's list for a three month period. If you have a doctor but are away from your home area, you can register temporarily with a doctor near where you are currently staying and still remain a patient of your permanent doctor.</p> <p>There are two important differences between temporary and permanent registration. Temporary registration does not allow the transfer of previous medical records to the doctor or a medical card to be issued to the patient.</p>
<h2 style="text-align: center;">What about if I'm working away from home?</h2> <ul style="list-style-type: none"> • You should go along to any local doctor and ask to be registered on a temporary basis  <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;">  <p style="font-size: small;">Health Management Toolkit Ref 3.2</p> </div>	<p>If you are working away from home, you should go to the nearest practice and ask to register as a Temporary Resident. This is most commonly the GP who looks after the relative or friend you may be staying with, or the most local to where you are in digs.</p> <p>Temporary Resident status applies if you expect to be away from home for less than 3 months. If you expect to be away from home for more than 3 months, or you spend more time away from home than at home (e.g. contracting), you should re-register with a local practice. Remember, temporary registration does not allow the transfer of previous medical records to the doctor or allow a medical card to be issued to the patient.</p>
<h2 style="text-align: center;">What do I need?</h2> <ul style="list-style-type: none"> • If you have one, take your NHS card with you to the practice when you want to register  <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;">  <p style="font-size: small;">Health Management Toolkit Ref 3.2</p> </div>	<p>If you have one, take your NHS card with you to the practice when you want to register. You will normally be asked to fill in a registration form and are likely to be invited to come in for a routine check-up. If there is one, pick up a copy of the practice leaflet- this will have useful information about the opening hours, what to do when the surgery is closed, and services that the practice provides.</p> <p>If you don't have a medical card: You don't need a medical card to get a doctor. If you don't have one, you will be asked to fill in a form (GMS1). Then you will get a new medical card which will be sent to you in the post.</p>

<p>It's quick and easy to do...</p> <ul style="list-style-type: none"> • It doesn't cost you anything either   <p>Health Management Toolkit Ref 3.2</p>	<p>You do not have to pay to see a NHS doctor, but you may have to pay for any medicines that you are prescribed unless you have a low income, are pregnant or a nursing mother, or have an exemption certificate.</p>
<p>If you can't find a doctor to take you...</p> <ul style="list-style-type: none"> • Contact the local health authority (look in the Yellow Pages or ask for the telephone number from one of the surgeries that you contacted) • The local health authority will then arrange a doctor to accept you  <p>Health Management Toolkit Ref 3.2</p>	<p><i>If you can't find a doctor to accept you:</i> A doctor can refuse to take you into his/her list. This may be because you live too far away from the surgery or because the doctor's list is full. If you have tried three or more local surgeries without success contact the local health authority (look in the Yellow Pages or ask for the telephone number from one of the surgeries that you contacted) who will arrange for a doctor to accept you. You will be asked to fill in an allocation form, which asks for your name, date of birth, address, NHS number if known and the names of the surgeries where registration was refused.</p>
<p>If you need treatment whilst you are waiting to get a doctor...</p> <ul style="list-style-type: none"> • Go to a local doctor's surgery where you have a right to receive any immediate necessary treatment   <p>Health Management Toolkit Ref 3.2</p>	<p><i>If you need treatment whilst you are waiting to get a doctor:</i> If you don't have a doctor and you become ill, you can go to a local doctor's surgery where you have a right to receive any immediate necessary treatment for a period of up to 14 days. During this time you are entitled to the same treatment as a registered patient - e.g. home visits if required.</p>

Information on the Key Health Problems

This material is designed to give managers, supervisors, trade union and employee representatives the background to and the latest facts and figures on the key health problems most common in civil engineering:

- Hand arm vibration
- Muscular problems, e.g. back ache, manual handling
- Dermatitis and hand injuries
- Noise and hearing loss
- Respiratory problems
- Fatigue
- Mental Health (To be added)

Each of the key health problems highlighted below contains a section on Behavioural Change and Worker Engagement approach.

Having studied this information, managers, supervisors and trade union and employee safety representatives will be able to perform the Toolbox Talks (Ref 4.2-4.6) with site operatives.

Hand Arm Vibration Syndrome

Trade Union Health and Safety Representatives

If trade unions are recognised by your employer the Safety Representatives and Safety Committees Regulations 1977 will apply. The trade union may appoint health and safety representatives (referred to as "safety representatives" in the regulations) who must be consulted on health and safety matters affecting the employees they represent. This toolkit is to be used in addition to existing guidance available to employees from their health and safety representatives.

In any event do consult with your supervisor and/or trade union and employee safety representative if you have any queries regarding this health risk.

Vibration can affect your body while you are at work. This is especially likely when you are using high-vibration tools for long periods. Such tasks can result in **hand-arm vibration syndrome (HAVS)**. Vibration is a problem because it can permanently alter the flow of blood around the body. If areas of your body are not receiving a good blood supply, they can be damaged. **Any part of your body can be affected** by vibration but some of the most common parts to be affected include the **arms, hands, and back**. This toolbox talk will focus on the more common Hand Arm Vibration Syndrome (HAVS)

Vibration White Finger (VWF) is a typical example of a type of HAVS. VWF is provoked by the hands being cold. Once re-warmed some discomfort may occur as the blood circulation returns.

You are most at risk of injury if you regularly use high-vibration hand-held tools. For example:

- manual grinding tools
- riveting tools
- chainsaws and similar wood working machines
- power hammer such as caulking and chipping hammers, concrete breakers
- percussive drills

The risk increases when:

- you use the equipment for a long duration
- the vibration levels from the equipment are high
- you get cold and wet when using the equipment
- you have to grip the equipment tightly
- it is awkward for you to use the equipment
- equipment is poorly maintained

If you are using more than one high-vibration hand-held tool, **remember to add up the time** you spend using all of them (e.g. riveter, chain saw, percussive drill etc.). Information on the amount of vibration that a tool emits should be available. Ask the manufacturer/supplier or your supervisor or health and safety officer for the safe use (trigger) time for a tool before you use it. Your supervisor will be monitoring your exposure but you should advise him when you approach the exposure limit you have been advised of.

Symptoms of HAVS

- You may start by having pins and needles and/or numbness in your fingers, especially at the end of a day.
- You may have problems with your fingers during cold weather. You might find that the tips of your fingers go white, the fingers become pale and you lose the feeling in your fingers. When returning to a warm environment after being out in the cold, your hands may flush red and throb painfully.
- As time goes on, the condition usually worsens, especially if you are still doing the same high vibration tasks. This usually means that the pins and needles/numbness happen more often and more severely, and not just after a day's work or when working in the cold. Attacks may start to occur when working in warm environments.
- Because you lose the feeling in your fingers, you may not be able to do many tasks, putting your job at risk.
- In worst case scenarios your hands may become like sausages, poorly coordinated, clumsy, with regular frequent attacks of white finger, causing great discomfort.

What you can do to prevent HAVS

- Do review the need for vibration exposure with your supervisor, trade union or employee safety representative
- Do ask about any for health information that may be available on your personal risk of HAVS
- Do tell your supervisor and/or trade union or employee safety representative if equipment is faulty - faults with equipment often result in greater levels of vibration, so get them fixed
- Do take **regular breaks**, or **rotate tasks**, if the work is repetitive
- Do use **low vibration tools** or tools with low vibration handles wherever possible
- Do try to keep the hands and body warm. This helps to keep a good flow of blood moving around the body, which cuts down the chances of injury occurring. You can help to keep yourself warm by:
 - wearing gloves (for warmth and protection)
 - using heating pads (possibly a stupid question but do these not become hard and worsen the effects?)
 - using tools with heated handles
 - wearing warm weatherproof clothing
 - doing warm up exercises before starting the job
 - using a warm, sheltered area when you take breaks
 - exercising and rubbing (massaging) the hands and fingers during these breaks
- Do avoid smoking - smoking has a detrimental effect on your blood flow so try to give up smoking as far as possible as this effect combined with doses of vibration is not healthy
- Do consult with your supervisor and/or trade union or employee safety representative on any difficulties or discomfort you may be experiencing
- Do report any ill health to your employer - this is your own responsibility
- Do not use vibrating tools and equipment for long periods of time - take regular breaks
- Do not use vibrating tools for full shifts - your supervisor must inform you of the safe "trigger time" for each tool
- Do use any HAVS monitoring device fitted and stop work when the limit has been reached
- Do not continue to work in discomfort - develop improvements with your supervisor

Behavioural Change and Worker Engagement approach to HAVS

Example

The use of mechanical breakers to remove the excess concrete from the tops of cast piles caps

Risks

Exceeding of exposure limits through prolonged operation of mechanical equipment, damage to limbs through accidental impact with equipment, being struck by concrete chips from breaking operation, damage to hearing and dust inhalation.

Behaviour change

Workers in conjunction with management are required to change working practice from the use of hand held mechanical equipment to break concrete to the use of proprietary methods to remove the excess pile cap concrete.

Worker engagement

<p>Motivation</p>	<p>Workers to be consulted, through safety committees if established, or trade union or employee safety representatives, on the reasons for the change (legal requirements and affects on health of manual handling), and to be included in discussions on alternative equipment</p>
<p>Education</p>	<p>Toolbox talks on the effects of Hand Arm Vibration and the hierarchy of controls.</p>
<p>Training</p>	<p>Correct use of the proprietary techniques</p>
<p>Work patterns and structures</p>	<p>Management to ensure that there are no conflicts between the proposed changes and any organisational issues</p>
<p>Potential barriers</p>	<ul style="list-style-type: none"> • Availability of equipment • Jack hammering technique carried out for many years • Lack of supervision

This example should be used in the Toolbox Talk on Hand Arm Vibration Syndrome

Muscular Problems

Trade Union Health and Safety Representatives

If trade unions are recognised by your employer the Safety Representatives and Safety Committees Regulations 1977 will apply. The trade union may appoint health and safety representatives (referred to as "safety representatives" in the regulations) who must be consulted on health and safety matters affecting the employees they represent. This toolkit is to be used in addition to existing guidance available to employees from their health and safety representatives.

In any event do consult with your supervisor and/or trade union and employee safety representative if you have any queries regarding this health risk.

Many injuries amongst construction workers are short-term sprains and strains of the muscles. Construction work can also cause long-term damage to the joints, bones, and nerves. These injuries often occur due to constant use, resulting in wear and tear on the body. These injuries are known as **musculoskeletal disorders (MSDs)**. MSDs affect the muscles, joints, and tendons of the body and the most common areas of the body to be affected are the back, knees, neck and shoulders. Symptoms include pain, aching, and discomfort. Such injuries may also be called:

- repetitive strain injuries (RSI)
- work related upper limb disorders (WRULDs)
- work related back pain

Muscular pain and related problems can often be caused by manual handling. This means dealing with materials or equipment using hand or body strength, e.g.

- lifting
- carrying
- moving
- lowering
- putting down
- holding
- pushing
- pulling
- restraining

You are at risk of injury if your task involves:

- repetitive lifting
- heavy lifting
- bending and twisting of the body
- frequent repetition of an action
- an uncomfortable working position
- exerting too much force
- working too long without breaks
- working in an uncomfortable environment (e.g. too hot, too cold)

You are more at risk of injury when:

- it's a cold day - your body is more prone to injury when your muscles etc. are cold
- you are starting a new job
- you have been inactive for a period before carrying out strenuous work
- you have been away from work for 2 weeks or more

You are also at risk when:

- you are working under pressure, e.g. high job demands, time pressures and lack of control
- you do not report any symptoms immediately

Symptoms of muscular problems

There are signs that tell you manual handling is affecting your health

- pain, tingling or numbness
- shooting or stabbing pains
- swelling or inflammation
- burning sensation
- stiffness
- aching

Many people will experience aches and pains when they start new work that involves physical effort. However, these aches and pains should not continue - do check them out with your GP or your site occupational health staff if they persist.

What you can do to prevent muscular problems

- Do query the need for manual handling with your supervisor, trade union or employee safety representative
- Avoid manual handling whenever possible
- Do use any manual handling equipment that is required for the job, e.g. hoists, pallet trucks, mechanical lifting aids
- Do make sure your body is warm before you lift anything - this reduces your risk of injury
- Do take a moment to plan for your lift - get help if you think you might need it and clear your path
- Do use good manual handling techniques - when lifting from a low level, bend your knees, not your back; keep your back straight when lifting; get a firm grip on the load
- Do keep the load close to your body; when turning, move your feet, do not twist your body; only carry the load for short distances
- Do split the load into smaller/lighter loads wherever possible
- Do follow advice that is provided to make the job safer
- Do take regular breaks, or rotate tasks, if the work is repetitive
- Do report any symptoms immediately
- Do consult with your supervisor and/or trade union or employee safety representative on any difficulties or discomfort you may be experiencing
- Do wear the correct size and type of glove for the task
- Do not twist or stoop the body when you lift
- Do not hold the load away from the body
- Do not carry loads over a long distance
- Do not move up and down different levels carrying loads
- Do not carry loads that make you off balance
- Do not move a heavy or awkward load
- Do not carry loads when you can't see where you're going
- Do not continue to work in discomfort - develop improvements with your supervisor

- Do not wait for increased damage to be certain of your symptoms before going to your GP

There are no limits of how much weight you are allowed to carry, but have a look at the HSE’s Manual Handling Assessment Charts (see Section 4.2 for further information) or they may be downloaded from www.hse.gov.uk/msd.

Behaviour Change and Worker Engagement approach to Musculoskeletal Problems

Example

The installation of concrete highway kerbs by hand.

Risks

Excessive mechanical loading of the spine, neck and knees, muscular sprains and strains as well as damage to limbs through accidental impact with the kerb.

Behaviour change

In conjunction with managers workers are required to move from manual handling of the concrete kerbs to the use of mechanical handling where appropriate.

Worker engagement

Motivation	Workers to be consulted, through safety committees if established, or trade union or employee safety representatives, on the reasons for the change (legal requirements and affects on health of manual handling), and to be included in discussions on alternative equipment
Education	Toolbox talks on manual handling and the hierarchy of controls.
Training	Correct use of the mechanical equipment
Work patterns and structures	Management to ensure that there are no conflicts between the proposed changes and any organisational issues
Potential barriers	<ul style="list-style-type: none"> • Availability of equipment • Manual handling operation carried out for many years

	<ul style="list-style-type: none">• Lack of supervision
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This example should be used in the Toolbox Talk on Muscular Problems

Dermatitis and Hand Injuries

Trade Union Health and Safety Representatives

If trade unions are recognised by your employer the Safety Representatives and Safety Committees Regulations 1977 will apply. The trade union may appoint health and safety representatives (referred to as "safety representatives" in the regulations) who must be consulted on health and safety matters affecting the employees they represent. This toolkit is to be used in addition to existing guidance available to employees from their health and safety representatives.

In any event do consult with your supervisor and/or trade union and employee safety representative if you have any queries regarding this health risk.

When working in construction, there are many times when the skin may be exposed to harmful substances, activities or environments. Work related skin complaints are caused by exposure to various substances, activities or environments that contain irritants. The skin on the **hands** is the most commonly affected area but skin on the **face, neck, chest, arms, and legs** can also be affected.

There are two types of dermatitis- 'irritant contact dermatitis' and 'allergic contact dermatitis'. Irritant contact dermatitis is caused by contact with substances which cause irritation at the site of exposure. If exposure is prevented, then the symptoms will clear up. Allergic contact dermatitis is a more serious complaint where the body becomes sensitised to the substance which triggers the dermatitis, and the disease will be triggered by very small amounts of the substance. **Sufferers from allergic dermatitis caused by cement will often have to leave the industry.**

You are at risk of work related skin complaints when working with **cement, oils or solvents, plaster, epoxy resins, insulation, paint, machinery** - any job where you are exposed to dust, chemicals, or contaminants. You are also at risk when working in trenches (you may be exposed to infected water and contaminants resulting in disease or skin infections) or when cleaning or collecting waste (you may be exposed to contaminants). You are always more at risk if your skin is exposed to weather elements (e.g. sun, wind, rain). This is because these conditions damage the thin top layer of skin, leaving the underlying skin more prone to access by irritants such as cement, mortar, oils, detergents etc. These all depend on the strength of the contaminant, the length of time the skin is in contact and the sensitivity of your skin.

Symptoms of dermatitis

- Your skin may appear dry, red, sore and sometimes itchy. This reduces the skin's ability to be able to cope with the effects of chemicals, dust etc.
- Even if only one area of the body was originally affected, you may find that the dermatitis spreads to other areas of the body

- The outer layer of skin may shrink and become brittle and crack
- The cracks will eventually get deeper and start to bleed, which means that dust, chemicals and bacteria can get into the sensitive, underlying tissue. You will find that your skin can get very sore and inflamed
- If the cracks become deeper this can be a way of substances reaching the internal organs, which can cause serious damage to your health

What you can do to prevent dermatitis and hand injuries

- Do ask if alternative materials and methods to reduce the risk of skin damage have been considered
- Only start work after being briefed on the COSHH assessment
- Do ask questions about the COSHH assessment if you are unsure or do not understand the briefing
- Do use protection
- Protect the skin by avoiding contact with the irritant by wearing gloves and other protective clothing, e.g. suitable overalls
- Replace PPE that is worn, torn or damaged and keep PPE clean
- Make sure that the gloves you wear are the right length, size and material, e.g. waterproof - if you have any queries, check with your supervisor and/or trade union or employee safety representative
- If you already have any cuts or abrasions, make sure they are covered with waterproof dressings before you start working
- Do avoid touching irritants
- Wherever possible, use tools or equipment to handle the substance
- Liquid, high alkaline cements and grouts can result in painful problems
- Do keep clean - try to keep the workplace and equipment, as well as your PPE and clothing, as clean as possible from contamination. Irritants and bacteria are easily spread by touch
- Do wash any contaminated skin immediately. Use specialist skin cleaners to remove oil and grease. Do not just use 'any old thing' that's close at hand - using cleaners designed for tools etc., e.g. white spirit and turpentine, can dry out the skin and cause further problems
- In the winter months when your skin is exposed to windy, wet and cold weather use a barrier cream. This protects the top layer of your skin when it is at risk of being removed by the harsh weather
- Thoroughly wash your hands and forearms
- When you finish work, after you have thoroughly washed your skin, use emollient and moisturising skin creams. This is to re-moisturise your skin and keep it supple, which prevents it from getting damaged
- Do protect your health by improving working methods with your supervisor
- Do not wait for damage to be certain of your symptoms before going to your GP

Behavioural Change and Worker Engagement approach to Dermatitis

Example

Manual placement of concrete mechanically poured into formwork.

Risks

Severe skin reaction to prolonged contact with wet cement.

Behaviour change

Workers are required to move from high exposure to wet cement to using equipment and techniques to aid placement as well as improved use of protective equipment and welfare facilities.

Worker engagement

Motivation	Workers to be consulted, through safety committees if established, or trade union or employee safety representatives, on the reasons for the change (legal requirements and affects of exposure to aggravating materials), and to be included in discussions for appropriation of protective equipment and method of work
Education	Toolbox talks on dermatitis and the hierarchy of controls
Training	Careful planning of operations to include for the use of devices to assist placement and allowing sufficient time so that the work is not rushed, increasing the likely exposure to cement
Work patterns and structures	Management to ensure that there are no conflicts between the proposed changes and any organisational issues
Potential barriers	<ul style="list-style-type: none"> • Adoption of new protective equipment • Time not available to allow careful placement • Lack of supervision

This example should be used in the Toolbox Talk on Dermatitis and Hand Injuries

Noise Induced Hearing Loss

Trade Union Health and Safety Representatives

If trade unions are recognised by your employer the Safety Representatives and Safety Committees Regulations 1977 will apply. The trade union may appoint health and safety representatives (referred to as "safety representatives" in the regulations) who must be consulted on health and safety matters affecting the employees they represent. This toolkit is to be used in addition to existing guidance available to employees from their health and safety representatives.

In any event do consult with your supervisor and/or trade union and employee safety representative if you have any queries regarding this health risk.

Noise at high levels results in damage to the inner part of your ears, which reduces your hearing ability. Such damage is often irreversible. The louder the noise and the longer it lasts for, the more likely it is that damage will occur. Once damage to your hearing has happened, it usually cannot be fixed. Damage to your ears can result in two things:

- loss of hearing
- loss of discrimination and contrast

That means that even when people shout, you will not be able to hear them.

One of the major problems with hearing loss is that it gradually occurs over time, so that you may not be aware of it happening. This means that it is even more important to protect yourself when you are **first exposed to noise**.

You are at risk of damaging your hearing when undertaking particularly noisy tasks, including:

- using drills and breakers
- operating plant machinery
- working near compressors and generators
- working in plant rooms, e.g. lift room, boiler room
- welding
- using woodwork machinery
- machine tightening of bolts
- driving piles

You are at risk of damaging your ears and hearing when you are exposed to either:

- Constant background noise in the work environment (especially of long periods of time), e.g. machinery / radio's
- Sudden loud noises (often of very short duration), e.g. an explosion on a demolition site or short term use of powered tools

Symptoms of noise induced hearing loss

- You notice that after being in a noisy environment you have ringing in your ears and your hearing ability is reduced. This may be a temporary or permanent problem
- You begin to have difficulty hearing sounds, especially other people talking. In speech, the letters b, k, and t become particularly hard to hear
- You may find it difficult to work out from which direction noises are coming from
- Gradually, the hearing loss will get worse, and you may be unable to make out what people are saying at all
- You may also have a constant ringing in your ears - this is called tinnitus
- You may have disturbed sleep and feel under stress

What you can do to prevent damage to your hearing

- Do obey the requirements given on signs to use hearing protection
- Do, wherever possible, swap jobs with other people (who are also trained in the particular task) and move from the noisy environment. This ensures that no one is exposed to noise for long periods
- Do find out if you can use damping to reduce the noise emitted from the source
- All hearing protection should carry the CE marking, which means that they meet the minimum safety requirements
- Do use the noise control equipment that is provided in your workplace, e.g. hearing protection, including ear plugs and ear muffs etc. Hearing protection should be:
 - worn correctly according to the instructions
 - the correct size for you
 - kept clean
 - inspected regularly
 - replaced if damaged
 - worn at ALL times
 - acoustic barriers and screens should be kept closed and any damage reported
- Do wear hearing protection at all times when working in noisy conditions, e.g. if you have difficulty hearing what a colleague is saying who is stood next to you
- In very noisy environments, e.g. when using power tools, even taking off your hearing protection for a very short period of time can contribute to hearing problems
- Do wear hearing protection (muffs) directly against the skin
- Do protect your health by improving working methods with your supervisor
- Do minimise damage to your health by seeking help for problems as soon as they occur

Behavioural Change and Worker Engagement approach to Noise induced hearing Loss

Example

The use of hand/pole scabbler to prepare joint in concrete slab.

Risks

Noise induced hearing loss, cuts/abrasions from flying concrete chips and dust inhalation.

Behaviour change

Workers are required to move from lengthy exposure to high levels of noise to use of ear defenders and reduced exposure to high noise levels.

Worker engagement

<p>Motivation</p>	<p>Workers to be consulted, through safety committees if established, or trade union or employee safety representatives, on the reasons for the change (legal requirements and affects on health of exposure to high levels of noise), and to be included in discussions on protective equipment</p>
<p>Education</p>	<p>Toolbox talks on noise induced hearing loss and the hierarchy of controls.</p>
<p>Training</p>	<p>Correct use of the protective equipment</p>
<p>Work patterns and structures</p>	<p>Management to ensure that there are no conflicts between the proposed changes and any organisational issues</p>
<p>Potential barriers</p>	<ul style="list-style-type: none"> • Availability of equipment • Work contracted out • Lack of supervision

This example should be used in the Toolbox Talk on Noise Induced Hearing Loss

Respiratory Problems

Trade Union Health and Safety Representatives

If trade unions are recognised by your employer the Safety Representatives and Safety Committees Regulations 1977 will apply. The trade union may appoint health and safety representatives (referred to as "safety representatives" in the regulations) who must be consulted on health and safety matters affecting the employees they represent. This toolkit is to be used in addition to existing guidance available to employees from their health and safety representatives.

In any event do consult with your supervisor and/or trade union and employee safety representative if you have any queries regarding this health risk.

When working in construction, there are many occasions when you may be at risk of breathing in something that could harm you. The hazards may include dust or small particles of:

- Everyday hazards
 - Sawdust
 - Cement dust
 - Solder flux
 - Glues and resins
 - Mineral fibre dust
 - Isocyanates (found in paints)
 - Bird droppings
 - Solvents
- Asbestos
- Silica

You can be at risk of everyday hazards when undertaking tasks including:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Woodwork | <ul style="list-style-type: none"> • Cutting / grinding concrete • Cutting / grinding stone |
| <ul style="list-style-type: none"> • Insulating • Breaking out and demolishing • Painting & removal of paint/finisher • Grit blasting | <ul style="list-style-type: none"> • Mixing concrete • Welding • Maintenance |

Symptoms of respiratory problems

Many of the respiratory affects take many years to develop and you should be aware of the following problems

- You may have bouts of coughing or wheezing and you may find yourself short of breath
- Your chest may feel tight and you may find it difficult to breathe

- You may find that your nose is runny or stuffy and you are sneezing frequently
- You may have watery or itchy eyes and a tickly throat
- You may find that these symptoms happen more and more regularly, even when you are not working with these hazards
- You may find that you become far more sensitive to other factors, which have rarely caused you a problem before. These may include animal fur, smoking, and pollution
- These initial signs may develop into full blown asthma attacks, where breathing is very difficult, the chest feels very tight and you wheeze very badly

Some people may have been working with hazardous products for years and suddenly notice a problem. For other people, the build up of symptoms is more gradual.

What you can do to prevent everyday hazards affecting your breathing

- Do listen to any COSHH assessment briefing and ask questions if you have any doubts
- Do read any available health and safety data information or COSHH assessments supplied with the materials being used
- Do spot the hazards - speak to your supervisors and/or trade union and employee safety representative about anything you are unsure of
- Use dust suppression equipment when carrying out cutting and grinding operations on concrete and stonework.
- Use personal respiratory protection to prevent yourself breathing in dust etc., e.g. face masks (which should be provided by your employer)
- Only use the respiratory protection that has been shown to fit you after a face fit test
- When smoking or eating remove the respiratory protective equipment to minimise the spread of the contaminant and do not wear work clothes
- Use the suitable PPE for the task; **different masks serve different purposes**. Make sure you keep PPE clean and follow the instructions for its use. Above all, make sure it fits snugly.
- Do replace the filter on face masks at regular intervals as stated in the instructions and check prior to use
 - If the filter appears discoloured e.g. brown or red, replace it with a new one
- If it's a disposable face mask, use a new face mask on a daily basis
- Do check you've got the right PPE and that it's working properly
- Try to keep the workplace and equipment, as well as your mask and clothing, as clean as possible from dust and other contaminants
- Do give up smoking if possible, as smoking can make symptoms even worse
- Do protect your health by improving working methods with your supervisor
- Do minimise damage to your health by seeking help for problems as soon as you have any.
- Do clean and store the equipment in accordance with the manufacturers requirements

Behavioural Change and Worker Engagement approach to Respiratory Problems

Example

Use of disc cutter to cut concrete highway kerbs to length.

Risks

Dust inhalation, cuts/abrasions, impact with flying fragments

Behaviour change

In conjunction with management workers are required to move from inappropriate use of equipment with exposure to dust from the operation to use of dust suppression equipment.

Worker engagement

<p>Motivation</p>	<p>Workers to be consulted, through safety committees if established, or trade union or employee safety representatives, on the reasons for the change (legal requirements and affects on health of dust inhalation), and to be included in discussions on appropriation of new suppression equipment</p>
<p>Education</p>	<p>Toolbox talks on respiratory problems and the hierarchy of controls.</p>
<p>Training</p>	<p>Correct use of the dust suppression equipment</p>
<p>Work patterns and structures</p>	<p>Management to ensure that there are no conflicts between the proposed changes and any organisational issues</p>
<p>Potential barriers</p>	<ul style="list-style-type: none"> • Availability of equipment • Habitual use of equipment without dust suppression • Lack of supervision

This example should be used in the Toolbox Talk on Respiratory Problems

Fatigue

All of the following is taken from HSE Human Factors Briefing note 10 - fatigue <http://www.hse.gov.uk/humanfactors/topics/10fatigue.pdf>

Fatigue does not have a clear scientific definition but is generally a feeling of tiredness and being unable to perform work effectively. Specifically, a fatigued person will be less alert, less able to process information, will have slower reaction times and less interest in working compared to a person who is not fatigued.

The concerns are that

- Fatigue can ultimately lead to operator errors or violations at work. It is often a root cause of major accidents.
- Sites should focus on the system for controlling excessive working hours, especially for staff involved in major hazard work. Fatigue should be managed like any other hazard.

- The legal duty is on employers to manage risks from fatigue, irrespective of any individual's willingness to work extra hours or preference for certain shift patterns for social reasons.
- Changes to working hours need to be risk assessed

Fatigue is managed by making sure that:

- Working hours are not too long
- Employees get enough rest between shifts
- Employees don't work too many night shifts in a row
- Managers negotiate with staff about overtime or double shift working
- Managers fit in with individuals' preferences - some people prefer nights
- Employees avoid critical jobs at the ends of shifts or at 'low points' in the day or night e.g. 3 a.m.
- Shifts rotate 'forwards' that is, mornings, then afternoons, then nights
- Employees take quality rest breaks in their work
- Anyone can report fatigue problems to management and the company will make improvements
- The environment doesn't cause drowsiness (it's light with visual interest, not too hot and there is always variation in the level of sound)
- There are contingency plans to avoid overloading one person with overtime or double shifts
- Incidents or accidents where fatigue may be responsible are thoroughly investigated

Causes of fatigue

The main factors are:

- Loss of sleep - 'acute', for example, having 5 hours sleep instead of the usual 8; or 'cumulative' having 7 hours sleep instead of the usual 8 over each of several days
- Poor quality sleep - lots of interruptions
- Having to work at a 'low point' in the day e.g. early hours of the morning; mid to late afternoon and after a meal
- Long working hours, particularly if these are as long as 14 to 16 hours
- Poorly-designed shift work
- Inadequate breaks during the working day

The main effects of fatigue

Compared with their normal state, a fatigued person will:

- Find it hard to: concentrate, make clear decisions or take in and act on information
- Have more frequent lapses of attention or memory
- React more slowly (for example, to hazards arising in the workplace)
- Make more errors
- Occasionally fall asleep at work - momentarily or for several minutes
- Have little motivation or interest in their work
- Be irritable

How to avoid or reduce fatigue

- Make sure employees have the opportunity to sleep for at least 8 hours between shifts
- Encourage employees to develop good sleeping habits
- Restrict night shifts to 4 in a row or to 2 in a row if they are 12 hour shifts
- Allow at least 2 days off after nights
- Make sure shifts 'rotate forwards' - mornings, followed by afternoons followed by nights
- Avoid long shifts and too much overtime: aim for less than 50 hours work per week (i.e. comply with the EU Working Hours Directive)
- Arrange for quality breaks during the working day
- Consider personal preferences - some people are 'morning people' some are 'night people' (larks/owls)
- Consider allowing some 'napping' at work to restore performance but beware of a person working immediately after a nap - they will be less effective for between 30 minutes and an hour
- Arrange for more interesting and varied work to be done at night and at other low points but make sure these are not too demanding or too monotonous/repetitive

Additional points to note

Individuals are not good at assessing how fatigued they are.

They can be skilled at coping with fatigue, but this can increase stress or the risk of gastric disorders or other health problems.

Shorter and more shifts may not solve the problem - errors rise early on, diminish, then peak later.

To assist in assessing fatigue the HSE have guidance and calculator that can be used. Search for fatigue calculator on the HSE web site.

Hand Arm Vibration Syndrome





Vibration at work

Vibration can affect your body while you are at work

This is especially likely when you are using high-vibration tools for long periods

Such tasks can result in **hand-arm vibration syndrome (HAVS)**





Why worry...?

- Vibration can permanently alter the flow of blood around the body
- If areas of your body are not receiving a good blood supply, they can be damaged





Quick tips

1. Take **regular breaks**, or rotate tasks, if the work is repetitive
2. Use **low vibration tools** or tools with low vibration handles wherever possible
3. Try to keep the hands and body warm
...wear gloves for warmth and protection from weather





Why worry...?

- Any part of your body can be affected by vibration but some of the most common parts to be affected include:

- fingers
- hands
- arms
- back





Hand arm vibration syndrome

- You are at risk of injury if you regularly use high-vibration hand-held tools, e.g:
 - manual grinding tools
 - riveting tools
 - chainsaws and similar wood working machines
 - power hammer such as caulking and chipping hammers
 - concrete breakers
 - percussive drills





Risky business

- The risk increases when:
 - you use equipment for a long duration
 - the vibration levels from equipment are high
 - you get cold and wet when using equipment
 - you have to grip equipment tightly
 - it is awkward for you to use equipment
 - equipment is poorly maintained



The warning signs for HAVS

- pins and needles and/or numbness in your fingers, especially at the end of a day
- problems coordinating your fingers in cold weather
- the tips of your fingers may go white
- your fingers may become pale and you may lose the feeling in your fingers
- when returning to a warm environment after being out in the cold, your hands may flush red and throb painfully

The warning signs for HAVS

- In worst case scenarios our hands may become like sausages, poorly coordinated, clumsy, with regular frequent attacks of white finger, causing great discomfort



What can you do to help?

- Do...

- ...review the need for vibration exposure with your supervisor

- ... tell supervisors and/or trade union or employee safety representative if equipment is faulty - faults with equipment often result in greater levels of vibration, so get them fixed

- ... take regular breaks, or rotate tasks, if the work is repetitive

- ... use low vibration tools or tools with low vibration handles wherever possible

What can you do to help?

- Do...

... try to keep the hands and body warm by:

- wearing gloves (for warmth and protection)
- using heating pads
- using tools with heated handles
- wearing warm weatherproof clothing
- doing warm up exercises before starting the job
- using a warm, sheltered area when you take breaks
- exercising and rubbing (massaging) the hands and fingers during these breaks



What can you do to help?

- Do...

- ... avoid smoking

- ... consult with your supervisor and/or trade union or employee safety representative on any difficulties or discomfort you may have

- ... use any vibration monitoring equipment and stop work when the limit is reached

- ... report any ill health to your employer



Remember...

It's your health and your quality of
life that suffer.

Once you've got HAVS
you're stuck with it

What you should avoid



- Do not...

- ...use vibrating tools and equipment for long periods of time - your supervisor should inform you of the safe "trigger time" for each tool

- ...continue to work in discomfort - develop improvements with your supervisor

- ...ignore the symptoms - instead talk to your supervisor, trade union or employee safety representative or visit your doctor and explain about the work you do

Living with HAVS



A real life case study...

"I had been having cold fingers in the winter for years. I thought it was just me, for my age. Some of my fingers started going numb sometimes when I used an angle cutter. It got worse and my hands are now sore and achy all over. I've lost all feeling and it is difficult to do even simple things like buttoning up my shirt and tying my shoelaces. It makes life awkward and I have to get people to help me which is embarrassing."

(This site operative is still at work although is now unable to do his original job. He is unable to do many normal things that people take for granted and lives with constant pain in his hands and arms).

For More Information

- Contact your hire company or tool manufacturer for more information about the right tool for the job, and vibration reduced tools.
- Contact the Health and Safety Executive information service for more guidance on the law in the UK - telephone HSE Infoline in England, Scotland and Wales on 0845 345 0055 or in Northern Ireland telephone 0800 0320 121.
- CECA contact: **Peter Crosland** Tel: 020 7340 0450 or E-mail: **petercrosland@ceca.co.uk**.

The HAV Training Package

Hire Association Europe have helpful manufacturers guidance at www.hae.org.uk/pages/index.cfm?page_id=73

Operc have useful in use data at www.operc.com/havtec/actual just register for access

Muscular Problems



...are usually caused by manual handling

Manual handling means dealing with materials or equipment using your body's strength

- ...lifting, lowering, pushing, pulling, carrying, moving, holding, putting down...



What is manual handling?

- shovelling concrete
- pulling a lever
- carrying a ladder
- operating a power tool

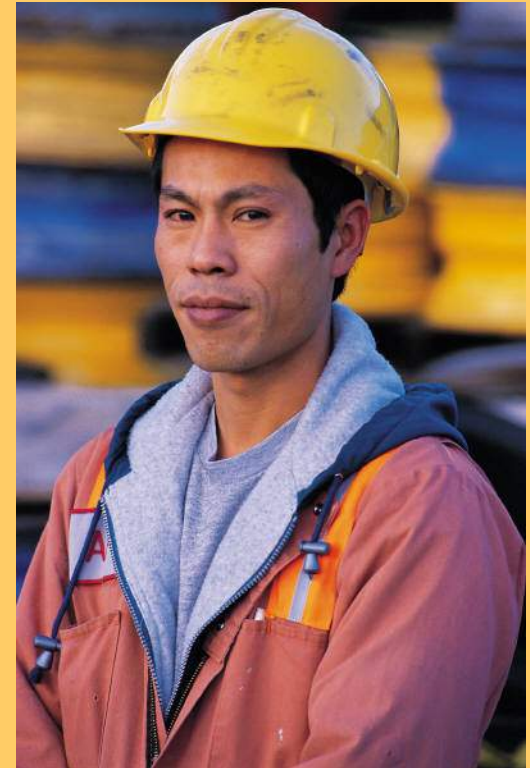




Why worry...?

You could end up with:

- Short-term damage
 - sprains and strains of the muscles
- Long-term damage
 - loss of mobility and severe pain



Why worry...?

- Injuries often occur due to constant use, resulting in wear and tear on the body



Which parts of my body are at risk?

- The most common areas of the body to be affected are the:
 - back, knees, neck and shoulders
- You may feel pain, aching, and discomfort





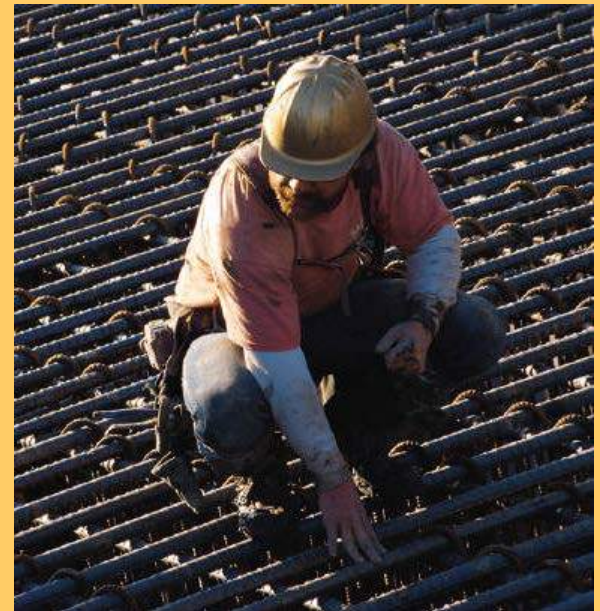
Why worry...?

- Injuries can stop you from being able to work
- Injuries can stop you from living a normal life outside work



Risky business

- You are at risk of injury when your task involves:
 - repetitive and/or heavy lifting
 - bending and twisting of the body
 - frequent repetition of an action
 - an uncomfortable working position
 - exerting too much force
 - working too long without breaks
 - working in a cold environment



Risky business

- You are more at risk of injury when:
 - it's a cold day - your body is more prone to injury when your muscles etc. are cold
 - You have been immobile for a period before starting strenuous work
 - you are starting a new job, e.g. you're a new start
 - you have been away from work for 2 weeks or more



Risky business

- You are also at risk when:
 - you are working under pressure, e.g. high job demands, time pressures and lack of control
 - you do not report symptoms immediately



What are the warning signs?

- pain, tingling or numbness
- burning sensation
- shooting or stabbing pains
- stiffness
- swelling or inflammation
- aching



What can you do to help?

- Do...
 - ...avoid the need for manual handling
 - ...query the need for manual handling with your supervisor and/or employee representative, if necessary
 - ...use any manual handling equipment that is required for the job, e.g. hoists, pallet trucks, mechanical lifting aids etc.

What can you do to help?

- Do...
 - ...make sure your body is warm before you lift anything (this reduces your risk of injury)
 - take a moment to plan for your lift
 - get help if you think you might need it
 - clear your path

What can you do to help?

- Do...

- ...use good manual handling techniques:

- when lifting from a low level, bend your knees, not your back
 - keep your back straight when lifting
 - get a firm grip on the load
 - keep the load close to your body
 - when turning, move your feet, do not twist your body
 - only carry a load for short distances

What can you do to help?

- Do...

- ...split the load into smaller/lighter loads wherever possible

- ...follow advice that is provided to make the job safer

- ...take regular breaks, or rotate tasks, if the work is repetitive

- ...report any symptoms immediately

- ...consult with your supervisor and/or employee representative on any difficulties or discomfort you may be experiencing



What you should not do

- Do not...
 - ...twist or stoop the body
 - ...hold the load away from the body
 - ...carry loads over a long distance
 - ...move up and down different levels carrying loads



What you should not do

- Do not...
 - ...carry loads that make you off balance
 - ...move a heavy or awkward load
 - ...carry loads when you can't see where you're going
 - ...continue to work in discomfort – develop improvements with your supervisor

Living with backpain

A real life case study...

"At 17 I worked on a building site and started to get a little back pain. I remember doing a lot of roofing work which we needed to finish early so we worked every day without a break. My back got worse but I carried on as normal. Then it felt like I'd got a knife stuck down my back. Daytime it was just about bearable but at night I couldn't sleep. Eventually I went to the doctor but was told it was really too late. They put me on painkillers and told me to rest. I couldn't do sport anymore, and the pain continued to get worse. I now take so many painkillers that I'm on more tablets to control the side effects. I've had to stop work and my time is spent lying in agony. I am 28 and feel useless. No one can tell me how to improve things, only that it is more likely to get worse. I wish I'd gone to the doctor as soon as I started getting the pain. Then something could have been done about it."

(This ex-site operative was involved in awkward, repetitive work, and didn't take regular breaks from the task. He ignored his backache until it became too painful to cope with. By then his back was severely damaged).

Dermatitis and Hand Injuries



What is dermatitis?

Dermatitis is a serious and common skin complaint...

...dry, red, sore, itchy skin

...tight, brittle, cracked skin

...bleeding, painful skin



Dermatitis at work

... is caused by exposure to irritants...

- ...cement, oils
- ...solvents, plaster
- ...insulation, paint
- ...machinery dust
- ...infected water
- ...infected waste



Why worry...?

Dermatitis can take years to develop but
once you've got it, there's

no cure



If you are.....

- Working with cement, oils or solvents, plaster, insulation, paint, machinery - any job where you are exposed to dust, chemicals, or contaminants
- Working in trenches - you may be exposed to infected water and contaminants resulting in disease or skin infections
- Cleaning or collecting waste - you may be exposed to contaminants

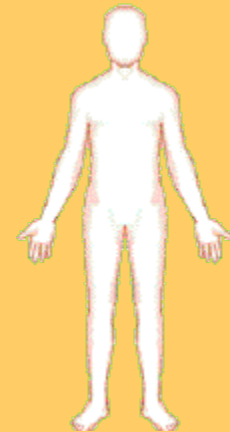
...and you are always more at risk....

...if your skin is exposed to weather elements (e.g. sun, wind, rain). This is because these conditions damage the thin top layer of skin, leaving the underlying skin more prone to access by irritants such as cement, plaster, oils, detergents etc. These all depend on the strength of the contaminant, the length of time the skin is in contact and the sensitivity of your skin

Why worry...?

- Any part of your body can be affected by dermatitis but some of the most common parts to be affected include:

- hands
- arms
- face
- neck
- chest
- legs



Dermatitis

- Concrete dermatitis is a common and serious skin condition
- It is due to contact with cement, often resulting when PPE has not been used correctly
- It can be extremely painful, resulting in burning, cracked, raw skin





The warning signs for dermatitis

- Your skin may appear dry, red, sore and sometimes itchy
- Even if only one area of the body was originally affected, you may find that the dermatitis spreads to other areas of the body
- The outer layer of skin may shrink and become brittle and crack

The warning signs for dermatitis

- The cracks will eventually get deeper and start to bleed, which means that dust, chemicals and bacteria can get into the sensitive, underlying tissue
- You will find that your skin can get very sore and inflamed
- If these cracks become deeper they can be a way of substances reaching the internal organs, which can cause serious damage to your health

Dermatitis

- Contact dermatitis is caused by contact with irritants such as acids, solvents, detergents and even sugar, flour and soil
- It is usually due to not using PPE correctly and it results in painful, blistered skin



What can you do to help?

- Do...

- ...use protection:

- protect the skin by avoiding contact with the irritant by wearing gloves and other protective clothing, e.g. suitable overalls
 - replace PPE that is worn, torn or damaged
 - make sure that the gloves you wear are the right length and size - if you have any queries, check with your health and safety officer and/or employee representative
 - keep your PPE clean
 - if you already have any cuts or abrasions, make sure they are covered with waterproof dressings before you start working

What can you do to help?



- Do...

- ...keep your skin clean

- wash your hands after handling cement, chemicals, dirty water etc. (Unwashed hands spread infections)

- ...keep equipment and workplace clean

- try to keep the workplace and equipment, as well as your PPE and clothing, as clean as possible from contamination. (*Irritants and bacteria are easily spread by touch*)

- ...avoid touching irritants

- wherever possible, use tools or equipment to handle the substance

What can you do to help?



- Do...

- ...thoroughly wash any contaminated skin immediately

- ...use specialist skin cleaners to remove oil and grease

- ...use a barrier cream

- ...use emollient and moisturising skin creams

What you should not do?

- Do not...



...just use 'any old thing' that's close at hand to clean contaminated skin - e.g. do not use cleaners designed for tools (white spirit and turpentine can dry out the skin and cause further problems)

What can you do to help?

- After work...

...thoroughly wash your skin

...use emollient and moisturising skin creams. These re-moisturise your skin and keep it supple, which help to prevent it from damage

They're cheap and they make a big difference



What can you do to help?

- In winter...

...when your skin is exposed to windy, wet and cold weather use a barrier cream. This protects the top layer of your skin when it is at risk of being removed by the harsh weather



What can you do to help?

- Do...

- ...protect your health by improving working methods with your supervisor

- ... listen to the COSHH briefing

- ...minimise damage to your health by seeking help for problems as soon as you have any

- ...tell your supervisor and/or employee representative immediately if you have any of the signs and symptoms

- this is your responsibility



Remember...

It's your health and your quality of
life that suffer.

Once you've got bad dermatitis
there is no cure

Noise induced hearing loss



Why worry...?

- Construction is a noisy business
- Noise at high levels results in damage to the inner part of your ears, which reduces your hearing ability



Why worry...?

- Beware:
 - ❖ The louder the noise
 - ❖ The longer the noise lasts for
 - ✓ the more likely it is that damage will occur
- Once you have damaged your hearing, it cannot be fixed



When are you at risk of damaging your hearing?

If it's so noisy that you need to shout to be heard by another person who is standing 2 metres (6 feet) away from you



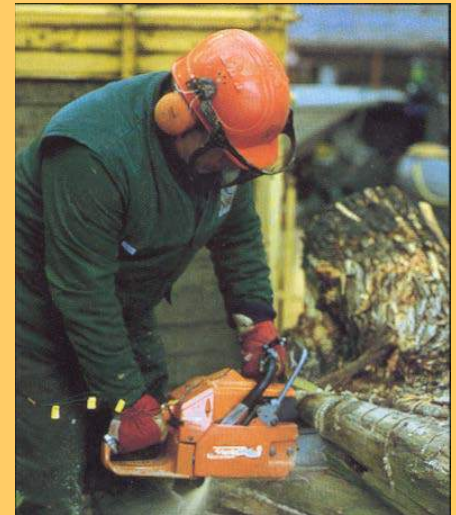
When do you know that your hearing may be damaged?

If you can't hear what another person is saying when they are talking to you while standing next to you in a non-noisy environment, then you may be suffering from noise induced hearing loss



Noisy jobs in construction?

- Machine tightening of bolts
- Driving piles
- Welding
- Fitting pipes
- Using drills, diggers and breakers
- Using woodworking machinery
- Operating plant machinery
- Working near pumps, compressors and generators



Risky business



- Constant background noise in the work environment (especially for long periods of time), e.g. machinery / radios
- Sudden loud noises (often of very short duration), e.g. explosion on a demolition site

What are the warning signs?

- Hearing damage

- ringing in your ears
- hearing ability is reduced
- difficulty hearing sounds, e.g. other people talking
- difficult to work out from which direction noises are coming from



What are the warning signs?



- Hearing damage

- gradually, the hearing loss will get worse, and you may be unable to make out what people are saying at all
- you may have disturbed sleep and feel under stress

What can you do to help?

- Do...
 - ...use the noise control equipment that is provided in your workplace, e.g. Noise screens, ear protectors, including ear plugs and ear muffs etc.



Hearing protection



Hearing protection

- Hearing protection should be:
 - worn correctly according to the instructions
 - the correct size for you
 - kept clean
 - inspected regularly
 - replaced if damaged
 - worn at ALL times when you are at risk



Hearing protection

- Remember:
 - In very noisy environments, e.g. when using power tools, even taking off your hearing protection for a very short period of time can contribute to hearing problems



What can you do to help?

- Do...
 - ...find out if you can use any form of damping to reduce the noise emitted from the source



What can you do to help?

- Do...

...wherever possible, swap noisy jobs with other people who are trained in the particular task (this ensures that no one is exposed to noise for long periods)

» Ask your supervisor to arrange the work rota accordingly

What can you do to help?

- Do...
 - ...tell your supervisor and/or trade union or employee safety representative immediately if:
 - hearing protection is not working properly, or
 - hearing protection is not in full working order
 - ...consult with your supervisor and/or trade union or employee safety representative on any difficulties or discomfort you may have
 - ...report any ill health to your employer
 - this is your own responsibility

How hearing loss can affect your life

“At home I am always told I have the TV or radio on too loud. A couple of times I missed the telephone ringing. I found that there were noises I could no longer tolerate, like my wife's hair dryer. It made a high pitched noise that irritated me and I would have to leave the bedroom if she was using it.”

“If I were to sit quietly and read the newspaper or a book, the gas fire in the lounge, which only gives off a quiet hissing noise, would appear to get louder and louder until it sounded like a jet engine. I cannot even stand the humming noise a computer makes because, to me, the whirring noise appears to get louder until it reaches an intolerable level. The problems I am experiencing with my hearing has definitely affected my life for the worse.”

Respiratory Problems



When you are at risk

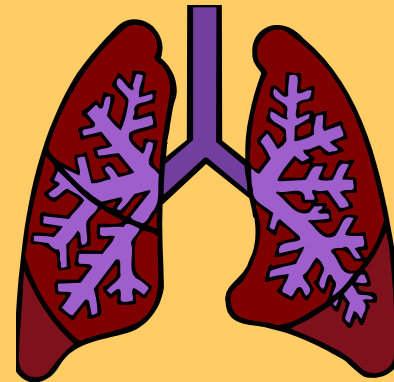
- Woodwork
- Cutting / mixing concrete
- Grinding stone
- Demolishing
- Welding
- Cutting MDF
- Maintenance
- Grit blasting
- Painting & removal of paint/finisher



Why worry...?

You could end up with:

- chronic asthma
- chest infections
- coughing fits
- pain and discomfort



Why worry...?

- Breathing difficulties can stop you from being able to work
- Breathing difficulties can stop you from living a normal life outside work



Quick prevention tips

1. Use appropriate protective equipment for the task and the conditions

...e.g. mask (face fit test and clean shaven)



2. Keep dust levels down as much as possible

...keep the environment and your mask/equipment clean

What are the warning signs?

- bouts of coughing or wheezing, shortness of breath
- tight chest and difficulty breathing
- runny or stuffy nose, frequent sneezing
- watery or itchy eyes and a tickly throat



What can you do to avoid problems



- Do...

- ... know what you're working with

- read the health & safety data sheet and listen to the COSHH briefing
 - spot the hazards - speak to your supervisors about anything you are unsure of

- ... use protection

- use personal respiratory protection to prevent yourself breathing in dust etc., e.g. face masks (which should be provided by your employer)

What can you do to avoid problems

- Do
Use tools fitted with a water supply to suppress airborne dust during cutting operations



What can you do to avoid problems

- Do

Use suitable PPE for the job

- Keep PPE clean
- Follow the instructions for its use, cleaning and storage



What can you do to avoid problems

- Do...

- ... keep clean

- try to keep the workplace and equipment, as well as your mask and clothing, as clean as possible from dust and other contaminants

- ... give up smoking if possible, as smoking can make symptoms even worse

- ... protect your health by improving working methods with your supervisor



What can you do to avoid problems

- Do...

- ... minimise damage to your health by seeking help for problems as soon as you have any

- ... tell your supervisor and/or trade union or employee safety representative immediately if you have any of the signs and symptoms

- this is your responsibility

Selecting the correct respirator

- 3M has developed a colour-coded system for selecting a respirator most suited to particular construction activities
- Straps include a colour identification relating to the type of mask

Colour coded respirators

FFP1 Assigned protection factor 4 is colour coded as yellow and a suitable protection for:

- Groundwork
- Demolition operations
- Tunnelling
- Cement and concrete dust
- Scabbling
- Plastering
- Tiling

Colour coded respirators

FFP2 APF 10 is colour-coded blue and are suitable protection for all operations listed for FFP1 but additionally for:

- Shotcreting
- Woodworking

FFP3 APF 20 is colour coded red and are suitable for:

Loft insulation, welding, dusts, mists, gases, vapours, inorganic acid gases and ammonia.

For More Information

Details of respiratory masks and colour coded systems can be found in the personal protective equipment section of the **3M** web site at:

www.solutions3m.co.uk/wps/portal/3men_Gb/PPE_SafetySolutions_EU/Safety/Products/RespiratoryProtection/DisposableRespirators/

Living with occupational asthma

A real life case study...

“In the early 90s I worked in a paint spray shop. Six months later my chest got a bit tight and I became wheezy. I thought it was because I was a heavy smoker. It got worse and I was moved to outside working that made my chest worse.

A year later I couldn't work with paints any more and had difficulty breathing, even talking. The asthma is a bit better now but I'm really sensitive to dust which sets me off wheezing and things like DIY out. Cigarettes are also out, they would kill me straight away. I sound like an old man. It was such a gradual thing, if only I'd know what a bit of paint spray could do to beat back then.”

(At the age of 33 this site operative is trying to retrain. As there wasn't any health checks the condition was not properly diagnosed. Using safer materials and the right PPE would have meant the problem wouldn't have arisen in the first place).

Self Health Check: Hand Arm Vibration Syndrome

Please answer these questions truthfully.

The information supplied will remain strictly confidential and can be accessed only by authorised personnel.

Have you ever suffered from your fingers going white and numb when exposure to cold?	No	Yes	Details:
Do you suffer from tingling in your hands?	No	Yes	Details:
Are you suffering from loss of grip strength in your hands and do you have pain in your wrist and arm?	No	Yes	Details:
Do you feel that the sensation of touch in any of your fingers isn't what it used to be?	No	Yes	Details:
Is there a reduction in how you can do fiddly or fine tasks because your fingers don't work like they used to?	No	Yes	Details:

Name:	Signature:	Date:
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When you have answered all the questions, please return this form to your supervisor.

Self Health Check: Muscular Problems

Please answer these questions truthfully.

The information supplied will remain strictly confidential and can be accessed only by authorised personnel.

Do you get frequent pain in any part of your body?	No	Yes	Details:
When you are not moving, e.g. sitting or lying down, do you continue to suffer with this pain?	No	Yes	Details:
Does any part of your body often feel tender?	No	Yes	Details:
Does this pain or tenderness stop you from moving the affected body part normally?	No	Yes	Details:
Do you have any pain in your buttocks or running down the backs of your legs?	No	Yes	Details:

Name:	Signature:	Date:
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When you have answered all the questions, please return this form to your supervisor.

Self Health Check: Dermatitis and Hand Injuries

Please answer these questions truthfully.

The information supplied will remain strictly confidential and can be accessed only by authorised personnel.

Do you, or have you had, any of the following symptoms which may have occurred on your hands, fingers or any other part of your skin exposed at work:

Redness and swelling	No	Yes	Details:
Cracking and/or blistering of the skin	No	Yes	Details:
Flaking or scaling of the skin	No	Yes	Details:
Did any of the above last for more than a week?	No	Yes	Details:
Did any of these problems occur more than once?	No	Yes	Details:
Does your skin improve when you're away from work?	No	Yes	Details:
Have you ever had time off work with skin problems?	No	Yes	Details:

Do you notice that you often have cuts and/or bruises on your hands?	No	Yes	Details:
Please give details of any tools or jobs that often result in cuts and/or bruises:			

Name:	Signature:	Date:
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When you have answered all the questions, please return this form to your supervisor.

Information on UK Health Screening

There are many companies in the UK that offer occupational health screening. Some of the companies, along with their different types of screening and associated costs, are summarised in this section.

Access to an occupational health service offers you the opportunity to explore any concerns about the effect of your workplace on your health. By advising the company on how to control hazards at work, the occupational health service will be able to make your workplace a safer place. You can also expect expert advice on your own working practices. For example, whether you should wear earplugs if you are exposed to industrial noise, or how to work safely with computers.

Buying an Occupational Health Service

For many small companies, their first contact with an occupational health (OH) service will be for help with a specific problem. That experience can lead to a decision to have access to an OH service on a continuing basis.

Small and larger companies may come to the conclusion that they need competent OH advice as a result of a statutory risk assessment. In either case, buying an OH service is a straightforward process if the task is broken down into component parts:

Identify the services you need

Why are you looking for a service? Do you have a specific problem in the workplace, or has your decision arisen after a review of the work hazards or business risks? Has help with your OH arrangements been suggested by the HSE or a trade association?

It helps to:

- Write down the problem
- List the workplace hazards (physical, chemical, biological, design or organisational) in your company
- List the major business risks in relation to your staff

Conduct an OH needs assessment

You need to decide how big the risks you have identified really are. You may need help with this unless the problems are simple. Most OH service

providers will help with a needs assessment, although some self assessment tools are available and trade associations offer valuable advice.

List the services you want

Keep it simple. Complicated terminology isn't necessary. What you need is a clear picture of what you want.

Identify a supplier

Compare the list you have drawn up with the list of services offered by the OH supplier. The HSE or trade bodies may be able to help with finding other suppliers. Occupational Health Standards for the UK construction industry is a useful document to help you decide your needs and select an OH provider

Negotiate the service you require

All companies are different and have different needs. Choose the service you need. It may be that the supplier can suggest alternative ways of doing things, but remember you control what you want.

NHS Plus <http://www.nhsplus.nhs.uk/>

NHS Plus is a network of NHS occupational health (OH) departments across England, supplying quality services to non-NHS employers.

NHS Plus offers support to industry, commerce, and the public sector, with a focus on small and medium sized enterprises (SMEs).

What services does NHS Plus provide?

NHS Plus providers will differ in the services that they can offer. Occupational health covers a wide range of information and practice, with units offering a selection of services and advice on areas including:

- Occupational Health Needs Assessment
 - Risk Assessment
 - Pre-placement assessment
 - Health Surveillance (health checks)
 - For Control of Substances Hazardous to Health
 - Other statutory surveillance
 - Non statutory surveillance
- Immunisation
 - Occupational
 - Needlestick injury management
 - Travel
- Procedures including:
 - Audiometry
 - Vision screening
 - Lung function testing
- Medical advice for:

- sickness absence management
- return to work / rehabilitation / disability
- ill health retirement
- occupational disease

- Counselling
- Drug and Alcohol screening
- Training (Health & Safety, Manual Handling, First Aid)
- Insurance medicals
- Industrial Injury Assessments
- Ergonomic Advice
- Life style screening / advice & Health Promotion

Case Study 1 - Example of Costs

A small firm in Nottingham employs 20 people. The paint used contains isocyanate, a known respiratory sensitiser. Health surveillance on the employees has been recommended following a visit from the Health and Safety Executive.

The occupational health service would provide the following annual Health Surveillance programme on a fee for service basis:

- Workplace premises would need to provide a room for sessions with table, two chairs and electric socket as minimum.
- The Occupational Health Nurse would see each employee individually and take them through a questionnaire related to respiratory and skin health and past and present occupations.
- The OH Nurse would carry out an inspection of skin i.e. face, hands and arms.
- The OH Nurse would carry out a lung function test by spirometry equipment and correlate the results related to height, age, ethnic origin and gender of the participant.
- The programme would provide an explanation of the results and give sensible health education advice related to the hazards of the work including skin care and smoking cessation advice if required.
- A report with findings would be sent to the employer for their COSHH records with specific advice regarding individual employees if necessary.
- All medical records would be stored securely and confidentially at the occupational health department.
- If any employee has an abnormal result, a repeat test at the occupational health department would be recommended and when appropriate the opinion/medical examination from the Occupational Health Physician sought.
- The occupational health service provides all equipment (maintained and calibrated to manufacturer's recommendations); disposable sundries; height ruler and individual health records.

TOTAL: Cost per person £32.00

Travel charged at 49p a mile for visits outside a 5 mile radius

Case Study 2 - Example of Costs

A company based in Bath involved in manufacturing employs 150 people.

This organisation requested a cost for a specific service level agreement. In this case after the contract is agreed, if the number of examinations are exceeded, a further invoice will be sent after the work is complete.

Some of the work will be undertaken on site, and the remainder will be carried out at the occupational health department.

Where applicable travel costs have been included. Travel costs take account of a 20 mile return journey.

- Provision of three pre-placement questionnaires to be completed by employees and sent to the occupational health unit. The OH unit compiles a report for the employer offering opinion on individuals' fitness for posts.
- One Occupational Health Nurse Adviser referral to confirm if a health problem declared at pre-placement will impact on their ability to carry out duties of the position.
- One Occupational Physician referral - a medical opinion if required.
- Nine Night worker Health assessments to assess an individual's health for night work.
- Six fork lift truck driver medical screenings (not incl. of travel costs) to confirm fitness to operate these vehicles in accordance with guidance.
- Three Management referrals to the Occupational Health Physician to gain an opinion on fitness for the post in the event of management concern for an individual.
- Two management referral follow up appointments.
- 96 Audiometric tests - to be carried out on site over five visits to be arranged by the employer. Individuals must have been away from the noisy environment for a minimum of twelve hours.

TOTAL: £2,977

The organisation is also notified in the letter that this quotation is subject to contract, and any further medical opinion required in light of health

surveillance results is not included in the above prices. This service involves work outside normal office hours. This will require negotiation, but all occupational health departments will understand the need for interruptions to production to be kept to a minimum and will be as flexible as possible with service delivery.

Constructing Better Health

The Health and Safety Commission (HSC) with the support of sector representatives began work in 2000 to establish a comprehensive occupational health support scheme for the construction industry. In order to determine which elements would be most useful in any national initiatives, the HSC's Construction Industry Advisory Committee (CONIAC) nominated an Action Forum of key industry players who set up a company called Constructing Better Health (CBH) on a not-for-profit basis to manage a pilot of the same name.

The CBH pilot offered a specifically designed occupational health intervention targeted at the construction industry in Leicestershire from October 2004 to June 2006. It was an attempt for policymakers to work closely with the construction industry. The main aim of the CBH pilot was to raise awareness of occupational health issues within the construction industry as well as to test out a model of delivery so that learning points could be used in the design of any national scheme.

After 21 months of operation, the pilot had provided services to 367 different employers. Included in the services were voluntary health checks, 1,724 of which were provided to workers/employees and toolbox talks which were attended by 2,599 individuals. Take-up of services amongst workers was very high, despite management concerns that worker engagement with the pilot and/or health issues would be low. There was no take-up of case management or health surveillance and only limited take-up of document reviews and risk assessments.

Approximately one-third of those participating were found to have some form of occupational health issues, predominantly caused by noise exposure, with some vibration issues. Also, one-third of those participating were found to have general health issues, predominantly related to blood pressure, respiratory and blood, protein and/or sugar in urine. Individuals may have experienced either type of problem or both.

As a result of these abnormal tests, one-third of individuals receiving health checks were referred to their GP following their health check.

The Constructing Better Health evaluation report stated that CBH had been 'myth busting' regarding the attitudes of workers towards occupational health issues. Individuals within the sector were interested in their own health and taking steps to protect it, despite what employers might think. The main barriers to change were not at worker level, but actually at managerial level. Managers were the ones who did not want to scrutinise their work practices, and who were unwilling to accept the need for organisational-level change. Consultation with both workers and management about the best way forward was recommended as a part of any future initiatives.

Matrix of Civil Engineering Operatives and Levels of Risk Associated with Key Health Issues	Musculoskeletal injury	Dermatitis	Respiratory Problems	Hearing Damage	Vibration injury
Asphalter/Paver	○	◇	◇	◇	◇
Bricklayer	○	◇	◇	◇	◇
Carpenter/ Joiner	○	◇	◇	◇	◇
Crane Driver	○	◇	□	□	□
Electrician: Fitters/ Engineers	○	◇	◇	○	○
Form Worker	○	◇	◇	◇	◇
General Plant Operative	○	◇	□	◇	□
General Site Operative	○	◇	◇	○	○
Mobile Machine Driver	○	◇	□	◇	□
Piling Operative	○	◇	□	◇	◇
Rail Trackside	○	◇	◇	◇	◇
Roadside (High-speed)	○	◇	◇	◇	◇
Scaffolder	○	□	□	□	□
Steel Erector	○	□	◇	◇	◇
Steeplejack	○	□	□	□	□
Stonemason	○	◇	◇	◇	◇
Tunnel Workers	○	◇	◇	◇	◇
Welder	○	○	◇	○	□

Need revised table to cover more civil engineering jobs and multi tasking

Health Surveillance Required by Regulation	◇	Health Monitoring Strongly Recommended	○	Health Monitoring Good Business Sense	□
Note: Information obtained from Constructing Better Health - Health Assessment Matrix					

CBH has perhaps been most successful in reference to its primary aim, that of raising awareness of occupational health amongst the industry at a national level.

The brand now has the support of a range of industry representatives, and there is greater evidence of a growing momentum in some parts of the sector than there was at the start of the pilot.

Elements of a national scheme, which build on the learning points of the pilot, are currently being developed.

Although a roll out of the pilot scheme as a national initiative did not come about the Constructing Better Health brand is now being used to promote the take up of occupational health services within the construction industry. Using the findings from the pilot study an extensive guidance document has been produced for the management of occupational health in the construction industry. This includes criteria for occupational health providers wishing to work in the industry. Details of occupational health providers approved to work in the construction industry can be found on the Construction Better Health web site.

The CBH National Database and Card

The CBH Database and Card scheme brings employee fit for task data to site level and like the CSCS scheme, which demonstrates skills / competence to do a job, the CBH scheme demonstrates the fitness of an individual to carry out the task they have been given, this is particularly relevant to Safety Critical Workers. These two schemes will for the first time allow contractors to manage both health and safety at site level in a coordinated and cohesive way.

The CBH card enables an authorised person to access the CBH database from any location or site and see where appropriate, the outcomes of the different work related health checks that the individual has undergone (no access to medically confidential information is available. This will help to ensure that their work related health is managed appropriately and in line with any recommendations to protect that individual's health. As the card is widely accepted and used throughout the UK, the workforce will be able to move easily between sites without the need for further costly and time consuming occupational health tests.

Going Forward

In April 2016, B&CE acquired CBH from CSCS and in doing so have subsequently engaged with industry to further enhance the OH position within the construction industry. CECA have engaged directly with B&CE staff and we are awaiting the results of the extensive industry consultation - it is likely that a revised CBH scheme will be launched sometime in 2017.