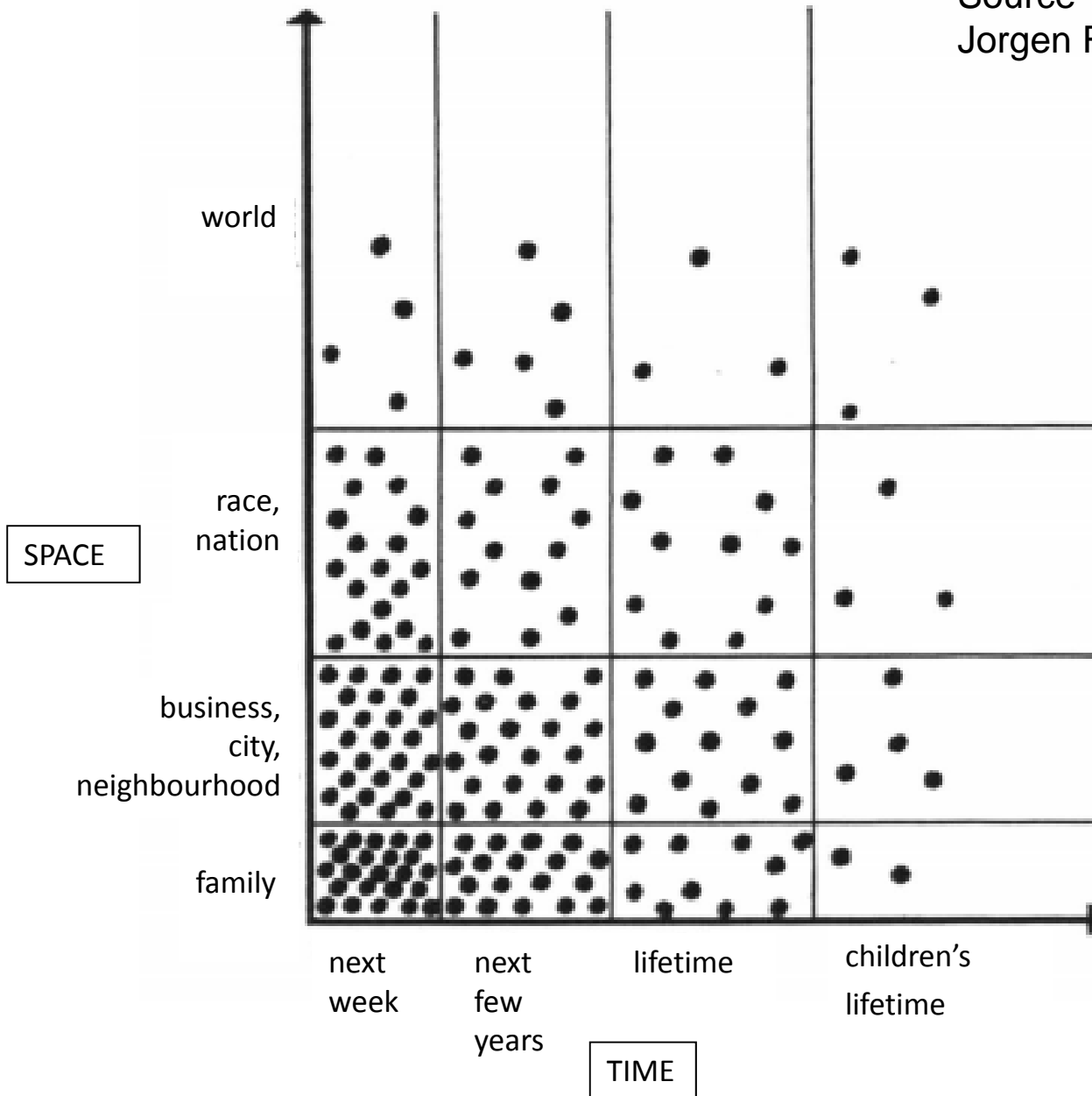




Figure 1 HUMAN PERSPECTIVES

Source - 'The limits to growth'
Jorgen Randers et al, 1972



Occupational Health - context



- Important topic – staff as a resource
- Impacts of absence
- Medical Fitness to Operate Construction Plant – Strategic Forum for Construction. 2013
- Occupational Health Standards in the construction industry – HSE. 2007
- Construction (Design and Management) Regs. 2007
- HSW Act – duty on employers
- MHSW Regs – duty on employers – risks to H&S, control of risks

CDM Regulations

	All projects (Part 2)	Notifiable projects (Part 3)
Clients	Check competence and resources of all appointees	Provide information relating to the H&S file to the CDM co-ordinator Retain and provide access to the H&S file
CDM co-ordinators		Notify HSE Co-ordinate H&S aspects of design work & co-operate with others involved with project Prepare/update health and safety file
Designers	Eliminate hazards & reduce risks during design Provide information about remaining risks	Provide any information needed for the H&S file
Contractors	Plan, manage and monitor own work and that of workers Check competence of all their appointees and workers Train own employees Provide information to their workers	Check client is aware of duties, CDM co-ordinator appointed and HSE notified before starting work Provide any information needed for H&S file Inform principal contractor of reportable accidents, diseases and dangerous occurrences
Workers/ everyone	Check own competence Co-operate with others and co-ordinate work so as to ensure the H&S of construction workers and others who may be affected by the work Report obvious risks	

Occupational Health Standards in the construction industry – HSE (RR584)



Recommendations –

- Min. standards for occ. health providers should be adopted
- Employers – policies related to safety as well as occ. health strategy and provision
- Procedures for pre-placement confirmation of employee fitness
- Min. standards – health monitoring/surveillance for HAVs, NIHL, dermatitis, respiratory disease, musculoskeletal problems and stress
- Min. standards for safety critical work are advised
- Consideration of issues for database for the sector

Medical Fitness to Operate Construction Plant – Plant Safety Group



Context

- Operators of plant – vital role in construction process
- Physically and mentally fit
- Plant is dangerous – so employers and operators need to be responsible
- Duty on employers
- Guidance to plan, set-up and implement a system to assess fitness of plant operators
- Helps choosing an OHSP
- Need to avoid discrimination when assessing fitness

Medical Fitness to Operate Construction Plant – Plant Safety Group



Arrangements for Medical Fitness Assessments

- Identifying job characteristics e.g. exit cab in emergency, within weight/size parameters specified by plant manufacturer
- Choosing OHSP – identify requirements – inhouse/commercial/NHS or GP – contract or Pay As You Go
- Initial assessment of employees – to adequate standard, task specific, managed by employer
- Ongoing assessment
- Provision of ill health support
- Evaluating fitness issues for recruitment
- Provision of evidence of fitness for customers of plant hire companies

Case Study



Employee worked as a construction plant operator on dumpers and forklift trucks for 6 years without any problems. The operator's employer then implemented a company policy to ensure that all operators' medical fitness to operate plant was regularly assessed. During the assessment it was discovered that the operator was being treated for epilepsy - he had not been asked to declare this in the past. His condition and treatment were investigated by the OHSP to confirm adequate control and lack of fits. After a management review of the process, including a full risk assessment on advice from the OHSP and discussion with the employee, he was assessed as being fit to continue, subject to continuing to take the medication prescribed. Also, an increased monitoring regime was specified by the OHSP. It was agreed with the employee and carried out by the management

Case Study



When setting up a programme to assess fitness to operate construction mobile plant Company A identified a forklift truck operator who had vision in only one eye. He had been employed as a forklift truck operator for a considerable time and was considered a safe and competent operator, despite this restricted vision. As he had compensated for this defect, he was permitted to continue to operate forklifts. After a period of time, it was observed that he had a number of near misses and his manager put him forward for a review of his medical fitness to operate the equipment. During the review it was found that he had developed a neck problem which reduced his ability to look over each shoulder. As a result of this he was prevented from operating forklift trucks and provided with other work.

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Why now?

Questions

What your arrangements are?

Do they meet best practice?

What problems do you have?

What is good practice?



In your experience...

Rate your arrangements for OH specifically
and then for H&S/risk management in general

- very good
- good
- poor
- unacceptable



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