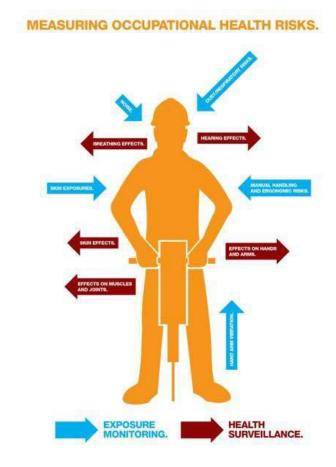
## BUILDING FUTURES



# Occupational Health Programme



- Follow on from HSE Presentation Nov 2014
- Susan Donnelly and Adele Tinkler
- Contractors Perspective
- This is about the journey we started on.





## & Safety



### **BACKGROUND**



- Established 1974
- Privately owned
- Diverse group structure

- CONSTRUCTION
- DEVELOPMENT
- OSM
- WINDOWS + DOORS
- ASSET MANAGEMENT
- ROOFING + RENDER
- FLOOR COVERINGS

■iQ LAB



### **BACKGROUND**

- 652 staff
- Large contingent of direct employees in key trades

- Vibrant apprenticeship programme: 10-20 new starts each annual intake
- Proactive staff development & training

- 113 Joiners
- 86 Bricklayers
- 106 Plumbers
- 19 Plasterers
- 35 Roughcasters
- 11 Floor Coverers
- 4 Glaziers
- 4 Ceramic Tilers
- 5 Roofers
- 97 General Labourers



## **HSE Intervention**

- Athletes Village
- City Legacy Contractors
- Adele Tinkler & Murray Provan
- Requirements
- Expectations
- Comparison and Exchange of Good Practice





## Why?

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- Legal Reason
  - Have to!
- Moral Reason
  - Should do!
- Business Reason
  - Must do!







## Health & Safety

## **Review of Current Practices**



- Set up Working Group
- Representative of Workforce
- Category Breakdown
  - Manageable Chunks
- Review, Discussion & Decision
- Review of Risk **Assessments**
- Absence Management

D)ust **Vibration** Noise Skin Disorders COSHH Manual Handling Sun Exposure Asbestos Drugs & Alcohol

Mental Health

## **Hierarchy of Control**



- Elimination
  - Factory Process
- Substitution
  - Less Hazard Substance
- Engineering Controls
  - Site Control at Source
- Administration Controls
  - Job Rotation
- PPE
  - Suitability

Elimination
Substitution
Engineering controls
Administrative controls
Personal protective equipment



## **Risk Assessments**



- Was Safety Heavy
- Supplemented Health Considerations
- Put Health Issues First
- RAMS Briefings

CCG Division Trade				Contracts Division			
			General Operative (inc Coring)				
Ref: CCG-RA-00	03a		Assessor	Andrew Blair – GHSMgr Date	5/5/12		
Activity	<u>Hazard</u>	Who at Risk	Risk Evaluation	Control Measures	Residual Risks		
Carrying Materials into properties	Manual Handling	General Operative	Moderate Risk	Materials to be broken down in to sizes and weight to minimize manual handling risk. Heavy objects to be assessed and to be carried using multi-person lift. Operative to use safe lifting techniques and to minimize awkward lifting, twisting and bending.	Tolerable Risk		
Storage of Materials	Collapse of Material	General Operative Tradesmen Residents General Public	Moderate Risk	Materials to be neatly stored in safe areas. Stacked and secured to prevent the collapse of materials. Materials to be stored in secure areas when not in use.	Tolerable Risk		
	Tripping over materials		Substantial Risk	Walkways and pathways should be avoided for storage of materials. If they are to be used then materials must be stored neatly, be highlighted and protected from public contact.	Tolerable Risk		
General Housekeeping	Dust Inhalation	General Operative Tradesmen Residents General Public	Intolerable Risk	Operatives must clear up using vacuums rather than brushes to minimize the generation of dust. Operatives must wear RPE Mask to FFP3 protection.	Tolerable Risk		
	Tripping over materials/waste		Substantial Risk	Operatives must maintain a high level of Housekeeping to prevent the risk of operatives or the general public from tripping over materials or waste.	Tolerable Risk		

CCG-RA-003a – General Operative Contracts Division Date 5/5/12



## Health & Safety

### **Dust**

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- Factory Production
- Pre-cut Materials
- Portable Dust Extraction Unit
- Water Dust Suppression
   System
- Cutting Enclosures (with Superior RPE)
- "Lose the Broom" use the Vacuum.
- Face Fit Testing
- Selection/Suitability of RPE



## **Vibration**

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- Training for SHE Dept
- Use non-hand held system
- Selection of Equipment (Manufacturers Data)
- Testing of Equipment (Vibration Magnitudes)
- Assessed Activity for trigger times
- Monitored Personal Exposure (HAVI-Meters)
- Person-Activity Training
- Job Rotation



process	Vibration magnitude m/s² r.m.s.	Exposure points per hour		each E AV s² A (8) minutes		each ELV A(8) minutes	dura	sure ation minutes	Partial exposure m/s² A (8)	Partial exposure points
Tool or process 1	10	200	-	38	2		. 9	15	1.8	50
Tool or process 2	6	72	1	23	5	33	0.5		1.5	36
Tool or process 3	3.5	25	4	5	16	20	1	30	1.5	37
Tool or process 4	0.00/4			- 1				0.000	1000	
Tool or process 5										
Tool or process 6										
Lock Tool or process n	ames									
		Instruction Enter vibration To calculate, p	n magnitudes				M		Daily exposure m/s² A (8)	Total exposure points
				r, or move the n the yellow a		Afferent cell			2.8	points 123

## Noise

CCG

- Noise Surveys
- Off Site Assembly
- Selection of Equipment
- Employee Awareness of Noise Levels Generally
- Indicative Noise Levels of Equipment/Activities
- Suitability of Hearing Protection
- Training for use of PPE





## Skin Disorder

- Off Site Manufacture
- Substitution of Substance
- Mechanical Application
- Awareness Training for those exposed
- Selection and Suitability of PPE
- Welfare and Cleanliness









## COSHH

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- Review of current COSHH Assessments
- Trade COSHH Summary Sheets
- Specific Substance Briefing
- COSHH Awareness Training
- Storage of Substances
- Review of Selection & Suitability of PPE





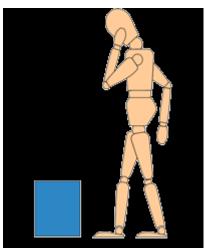
## **Manual Handling**

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- Eliminate MH Off Site Manufacture
- Manual Handling Assessments
- Mechanical Lifting
- Manual Lift Planning
  - Multi-person lift
  - Lifting Aids
- MH Training







## Sun

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- Awareness Information
- Tool Box Talks
- Enforcing no "Taps Aff"
- Provision of Sun-Block or encouragement of use of own products.
- · Posters/Leaflets, etc.

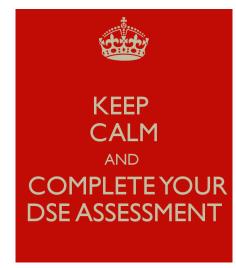


## Display Screen Equipment



- Inclusion of Office Based Staff
- Work Station Layout
- DSE Assessor Training
- Office Work Equipment
  - Seats
  - Foot Rests
  - Monitor Stands
- Information & Training
  - Alternating DSE work with "other work"





## Asbestos

CCG

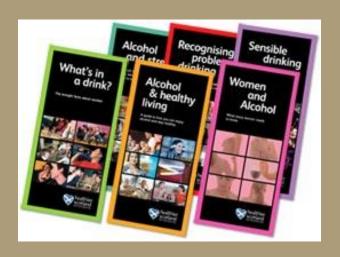
- Review of Protocols already in place.
- Survey procedures, interpretation & communication
- Formal Asbestos Awareness Course.
- Site Specific Briefing at Induction Stage
- Competence (Licensed)
   Asbestos Removal
   Contractors



## **Drugs & Alcohol**

- CCG

- Drugs & Alcohol Policy
- Posters, Leaflets, etc
- D&A Testing
- Information
- Referral to Support Services





## **Mental Health Awareness**



- Posters
- Leaflets
- Contact Details for Support Sources
- Support to Employees
- Absence Management





Depression	3%
Anxiety (Stress)	5%
Mixed anxiety and depression	10%
Phobias	3%
OCD	1.3%
Panic disorder	1%
Post traumatic stress disorder	3%
<b>Eating disorders</b>	2%



## Health & Safety

## **Occupational Health Provider**



- Changed OH Provider
- Established
   Surveillance Programme
- 30 Days a year
- 15 Employees a day
- Including Nightshift
- Direct Cost £10,000
- Indirect 3x



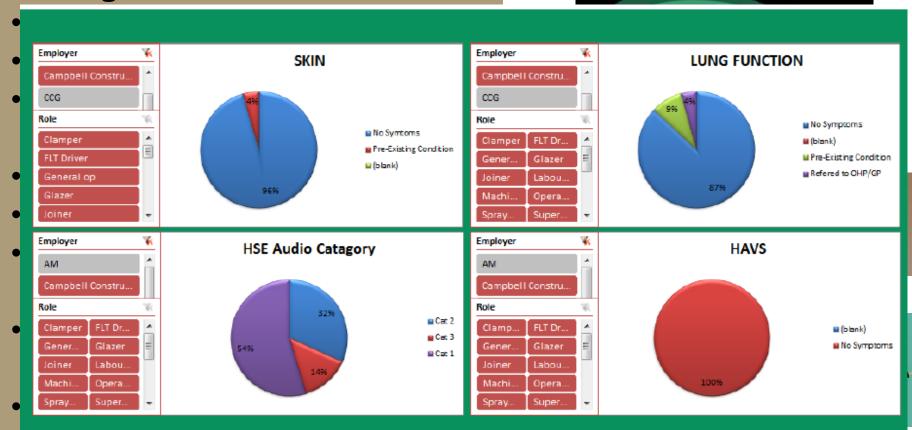




## **Health Surveillance Session**



Lung Function



## **New Start Health Screening**



CCG

- New Start forms includes confidential disclosure of medical conditions.
- Commitment to have new start through Health Surveillance within 3 months of starting

SITE OPERATIVE RECORD SHEET	Т					
Contract Name		Site Manager				
Full Name		Date of Birth				
Home Address		-				
Trade/Occupation						
Company Employed by						
Company Address						
Emergency Contact Name						
Emergency Contact Number						
Emergency contact reamses						
TRAVEL TO WORK INFORMATION	ON					
How did you travel to work		Annua Tina ta ta	and the country			
How did you travel to work	Approx Distance	Approx Time to tra	avei to work			
form is designed to help assess you relevant box for each of the follow DO YOU SUFFER FROM ANY OF TH		NS?		N		
<ol> <li>Do you or have you ever suffe</li> <li>Do you have or have you had</li> </ol>		sudden dizziness?		H		
		ow in an emergency situation?		H		
4 Do you suffer from diabetes?						
Do you have or have you ever had skin problems, e.g. dermatitis?						
Do you nave or nave you ever nad skin problems, e.g. dermatitis?  Do you or have you ever suffered from painful or cold hands or fingers?						
	Do you or have you ever suffered from painful or cold hands or fingers?  Do you or have you suffered from heart disease, chest tightness or wheeziness?					
B Do you or have you suffered from any lung disease, eg Asthma, COPD, etc?						
9 Do you have any eye problems not corrected by glasses, eg Colour Blindness, etc?						
10 Do you have any hearing difficulties, including loss of hearing?						
11 Do you or have you had any stomach problems, eg Ulcer?						
12 Do you drink more than 40 units of alcohol per week? Units:						
13 Have you had any alcohol related illness in the last 12 months?						
14 Do you smoke more than 20 o		Number:	-	-		
operation?	n, inc nerbai remedies, which could	cause drowsiness or effect equipmen	nt   L			
	rom any stress related condition the	at could affect your fitness to work?	п	١.		
17 Do you or have you suffered from any stress related condition that could affect your fitness to work?  18 Are you aware of any substance or chemical that you have become sensitised to?						
18 Are you aware of any substance or chemical that you have become sensitised to?						
		r your health changes during you	ır time on site	2. VC		
must declare this and record m		Tyour nearth thanges during you	ii tiine on site	,,,		
CCG/Scotland   td receive the ri	ight to refer you to an Occupation	nal Health Professional to be advi	sed on your fi	tne		
	gnt to refer you to an Occupation ances refuse to allow you to wor		sea on your n	unes		
to more and in certain circumst	ances refuse to allow you to wor	n on site.				
		D CONFIDENTIAL IT IS KEPT IN CASE				
I confirm that I will adhere to my ounsafe conditions to my supervisor Signed:		the requirements of the site induct	ion. I will repo	rt ar		
Date:						
All Site Operative Record Sheets to Department for advice.	hat include details of any health iss	ues must be copied and forwarded t	to the HR			

## **Supply Chain - Subcontractors**



- Supply Chain Meetings
- Setting the Policy for working with CCG
- One to one meetings to provide assistance
- Involvement in improving OH Programme
- Contractual Requirement that OH Programme in place prior to contract award.



## **Awareness & Training**



- Formal Training
  - Asbestos Awareness
  - Face Fit Testing
- RAMS Briefings
- COSHH Hazard Briefing
- Product & Equipment Briefing
- Tool Box Talks
- Apprentice Induction
- Campaigns
  - Poster
  - Newsletters



Health First is an initiative to raise awareness of the main health risks that operatives are exposed to during their working day. Each month of 2015 will focus on a specific health risk. If you want to ask any questions about this please contact the CCG Health and Safety Department on 014: 643 3733 or email ablair@c-c-g.co.uk

## **Occupational Health Campaign**



January	<u>February</u>	<u>March</u>
Dust Protection	HAVS	Noise
<u>April</u>	<u>May</u>	<u>June</u>
Skin Protection	Asbestos	Sun Protection
July	August	<u>September</u>
Eye Protection	COSHH	Manual Handling
<u>October</u>	<u>November</u>	<u>December</u>
Welfare	Stress	Drugs & Alcohol





GENERAL CONTROL

MEASURES

Use Dust Extract System

Use dust collection bag

Use water dust suppres-

cutting concrete or block

sion techniques when

Don't sweep up with

brush-use a vacuum

Ensure good general

Wear proper Dust Mask

ventilation

to reduce dust in air

to remove dust from

### HEALTH FIRST

JANUARY 2015

CCG





prevent or adequately control dust risks.

#### Types of Dust

There are three main types of dust you may be exposed to:

- O Silica Dust-created when working on silica containing materials like concrete, mortar, block, brick and sand-
- Wood Dust-created when working on softwood, hardwood and wood based produces like MDF and Plywood

O Gypsum Dust-created when cutting into plasterboard related products

#### Health Risks

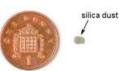
Anyone who breathes in these dusts should know the damage they can do to the lungs and airways. The main dustrelated diseases are

- O Lung Cancer
- Silicosis
- Onronic Obstructive Pulmonary Disease (COPD)
- 0 Asthma

Some lung disease. Like advanced silicosis or asthma. can come on quite quickly.

However, most of these diseases take a long time to develop. Dust can build up in the lungs and harm them over time. The effects are often not immediately obvious. Unfortunately, by the time it is noticed the total damage done may already be serious and life changing, it may mean permanent disability and early death.

To put things into perspective the largest amount of silica dust that someone should be breathing in a day after using the right controls is shown below next to the penny



#### DUST CONTROL METHODS

There are various methods for controlling dust generation at the source:

- Water Dust Suppression (Water Bottle & Pump)
- Vacuum Attachment (Wood) Dust)
- O Dust Collection Bag
- O Respiratory Protective Equipment (Dust Masks)



### DISPOSABLE DUST MASKS

#### Before You Use A Mask:

- ♣ Be clean shaven, beards and Stubble will prevent the mask from protecting you. properly as it won't get a tight seal with your face.
- \* Make sure the mask is clean and undamaged before you use it.
- Make sure the mask is marked FFP3.
- \* Follow the manufacturers instructions for using and wearing the mask.
- Remember to get a new mask after 8 hours use.

### Putting the Mask On

Follow the Steps Below



Cup the mask in one hand with the straps hanging out of the way.



Hold the make in place over your face and pull the straps over your head. the bottom strap should be to the back of your neck and the top should sit above your ears.



If the straps are adjustable pull both ends at the same time to tighten them

If there is a nose clip press it firmly to the shape of your nose



Cover the valve on the mask then inhale and exhale sharply, if you can feel air flowing ground the edges of the mask the seal is no good, repat step 4 until there is no airflow out of the mask.

#### OTHER TECHNIQUES FOR REDUCING EXPOSURE

- O Limit the number of people near the cutting task
- O Rotating those doing the task
- O Enclose the work to stop dust escaping into other areas.
- O Where safe to do so improve general ventilation to reduce concentration of dust in work area
- O Select work clothes that do not keep hold of the
- Maintain Good Level of Housekeeping
- O Store your Dust Mask carefully
- Ask your site supervisor for a replacement dust mask when required

The use of Respiratory Proteotive Equipment is the last line of defence in reducing dust

All other dust reduction techniques should be used rather than just rely on the use of dust masks.

There are different types of dust masks and different makes. It is important that you use a mask that is suitable for you.

It is also important that you have had a face fit test. This test is designed to demonstrate that you are wearing the dust mask properly.



If you have any questions about this topic please contact the CCG Health & Safety Department on 0141 643 3733 or email ablair@c-c-g.co.uk





## Challenges



- Cost
  - Direct
  - Indirect
- Organisation
  - Co-ordination of site operatives
  - Location of OH Surveillance
  - Time
- Attitudes
  - Fear of "Health Check"
  - Ulterior Motives!!



### **Benefits**



- Formal Records
- Personal Awareness
- Absence Management
- Engagement with Employees
  - Open up to OH Nurse
- Longevity of Workforce
  - Why invest in the development if you are going to make them sick.
- Boost of Morale
  - Employees feel valued



# Health & Safety

## Recognition

- Recognition from Employees
- Industry Recognition
  - Considerate
     Constructors Scheme
  - Constructing Better health
  - RoSPA Awards
  - APM Awards
    - SHELL Sponsored SHE Award 2014









