Occupational Health
London 2012 and beyond...

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Senior Partner – Park Health & Safety Partnership
260Ha complex, contaminated site in an urban area
That temporarily became...
Creating the largest new urban park in Europe for 150 years
April 2005

A healthy worker, in a healthy workplace, making healthy lifestyle choices™
E-mail: info@parkhealthandsafety.com
Cleaning 1m tonnes of soil to prepare the site
13km of tunnels for underground power lines
Large temporary structures – no “white elephants”
Iconic buildings – challenging to construct
Building Europe’s largest housing complex
Venues and Park on time and under budget
Health & Safety Performance

**Predicted**
- 3 deaths during c 100m hours worked
- 75 life-changing injuries
- 6 Lifestyle related Fatalities
- 300 cases of occupational disease

**Actual**
- 0 deaths during c.100m hours worked
- 2 life-changing injuries
- 3 Lifestyle related Fatalities
- 1 reportable case of occupational disease
Relevance to all Organisations

- Complex work – this applies to construction, manufacturing, food and drink...
- Staff and supply organisations
- Stakeholders
- Deadlines and budgets

- Health and well-being central to our effort... can be true for everyone
More than 2 million deaths per year

Every 15 seconds a worker dies from a work-related accident or disease
Extent of the problem

HSE Statistics – all industries

- 2 million suffer work related ill-health
- 28.2 million working days lost annually
  - 23.5 million ill-health
  - 4.7 million accidents

Ill-health accounts for:
- 46% of the health and safety incidents
- 83% of the related sickness absence
- 99% of the work-related deaths each year
Extent of the problem - food and drink industry

- 19,000 workers (nearly 5% of the workforce) suffer from ill health caused or made worse by work.
- *The risk of suffering occupational ill health is around twice that of sustaining an injury reportable to HSE.*
- Almost 60% of occupational ill health involves musculoskeletal injury
- Work-related stress causes almost 30%
- Occupational asthma and rhinitis causes around 8%
- Occupational dermatitis 4%
- Noise-induced hearing loss 1%
If you always do what you have always done...

- Health perceived as difficult compared with other topics
- Latency - causes not obvious
- Effect of interventions not easy to measure
- Isolation of Occupational Health
- Traditional approach
  - Domain of the medical profession
  - Nurse led
  - Central first aid room
  - Reactive service
  - Focused on the worker
The Challenge

...we need to break the chain
Leadership – making commitments public

‘Our vision is to go beyond eliminating preventable illnesses, injuries, business losses and environmental harm... it extends to enhancing the well-being of all involved in the project work’
Leadership and Worker Engagement – The Key

Everyone has a role to play

- Harnesses power of the whole team through a SHELT
- Use supervisors as leaders
- Wellbeing programmes to motivate all workers
Occupational Hygiene Led

✓ seize opportunities to eliminate health hazards during design, planning and implementing work

✓ take action to mitigate risk in the workplace

✓ use leadership activities to achieve healthy behaviour in the workplace

✓ empower managers so they are confident in health and well as safety risk management

✓ engagement with and involvement of the workforce - same as for safety

✓ share good practice, celebrate success
A New Vision and Strategy

✔ Managing the impact of work on health through an occupational hygiene led workplace focussed ill–health prevention programme

✔ Managing the impact of health on work through a nurse led worker focussed clinical service

✔ Promoting wellbeing by using the workplace as a venue to promote healthy lifestyles
Workplace - Ill-health Prevention
## Health Risk Register

<table>
<thead>
<tr>
<th>Job Roles</th>
<th>Skin</th>
<th>Respiratory</th>
<th>Noise</th>
<th>Vibration</th>
<th>MSD</th>
<th>Biological</th>
<th>Thermal</th>
<th>Monitoring Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crane Operators</td>
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<td></td>
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<td>Exposure monitoring</td>
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<tr>
<td>Crane Maintenance</td>
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<td>Routine Health surveillance</td>
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<td>Carpenter</td>
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<td>Installation technicians</td>
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<td>Commissioning technicians</td>
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<td>Cabling technicians</td>
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*E-mail: info@parkhealthandsafety.com*
Common and Visual Standards

Occupational Health Standard

Joiners

1. Key Hazards

- Carpentry and joinery operations have potential risks of exposure to induced heat which must be effectively controlled. Induced heat can be broadly differentiated into thermal and non-thermal. Thermal heat is classified into irritant and edentulous. These classifications require implementation to be reduced as far as reasonably practical.

- Overhead and concrete operations such as NFCO should be protected in a manner of hand and forearm which will, after manufacturing processes should be a higher risk material due to reduced levels of dust generated.

- Certain timber treatment products and wood forms can cause irritation.

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**Minimum Standard**

<table>
<thead>
<tr>
<th>Engineering Controls</th>
<th>Good Practice</th>
<th>Best Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dust extraction and control systems should be regularly monitored.</td>
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</tr>
<tr>
<td>Respiratory Protection</td>
<td>Respiratory protection should be provided to protect the worker from airborne dust.</td>
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<tr>
<td>Personal Protective Equipment</td>
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</tbody>
</table>

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**Key Points**

- Wet concrete causes severe burns and dermatitis.
- Use personal protective equipment.
- Follow good hygiene practice.
- Prevent contact with skin.
Measuring Progress

- AFR and IFR for safety
- EIR for environment
- Health impacts – HIFR
Measuring Continuous Improvement

- OHMM based on safety maturity matrix using site based visual appraisal, interview and audit techniques
- Consistent, evidence based and repeatable
- Outputs a maturity rating and specific implementation plan to drive occupational health improvement
Worker - Clinical Intervention

- Fit for work
  - Questionnaire
  - Safety critical medicals
- Drugs and alcohol testing
- Health surveillance
- Treatment service

~ 10,000 safety critical medicals undertaken
Wellbeing

- Quarterly themes, monthly campaigns
- Excellent comms materials
- Always delivered as outreach
- Always a worker and workplace focus
  - Lifestyle screening
  - Health promotion
  - Linked with organisations
  - Linked with safety
Research Details

- IES 3 year study funded by HSE and ODA
- Impact on workforce
  - 80% saw more attention to OH risks
  - 78% felt they had better access to OH
  - 78% made changes in how they worked to look after their health
- Impact on managers
  - 87% saw more attention to OH risks
  - 71% felt better access to OH
  - 73% would behave differently in future
Cost-Benefit

Detailed cost-benefit analyses were carried out, and have been published. They show that the net cost was less than zero!

- Clinical service - £1 invested : £5.96 saved in reduced production costs
- Preventative service - £1 invested : £7.27 saved in reduced sickness absence
- Case studies – saved production costs
  - Paint aerosol in media centre  
    £1 spent : £65 saved
  - Contaminated land
    £1 spent : £120 saved
  - Asbestos on stadium site
    £1 spent : £238 saved
IES Findings

- **Transferable Initiatives**
  - Setting a standard for all organisations
  - Importance of preventative OH - ‘health like safety’
    - Clinical team working with occupational hygienists
    - Senior management commitment to OH alongside safety

- **Likely barriers**
  - Achieving sustained change
    - Senior champions needed
  - Economic pressures
    - Need to use the business case
  - Olympic build unique
    - Many aspects scalable and low cost
BEYOND 2012 – other projects and industries
Headlines for OH Management

1. Leadership buy in
   • Cost benefit / retention of workers / reputational risk

2. Define what good looks like - health like safety™
   • Worker, workplace, wellbeing
   • Risk management drives the process
   • Health surveillance is a monitoring tool not a solution

3. Simple outputs that empower engagement
   • OH standards / risk registers for health

4. Strategy that stands up to scrutiny and is measurable
   • Evidence based – best practice
   • HIFR / Health Maturity Matrix
   • Scalable and affordable - not one size fits all