# ARRANGEMENT O – OCCUPATIONAL HEALTH

## Introduction

Many materials or substances used or created at work could harm your health. These substances could be dusts, gases or fumes that you breathe in, or liquids, gels or powders that come into contact with your eyes or skin. There could also be harmful micro-organisms (more commonly known as germs) present that can cause infection, an allergic reaction or are toxic.

Harmful substances can be present in anything from paints and cleaners to flour dust, solder fume, blood or waste. Ill health caused by these substances used at work is preventable. Many substances can harm health but, used properly, they almost never do.

Some substances can cause asthma or other diseases, including cancer. Many can damage the skin, and some can cause serious long-term damage to the lungs. The effect can be immediate, such as dizziness or stinging eyes, or can take many years to develop, such as lung disease. Many of the long-term or chronic effects cannot be cured once they develop.

The law requires the Company to adequately control exposure to materials in the workplace that cause ill health. This is the Control of Substances Hazardous to Health Regulations (COSHH) and means:

- identifying which harmful substances may be present in the workplace
- deciding how workers might be exposed to them and be harmed
- looking at what measures you have in place to prevent this harm and deciding whether you are doing enough
- providing information, instruction and training
- in appropriate cases, providing health surveillance

## Guidance

Regulation 11 of the COSHH Regulations 2002 states:

1. Where it is appropriate for the protection of the health of his employees who are, or are liable to be, exposed to a substance hazardous to health, the employer shall ensure that such employees are under suitable health surveillance.
2. Health surveillance shall be treated as being appropriate where –
    a. Removed - Not applicable to Hughes and Salvidge.
    b. the exposure of the employee to a substance hazardous to health is such that –
        i. an identifiable or adverse health effect may be related to the exposure.
        ii. there is a reasonable likelihood that the disease or effect may occur under the particular conditions of his work, and
        iii. there are valid techniques for detecting indications of the disease or effect, and the technique of investigation is of low risk to the employee.

Hughes and Salvidge owes a duty of care to its employees and is required to assess risks to all who may be affected by exposure to hazards, and ensure so far as possible that the necessary precautions are being taken. This may require Occupational Health Surveillance or vaccinations to be recommended. Accordingly, the guidance contained in this document is relevant to all employees. In particular, great care should be taken to ensure that any employees with existing health conditions, making them more susceptible to harm, are protected.

## Occupational Health

How work affects your health and how your health affects your work.

An effective Occupational Health Service can anticipate, identify, control, prevent and treat ill health caused by exposure to occupational hazards e.g. Chemicals causing dermatitis, chemical or biological agents causing asthma, exposure to loud noises causing hearing damage. It can also provide advice on how a person's existing state of health is likely to affect their work, or be affected by work.

## Occupational Health Surveillance

Helps to protect an individual's health by:

- Detecting, at a very early stage, any adverse health effects attributable to work, before any long term or irreversible health damage occurs
- Providing employees with an opportunity to raise any health concerns they may have in relation to their work
- Providing an indication of how effective any existing control measures are
- Providing information on hazards to health, via health records

Occupational Health Surveillance is likely to involve a combination of the following:

- Self-checks. Individuals should look for easily recognisable signs and symptoms of ill health. Self-checks must be complemented by one of the following methods of surveillance.
- Simple checks made by Managers/Supervisors, e.g. skin inspection of hands.
- Medical checks or examinations made by an Occupational Health Nurse, Doctor, Audiologist, etc.

In all cases, Hughes and Salvidge are legally required to ensure that a Risk Assessment has been completed. A Risk Assessment is required so that exposure to chemical, physical or biological hazards can be controlled, monitored and where appropriate Occupational Health Surveillance can be undertaken.

The Risk Assessment should consider information on the known health hazards associated with the work being undertaken, approximate exposure levels and comparisons with occupational exposure limits. The overriding requirement in health and safety law is to minimise health and safety risk - this means using safer substances/equipment or techniques wherever possible. If exposure to known hazards is not expected to produce any adverse health effects, then Occupational Health Surveillance is not required.

In addition, work involving exposure to asbestos, lead, iodising radiations and work in compressed air, all require periodic medical examinations under specific regulations.

Table 1 at the end of this appendix lists specific activities where Occupational Health Surveillance is likely to be appropriate.

## Carcinogens

In most cases, where there is exposure to known or suspected carcinogens, Occupational Health Surveillance programs are of limited value as detection of early signs of ill health is not possible as there is normally a latent period following exposure before ill health symptoms are displayed. There are some exceptions, e.g. in relation to substances known or suspected to cause skin cancer. These exceptions are contained within Table 1 at the end. For all work activities involving exposure to carcinogens, occupational exposure limits must not be exceeded, exposure should be reduced as far as practicable and records of exposure must be kept and form part of the Risk Assessment document.

## Vaccinations

Even when safe working procedures are adopted, there may still be a significant health risk from accidental exposure to biological hazards. Where such risks are identified vaccinations may be recommended as additional protection against ill health. However, vaccinations are no substitute for safe working procedures. It is better to prevent infection by avoiding contact or accidental inoculation with an infectious agent, rather than rely on a vaccination for protection. This is one of the reasons why the Hughes and Salvidge supply good quality gloves and instructs employees to wear them.

The following points need to be considered:

- Is a vaccine available? It is not possible to vaccinate against all infectious diseases and in some cases, vaccination may not be effective anyway. For example, where there is a risk of infection from exposure to blood borne viruses, it is possible to vaccinate against Hepatitis B (although not everyone will show the same immune response) but it is not possible to vaccinate against Hepatitis C or HIV.
- Is vaccination appropriate? The risk of infection - characteristics of the infectious agent, exposure details, and likelihood of accidental exposure must be assessed.
- The vaccination - possible health risks and inconvenience/pain associated with vaccination, effectiveness of protection afforded, and cost must be considered.
- In the first instance, the SHEQ Department should be contacted for further information. Subsequently employees may be referred to the Occupational Health Nurse/Doctor or their own GP for further advice and to receive the vaccinations.
- In very rare cases, where the residual risk of contracting an infectious disease is high, Hughes and Salvidge will act on the advice of the Occupational Health Nurse/Doctor and will, if appropriate, only allow employees showing the necessary immune response to undertake such activities

## Records of Occupational Health Surveillance

Hughes and Salvidge keep all employees' health/vaccination records arising from referrals.

In accordance with the Medical Reports Act 1988, any clinical information gathered by the Occupational Health Nurse/Doctor is treated as confidential between the individual concerned and the Occupational Health Nurse/Doctor. Disclosure of this information to the employer can only be with prior consent of the individual concerned.

An important distinction must be made between clinical information and information representing opinion, advice or interpretation of facts, which is not confidential, i.e. comments relating to fitness for work, and recommendations on reasonable modifications to work activities to improve health and safety standards in the workplace. It is this non-clinical information will be forwarded to Hughes and Salvidge for necessary action.

Records should be kept for as long as Occupational Health Surveillance is being undertaken. The regulations governing exposure to lead, asbestos, compressed air work and ionising radiations - and in relation to specific circumstances contained in the COSHH Regulations - require records to be kept for up to 50 years from the date of the last entry. The SHEQ Department will give advice upon request.

In accordance with the Data Protection Act 1998 and The Access to Health Records Act 1990, employees are advised that health records are being kept, why they are kept, and that they have the right to access and comment on them.

## How Occupational Health Surveillance/vaccinations are arranged?

- Based on Risk Assessment findings, the Hughes and Salvidge decide if Occupational Health Surveillance or vaccinations are appropriate.
- If referral to the Occupational Health Doctor/Nurse is required:
    a. Talk to the employee to explain why Occupational Health Surveillance is appropriate and explain what is involved
    b. The Hughes and Salvidge will arrange for an appointment with an Occupational Health Nurse/Doctor and will provide contact details so that the employee's supervisor can ensure referrals are arranged.
    c. Provide a copy of the relevant Risk Assessment so this can be passed on to the Occupational Health Nurse/Doctor. It is vital that this information is made available, as the Nurse/Doctor will make any health assessments based on the type of work undertaken, the hazards, exposure details and any controls already adopted.
    d. The Nurse/Doctor will share Occupational Health Surveillance findings directly with the individual concerned. Non-clinical information will be shared with the SHEQ Department, which is responsible for making a copy of the report available to the individual concerned and for ensuring that any recommendations are completed. In some cases, the SHEQ Department will discuss the report recommendations directly with the employee concerned.
- Where referral to the Occupational Health Nurse/Doctor is not required, but simple health enquiries/checks are required, e.g. DSE eyesight checks, records of these checks are kept as part of the Risk Assessment process.
- The Company will send reminders when repeat Occupational Health Surveillance referrals are required.
- Risk Assessments and therefore Occupational Health Surveillance needs must be reviewed whenever significant changes occur.

## Costs

Hughes and Salvidge is legally required to allow employees to attend Occupational Health Surveillance and/or vaccination appointments, in work time, and at the Company's expense. It is also a legal requirement for individuals to provide relevant information relating to their own state of health to the Occupational Health Doctor.

Situations where Occupational Health Surveillance is likely to be appropriate (Table 1)

| Substance / Process | Example Occupation | Typical Occupational Health Surveillance Procedure |
|---|---|---|
| Use of equipment that causes hand arm vibration (HAVS) | Demolition Operative Mechanic | Initial assessment by SHEQ Dept - referral to Occupational Health |
| Display Screen Equipment (DSE) Users | Office employee (who is designated a "User") | Sight test - contact SHEQ Dept to arrange for DSE sight test |
| Exposure to loud noises | Demolition Operative Plant Operators | Initial assessment by SHEQ Dept - referral to Occupational Health |
| Exposure to extreme hot/cold | Demolition Operative | Initial assessment by H&S Adviser |
| Night workers | Demolition Operative | Annual health checks – self declaration form used |
| Substances of recognised systemic toxicity | Demolition Operative involved on a special project | Initial assessment by Contracts Management |
| Respiratory sensitizers and all substances known to cause occ. asthma and other allergies | Demolition Operative, e.g. hand removal of guano | Initial assessment by Contracts Management - referral to Occupational Health |
| Substances known to cause dermatitis or cancer of the skin, e.g. mineral oils | Mechanic | Initial self-inspection/regular enquiries and skin inspections |
| Exposure to lead fumes | Demolition Operative involved in burning | Initial assessment by SHEQ Dept. - referral to Occupational Health |
| Exposure to dusts – asbestos and silica | Demolition Operative | Initial assessment by SHEQ Dept. - referral to Occupational Health |

In accordance with the above, a professional and competent Occupational Health Service supplier will provide the following:

- An occupational health consultancy to the Company.
- Periodic and ad-hoc occupational health surveillance for all operational staff. This will generally include the following checks:
- Hughes and Salvidge Health Questionnaire
- Full hearing test for each ear (known as Audiometry)
- Lung function check (known as Spirometry)
- Vision test - Near, distance & colour

- Skin examination for HAVS & Dermatitis
- Blood pressure and pulse rate (at rest)
- Weight; advice on weight and health (includes Body Mass Index calculation)
- Urine sample dip test for Diabetes; the results will be given at the session
- Night Workers' Health Assessment (as required by WTR)

NB. Not all checks will necessarily be carried out at each screening.

- From our own experience and using BAA's experience with Occupational Health at Heathrow, we screen employees according to their age (at the date of the screening) as follows:
- 18 – 40 every 3 years
- 41 – 50 every 2 years
- 50+ every year
- Unless something is identified that should be monitored more frequently. We would take the advice of the Occupational Health Provider on this issue.
- If requested, deliver a suitable & relevant Tool Box Talk, e.g. hearing protection; to each employee as part of their annual occupational health surveillance. This will normally be agreed with the Health & Safety Adviser.
- A referral service to an Occupational Health Doctor for matters outside the scope of the Occupational Health Nurse, e.g. diagnosis of HAVS.
- Evaluation of the health of "New Starters" when requested.
- Evaluation of a Doctor's report when requested.
- An ad hoc drug testing service, as specified in the Hughes and Salvidge Drug & Alcohol Policy, on request. The Drug & Alcohol Policy can be found within the Hughes and Salvidge Employee Handbook

### Asbestos

The Company will also carry out any extra OH screening of all employees (every three years) involved with the removal of non-licenced asbestos materials as required by the Control of Asbestos at Work Regulations 2012.

Full license asbestos removal operatives will complete OH screening every two years by a HSE appointed Doctor.

### Tool Box Talk

Periodically tool box talks will be carried out on occupational health and this would include asbestos, dermatitis, Weil's disease and other potential harmful health issues. When a talk is carried it would be prudent for the Manager/Supervisor to physically check operative's hands etc. for potential signs such as dermatitis.