

HOUSEBUILD INFONET – OCTOBER 2006

FREE information for developers and builders constructing new homes

FATAL INJURY STATISTICS 2005/06

The provisional number of fatal injuries in construction during 2005/06 fell to 59 from the final figure of 69 in 2004/05. The fatal injury rate fell by 14% to 3.0 per 100,000 workers. These are the lowest levels on record. The detailed [picture for construction](#) can be found in the recently published [statistics report](#).

RECENT FATAL INJURIES ON HOUSEBUILD PROJECTS

Fatal injuries on housebuild projects during the last two years include the following categories, in descending order of frequency:

- [Lifting operations](#) - these involved: an overturning crane; lifting timber frame floor panels; offloading steel beams and; handling fire doors. HSE issued a [tower crane safety alert](#) following a number incidents involving cranes in recent years;
- [Mobile plant](#) - incidents involved: an excavator overturning; an excavator arm striking the operator and; a reversing telehandler crushing a pedestrian;
- [Falls from height](#) - including falls from scaffolding and through a roof opening.

DISORGANISED SITES CAUSE INJURIES

Slips and trips are regularly the greatest single cause of reported injuries on home build projects, leading to 3-day injuries and hundreds of other major injuries each year. The HSE [Watch Your Step](#) campaign last October included much useful information, now available on the HSE website - see page 2 for recent pictures of disorganised home builds. By revisiting this issue on all your projects, you may help to reduce risk of major injury still further.

NEW CDM REGULATIONS EXPECTED APRIL 2007

Revisions to the CDM Regulations (1994) are expected to come into force in April 2007. [Further information](#) on the proposed timeline, launch timetable and public consultation is now on the HSE Construction web pages. NHBC has organised a number of seminars, in partnership with HSE, to provide the latest information on these changes. The seminars will soon be held at locations in England, Scotland and Wales. See [HSE website](#) and the [NHBC website](#) for further details. There is still time to book a place!

BETTER BACKS

Construction suffers a high rate of musculoskeletal disorders (MSDs), mostly back problems relating to manual handling activities. The GB-wide [Better Backs](#) campaign has now started and, for several weeks from 16 October 2006, HSE Construction Inspectors will visit projects and focus on manual handling tasks involving kerbs, building blocks, panelled products, lintels and bagged aggregates.

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

Thank you for your interest. Let us know of any issues you wish us to cover in future editions.

Philip Poynter
HM Principal Inspector
HSE Construction Division London, East and South East Unit
July 2006

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Chaotic, untidy and poorly organised home build sites lead to slips, trips and falls.
These cause major injuries ... and can put the public at risk.



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

THINK: “Manage the risks not the symptoms”

A concerned Site Manager (Safety Manager/Director):

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

Answer:

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

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

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

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

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

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

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

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

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

THINK: Manage the risks not the symptoms

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

- Health Surveillance
- Fitness to work assessment

Health Surveillance

This is a legal requirement where:

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

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

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

Some examples of health surveillance:

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

Fitness to work

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

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

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