



**What is  
occupational  
health?**

# Occupational health has 3 main strands:

## Effect of work on health

For example, hand-arm vibration syndrome (HAVS), noise-induced hearing loss (NIHL), asthma, eczema, dermatitis, and some types of cancer

## Effect of health on work

These include diabetes, musculoskeletal conditions and epilepsy

## Wellbeing

This may include fatigue due to shifts or the effects of lack of resources, so it's important to promote good health

The main aim of managing occupational health risks is to prevent work-related ill health – construction workers are 100 times more likely to die from a preventable occupational disease than from an accident.

# Core health hazards in construction

# 90%

of site-based workers are likely to be exposed to the same core group of health hazards:



**Hazardous substances**

can lead to dermatitis, a term used to include several skin disorders caused by exposure to certain substances like wet cement



**Noise**

can lead to NIHL and permanent hearing damage caused by excessive noise levels

# 60%

of these workers may also be using tools which expose them to another health hazard, such as:



**Vibration**

can lead to HAVS, loss of feeling and pain in fingers caused by overexposure to vibrating equipment such as pneumatic drills and grinders



**Dust and fumes**

can lead to respiratory sensitisation and occupational lung disease such as occupational asthma, chronic obstructive pulmonary disorder (COPD) and silicosis

# Core health hazards in construction

**“Every employer shall ensure that his employees are provided with such health surveillance as is appropriate having regard to the risks to their health and safety which are identified by the assessment.”**

## **Regulation 6 of the Management of Health and Safety at Work Regulations 1999**

Employers must carry out regular risk assessments – it’s a legal obligation. This means identifying hazards, assessing and controlling risks, recording findings and reviewing controls. If there is still exposure to health hazards the employer must:

- Identify who is still exposed to health hazards and ensure they use PPE regularly
- Arrange and supply regular health surveillance – checking changes in health over time for those still at risk
- Use the results to show where working practices should change to support workers staying at work or remaining at work.

The result – developing good working practices and protecting workers from work-related ill health.

## **Resources**

Guidance from the Health and Safety Executive on ‘Construction health risks: Key points’:

[www.hse.gov.uk/construction/healthrisks/key-points.htm](http://www.hse.gov.uk/construction/healthrisks/key-points.htm)

Guidance from the Health and Safety Executive on the steps needed to manage risks:

[www.hse.gov.uk/simple-health-safety/risk/steps-needed-to-manage-risk.htm](http://www.hse.gov.uk/simple-health-safety/risk/steps-needed-to-manage-risk.htm)



# Health surveillance

The aim of health surveillance is to protect the health of workers by looking for early signs of specific diseases, ensuring that the control measures in place are appropriate and provide group data for evaluating health hazards. Health surveillance is legally required if there is residual exposure to health hazards.

A risk-based approach based on the core hazards in construction can be simplified into one set of health surveillance for 90% of workers exposed to physical health hazards:

- Noise – hearing check
- Dust and fumes – respiratory check
- Hazardous substances – skin check

About 60% of those workers will also use hand-held vibrating tools and need extra checks:

- Vibration – hand-arm vibration symptoms check

All of these checks can be done each year by a self-declaration questionnaire to show any relevant changes in hearing, respiratory, skin and hand health.

Before exposure and every 3rd year, the worker should also have a face-to-face assessment with a practitioner from an occupational health service provider (OHSP). This will highlight any notable health changes in those areas.

The employer must keep a record of health surveillance for at least 40 years – and these should include:

- Surname, forename(s), gender and date of birth
- Permanent address – including postcode
- National Insurance number
- Date present employment started
- Date of assessment, who carried this out, the outcomes, and whether adjustments or restrictions are advised as a result of the assessment - with details

The OHSP keeps a record of all advice on results, working conditions, adjustments or restrictions and recommendations for monitoring affected individuals in the clinical notes.

## Resources

Guidance from the Health and Safety Executive on 'Managing construction health risks: Health surveillance':

[www.hse.gov.uk/construction/healthrisks/managing-essentials/health-surveillance.htm](http://www.hse.gov.uk/construction/healthrisks/managing-essentials/health-surveillance.htm)

Guidance from the Health and Safety Executive on 'Health surveillance':

[www.hse.gov.uk/health-surveillance/index.htm](http://www.hse.gov.uk/health-surveillance/index.htm)

# Occupational health service providers (OHSP)

Based on your risk assessment, your OHSP can put in place:

- The level of health assessment required – such as questionnaire or questionnaire and assessment
- The frequency of the health assessment
- Who is going to do what – a responsible person in the company, occupational health technician or occupational health nurse etc
- The plans for feedback of anonymised data from the results of health assessment to assist in risk management
- Other reports you would like from the provider
- Plans for onward referral of workers for further diagnosis and perhaps treatment, including the consent process for sharing information from any onward referral with the employer
- Keeping copies of clinical records

## Resources

Guidance from the Health and Safety Executive on 'Management of occupational health services':

[www.hse.gov.uk/construction/faq-management.htm](http://www.hse.gov.uk/construction/faq-management.htm)

The Society of Occupational Medicine's webpage on finding an occupational health provider:

[www.som.org.uk/find-oh-provider-company](http://www.som.org.uk/find-oh-provider-company)

The Safe Effective Quality Occupational Health Service's accredited services directory:

[www.seqohs.org/Accreditedunits.aspx](http://www.seqohs.org/Accreditedunits.aspx)

# Summary of responsibilities

## Employers:

- Undertake risk assessment to identify health hazards, assess and control risks, record findings and review controls
- Provide a safe system of work and appropriate PPE if required
- Arrange and supply appropriate health surveillance activity
- Share the outcomes with the employee and make adjustments as advised
- Keep records of health assessment and outcomes for 40 years - but not clinical records
- Make records available to employees, regulatory bodies and courts of law

## OHSPs:

- Have suitably trained staff to conduct health assessments
- Undertake health assessments based on the hazards the employer has identified
- Provide outcomes (not clinical information) with advice
- Keep a copy of clinical records for health assessments on behalf of the employer for 40 years

## Employees:

- Follow instructions for safe ways of working
- Look after and use PPE if provided
- Attend health assessment appointments
- Report any changes in exposure to health hazards or their health

### Disclaimer

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