

Unlocking The Secrets of Occupational Health

...from a HMI Perspective



Adele Tinkler and Susan Donnelly HMI H&S
(Occupational Health)
HSE Edinburgh

- How much is occupational health currently costing your business?
- Who leads on Occupational Health in your company?
- How do you determine your health risks?
- Are your health risks currently managed?



HSE Statistics 2013/14 - Construction

Estimated:-

- **2.3m** days lost
 - **76,000** ill health cases
 - Cost to Britain (Ill health & Injury) = **£1.1bn** per year
 - *Source: Labour Force Survey*
- 1.7m** due to ill health
- 31,000** new cases



- The construction site environment
- The dynamic nature of the work
- Risk appreciation
- Employment



- Workplace risk assessment
- Health Surveillance
- Health Monitoring (including Safety Critical)
- Sickness Absence Management
- I.I.T. on Health Risks
- Health Promotion & Lifestyle



- Statutory Compliance based on risk
- Safety Critical
- Sickness Absence management
- Health Promotion



- MSD
- Noise
- Vibration
- Respiratory



- **Respiratory**

- Risk of exposure **silica/dusts**, are you below WEL, purchasing, maintenance arrangements? RPE face fitted?



- **Noise**

- Have you controlled the noise level to below 85dbA without ear protection?

- **Vibration**

- Is vibration reduced to ALARP and are the work activities below 100 points

- **MSD's**

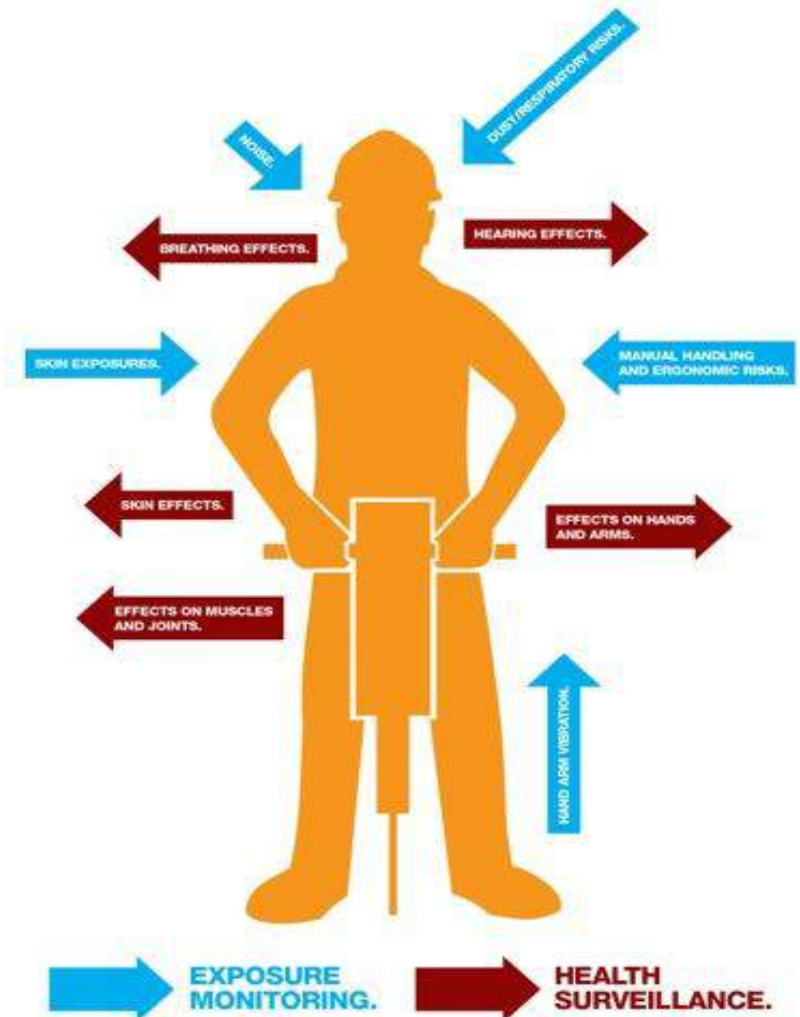
- Assessment of kerb handling ie are mechanical aids being used, training provided?



Have you:-

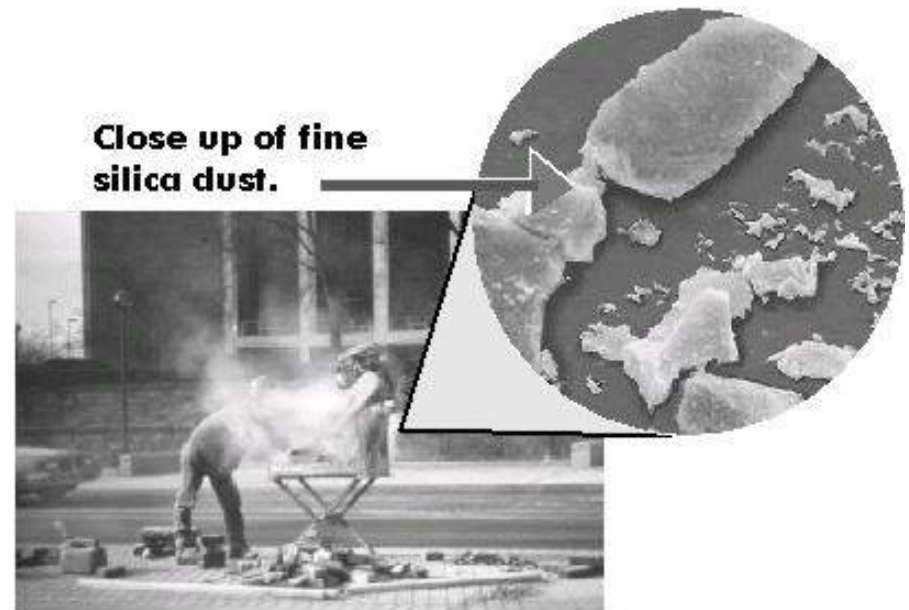
- Assessed your health risk?
- Reviewed your control measures?
- Residual risk? (what is residual risk?)
- A case of disease?

MEASURING OCCUPATIONAL HEALTH RISKS.



Health Surveillance

- To identify any disease at an early stage, to help prevent disease progression and disability
- Collect, keep up to date and use data and information for determining and evaluating hazards to health.
- To check the effectiveness of control measures



- **Doctors:** should hold a minimum D.Occ.Med qualification (Check GMC Number).
 - Using a GP?
- **Nurses:** should be registered with the NMC, are a specialist nurse practitioner in public health (Occupational Health) (Check NMC Number).
 - Different levels of nurse?
- **Occupational Health Technicians:** should be trained in the specific elements of the service they deliver, and must be clinically supervised.



HAVS: a FOM approved training course equivalent level of competency

Noise induced hearing loss: a British Society for Audiology approved course.

Respiratory: Association for Respiratory Technology and Physiology (ARTP) diploma or equivalent level of competency?



- Site visits – Workplace assessments, treatment Service?



- Frequency of Risk Based health surveillance & Feedback



- Sickness absence management & Feedback

- Other Services



- Clear information on fees.



- Maintenance of adequate occupational health clinical records and employee confidentiality.

- Calibrated and well maintained medical equipment



- Staff and skills mix

- Fitness to work information



- Anonymous trend information.

- Relevant risk assessments?
- Previous Surveillance/Monitoring Data
- Noise & Vibration data for groups of employees sent?
- Job descriptions?



- Service level agreement & costs
- Number of sessions & site visits
- Resources required to deliver the service
- Referral process to Occupational Health
- Staff numbers & competencies
- Timeliness and nature of the feedback
- Involvement in workplace visits and the risk assessment process
- Communication pathways
- End of contract transfer of records



- Ensure employee aware of outcome of OH review
- Clear concise feedback from OH Provider?
- Review your risk assessment's and control measures? Consider implications for other workers!
- Consider redeployment as appropriate?



- Agree contract standards and review, monitor and audit
- Is your OH Provider undertaking Audit of service provision? Do you see the results?
- Have you set KPI's, has communication been effective?
- Is there an effective equal partnership?



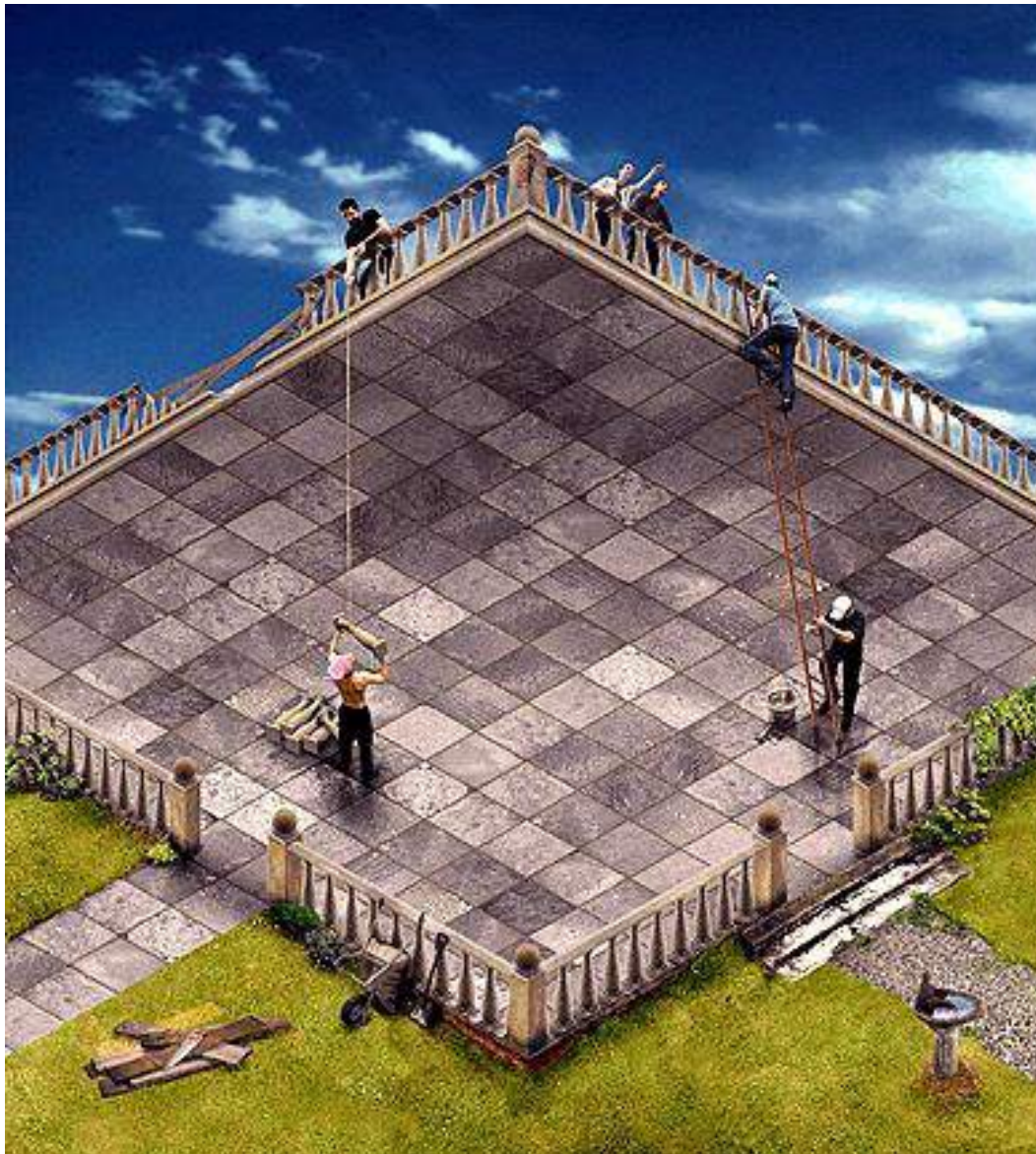
Keep it Simple – Don't overcomplicate the message;

- Demystifyfy the concept by:-
- Assess health risk before purchase.
- Blanket Surveillance is expensive.
- Good OH is a tool producing data which assists in managing health risk.



- **Areas to consider:-**
- H&S Policy
- Is there a systematic approach to risk assessment & control
- Does the contractor have competent OH provision
- Is there confirmation of statutory surveillance for residual health risks





- **Susan Donnelly**
- Susan.donnelly@hse.gsi.gov.uk
- 0131 247 2106

- **Adele Tinkler**
- adele.tinkler@hse.gsi.gov.uk
- 0131 247 2117