|  |
| --- |
|  |
|  |
| **CAL-HS-PD-0801** |
| **Occupational Health** |
|  |
| **Procedure** |
|  |
| Issue Number: 01 |
| Issue Date: 28 Oct 2024 |

|  |  |  |  |
| --- | --- | --- | --- |
| Document Control | | | |
| Status: | Live | Date: |  |

|  |  |  |
| --- | --- | --- |
| Approval / Acceptance | | |
|  | Author | Approved |
| Title: | Director |  |
| Company: | M2 Safety Consultants Ltd |  |
| Name: | Fraser Morrison |  |
| Signature: |  |  |
| Date: |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Revision History | | | | | |
| This document should be reviewed at least every 12 months to maintain its effectiveness.  Record the details of any changes made as a result of these reviews in the table below: | | | | | |
| Rev: | Date: | Reason for Review: | Nature of Changes: | Prepared by: | Checked by: |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

###### Contents

[1.0 PURPOSE 1](#_Toc181035533)

[2.0 MAIN HAZARDS 1](#_Toc181035534)

[3.0 RISK ASSESSMENT 1](#_Toc181035535)

[4.0 STRATEGIES TO REDUCE & CONTROL RISK 1](#_Toc181035536)

[5.0 HEALTH SURVEILLANCE 2](#_Toc181035537)

[6.0 HEALTH CHECKS 3](#_Toc181035538)

[7.0 HEALTH RECORDS 3](#_Toc181035539)

[8.0 RIDDOR 2013 4](#_Toc181035540)

[9.0 BACK TO WORK & REHABILITATION 4](#_Toc181035541)

[10.0 REVIEW 4](#_Toc181035542)

###### 

# PURPOSE

1. The Company is fully committed to achieving high standards of occupational health.

# MAIN HAZARDS

1. The main occupational health hazards affecting the company’s employees, clients, sub-contractors and potentially members of the public are:

* Noise (leading to premature deafness and tinnitus etc)
* Vibration (leading to hand arm vibration syndrome (HAVS), carpal tunnel syndrome (CTS), vibration white finger (VWF) and whole body vibration (WBV) etc)
* Manual handling (leading to back pain and other musculoskeletal harm)
* Chemicals and dust (leading to respiratory problems e.g. silicosis and asthma)
* Chemical and dust (leading to skin problems e.g. dermatitis)
* Asbestos (leading to a range of asbestos related conditions e.g. cancers)
* Stress (leading to ill health from issues like: having too much work to do in the time available; travelling or commuting; being responsible for the safety of others at work; working long hours; and having a dangerous job.

# RISK ASSESSMENT

1. The Company will carry out risk assessments, either specific to the above hazards or integrating the above hazards as part of a task risk assessment. Where necessary advice will be taken from a professional consultant or from the Occupational Health provider (occupational physician).
2. The aim will be to eliminate exposure where reasonably practicable, and where not, to reduce personal exposure as low as reasonably practicable and always below any statutory exposure limits.
3. Specific risk assessments for the above hazards will be developed and implemented when necessary.

# STRATEGIES TO REDUCE & CONTROL RISK

1. The approach used by the Company will vary according to the situation, but will always aim to:

* Avoid exposing workers (or anyone else) by doing the job differently e.g. consider ways of mechanising the task.
* Reduce daily time exposure of each worker (two men doing job for 4 hours each instead of one man doing it for 8 hours).
* Proper selection of equipment (less noise or vibration, generating less dust etc)
* Proper maintenance of plant and equipment (to ensure optimum performance)
* Purchasing policy (to ensure risk are reduced before purchase)
* Training and competency of workforce
* PPE (selected based upon risk assessment and properly used).
* Health surveillance

1. Note: Where any asbestos containing material is discovered during construction work it is to be dealt with in accordance with the flow chart and guidance on HSE’s Asbestos Essential EM1 http://www.hse.gov.uk/pubns/guidance/em1.pdf (available on Entropy).

# HEALTH SURVEILLANCE

1. Health surveillance is carried out to:

* Protect workers who are at an increased risk
* Identify work-related ill health at an early stage so that steps can be taken to treat the condition and prevent further damage
* Give early warning that protective control measures are no longer effective

1. The Company will take a risk based approach to the provision of health surveillance.
2. Health surveillance does not reduce the need to eliminate or manage health risks. It is only required (based upon risk assessment) if the following three points are satisfied:

* There is a valid way to detect a disease or condition; and
* It is reasonably likely that damage to health will occur under the particular conditions at work; and
* Health surveillance is likely to benefit the employee.

1. All employees are required to inform the Company immediately if they are suffering from any significant medical condition, disease or ill health, whether or not it is work related. The Company may then decide to refer the employee to the occupational health service provider.
2. The Company will have a contract with a competent occupational health service provider. Advice from the health service provider will be taken with regard to frequency and types of surveillance required.
3. The Company will ensure that relevant evidence of suitable qualifications for the occupational health provider is sought and retained. These are:

* For doctors: Diploma, Associateship or Member of the Faculty of Occupational Medicine (DipOm, AFOM, MFOM).
* For nurses: Diploma or Degree in Occupational Health or MSc

1. The occupational health provider will be required (as part of the service level agreement) to submit health reports to the Company normally within 7 days of completing health surveillance. If a Company employee has been diagnosed with an occupational condition that requires reduction in exposure or removal from the sources the occupational health provider will be required to notify the Company by telephone as soon as practicable.
2. The occupational health service provider will provide the Company with written evidence about the current health status of employees. When received, the Company will review and analyse it and take action i.e. to control and reduce health risk.
3. New employees are required to complete a health questionnaire, and to sign an employee health declaration. They will then be added to the health surveillance schedule. If an employee indicates on the questionnaire that there may be a health condition, they will be referred to the occupational health service provider straight away.
4. It should be noted that workers who are treated as self-employed for tax and national insurance purposes may be seen as ‘employees’ in the context of health and safety.

# HEALTH CHECKS

1. Employees will be trained via TBT to look out for any easy recognisable signs and symptoms of disease. If discovered, employees should report any findings or concerns to their Contracts Manager, who in turn will inform Senior Management.
2. Selected first aiders and/or managers will be trained by the occupational health service provider to carry out regular and ongoing checks for the early signs and symptoms of:

* Skin conditions e.g. dermatitis and chemical burns resulting from wet cement
* Pain in the hands and arms associated with the use of vibrating tools and equipment

1. Any identification of signs and symptoms relating to any of the hazards in section 1 above will be reported to the occupational health service provider without delay and the employee informed.

# HEALTH RECORDS

1. The Company will produce and maintain health records for all employees that are exposed to the occupational health hazards identified above and who require health surveillance as a consequence. Health records are not ‘clinical records’ and will not contain clinical data.
2. The health record will contain the following information:

* Name
* Gender
* Date of birth
* Permanent address
* Contact address
* National insurance number
* Date of starting current job
* A history of jobs that have involved exposure to specific substances or activities that require health surveillance
* A statement on ‘Fit To Work’ based upon health surveillance

1. Health records will be retained for the duration of employment and should be retained for up to 50 years (in case of civil claims resulting from earlier exposure).
2. Health records are confidential under the Data Protection Act 1998 and the Company will inform employees that a health record is held, and that they have a right to access that information and correct it. These documents will be adequately safeguarded.

# RIDDOR 2013

1. Certain types of occupational disease are reportable under RIDDOR. For details see: http://www.hse.gov.uk/riddor/. All cases of ill health should be reported as soon as practicable from the date of written diagnosis. These include:

* Carpal tunnel syndrome
* Severe cramp of the hand or forearm
* Occupational dermatitis
* Hand-arm vibration syndrome
* Occupational asthma
* Tendonitis or tenosynovitis of the hand or forearm
* Any occupational cancer
* Any disease attributed to an occupational exposure to a biological agent

# BACK TO WORK & REHABILITATION

1. When an employee is off work due to an occupational related condition the Company will adopt the following approach to ensure an effective return to work and suitable rehabilitation back into their work:

* Recording sickness absence
* Keeping in contact even if the worker lives some distance away
* Planning and undertaking workplace adjustments
* Using professional or other advice and treatment advice
* Agreeing and reviewing a return to work plan
* Coordinating the return-to-work process

1. The Company will ensure that the cause of the ill health has been subject to risk assessment review and that measures have been taken to ensure the risk of any recurrence has been reduced as far as reasonably practicable.
2. Advice from the occupational health service provider will sought regarding and restrictions or prohibitions where this is not clear.

# REVIEW

1. Where any cases of ill health are identified by a medical practitioner this will require a further review of this procedure.

|  |
| --- |
| A close up of a logo  Description automatically generated |
| M2 Safety Consultants Ltd |
|  |
|  |
|  |
|  |