

HIGHWAYS AGENCY OCCUPATIONAL HEALTH STANDARDS

Standard: Legislation and risk assessment

The Standard to be attained is that:

- Construction employers have strategies which relate not only to safety but also occupational health and the provision of occupational health services.
- Employers must meet statutory requirements relating to occupational health as set out in both specific (e.g. lead, asbestos) and general (e.g. Health & Safety at Work etc. Act, Working Time Regulations) legislation.

	Minimum expected	Good	Comment
Structure	There is a clear management structure for occupational health (and safety) which is clearly defined with assigned responsibilities.	<p><i>Because of the nature of this standard it is considered that it should be met in full as the minimum expected.</i></p>	
Policy	There is an occupational health policy with appropriate strategies and the allocation of adequate resources.		The appropriate strategies will include all types of activity including design work.
Legislation	All relevant health and safety legislation has been identified		
Approach	<p>A systematic approach is taken to risk assessment and the risk assessment covers:</p> <ul style="list-style-type: none"> • all tasks with potential occupational health risks to employees; • all tasks where employee's fitness may affect health and safety, either to themselves or to others. 		<p>Potential occupational health risks are identified from risk assessment and this takes into account environmental monitoring. The approach taken needs to adequately address the major health risks in the construction industry, including:</p> <ul style="list-style-type: none"> • Hand-arm vibration syndrome • Noise-induced hearing loss • Skin disorders • Respiratory disease • Musculo-skeletal disorders • Work related stress <p>Tasks where an employee's fitness may affect health and safety may be defined as safety critical. Examples might include all mobile plant operators, high speed road workers, tasks conducted at height where collective preventative measures to control risk are not practicable, confined space workers etc.</p>

Standard: Occupational health advice

The Standard to be attained is that:

- Construction employers have a provision for occupational health services.
- Competent occupational health advice is accessible to all employees.

	Minimum expected	Good	Comment
Industry Knowledge	Occupational health providers used should understand the construction industry and its hazards to health.	Occupational health providers have a demonstrable working knowledge of the construction industry. There should be an ongoing dialogue between the employer and the occupational health provider.	Demonstrable through workplace/worksite visit reports, case studies, worker engagement etc.
OH Systems	Occupational health provision includes systems which allow for occupational health providers to have an input into: <ul style="list-style-type: none"> • Hazard (risk) assessment • Pre-placement (pre-employment) assessment • Health surveillance and monitoring • Fitness to work following injury/illness 		The input by occupational health providers may be indirect and at the management system definition stage for risk assessment and pre-placement (pre-employment) assessments.
Competence	Occupational health advisers have a demonstrable competence relevant to their role as follows: <ul style="list-style-type: none"> • Doctors: hold the D.Occ.Med qualification or are in a training post recognised by the Faculty of Occupational Medicine as a minimum. • Nurses: should be registered with the Nursing and Midwifery Council (NMC), If they do not have an occupational health qualification then they should be working under the supervision of an appropriately qualified clinician (doctor or nurse) • Occupational Health Technicians: should be trained in the specific elements of the service they deliver, and must be clinically supervised. <p>Additionally, some aspects of health surveillance also require additional competences to be demonstrated and in prescribed cases this may require registration as an appointed doctor by the HSE. Further information is available from HSE.</p>	As well as all professionals having the minimum standards identified: <ul style="list-style-type: none"> • Nurses: are registered as a Specialist Community Public Health nurse (Occupational Health) with the NMC. 	Where an external contractor provides occupational health services, employers should be assured that the provider is meeting these levels of competence. The 'category' of occupational health provider should be appropriate to the level of service required. Input from the occupational health provider in relation to fitness to work following injury/illness will be dependent on the circumstances and may be guided by the GP fit-for-work note. For a nurse led occupational health service, the lead nurse should be registered as a Specialist Community Public Health nurse (Occupational Health) with the NMC and have access to specialist occupational physician advice as needed.

Standard: Pre-placement assessment and training

The Standard to be attained is that:

- Employees have a pre-placement assessment, linked to the risk assessment, which includes an occupational health assessment.
- Employees receive sufficient training and development relevant to their role and the overall organisation's health and safety culture.

	Minimum expected	Good	Comment
Pre-placement Assessments	Pre-placement assessment is linked to the risk assessment and conducted for all jobs not defined as 'minimal risk'.	All employees have a pre-placement assessment, as identified by a risk assessment, involving the occupational health provider who has knowledge of the job description with identified hazards and any relevant risk assessments.	Where 'safety critical' jobs are identified it is good practice for workers to have health checks/medical examination. It is important to be clear which aspects of fitness are relevant to the job and to specify the required level. Under the Working Time Regulations all night workers require health assessments.
Statutory Medicals	Where there is a statutory requirement for a medical this is conducted by an HSE appointed doctor or by a competent occupational health professional as appropriate.		
Training & Development	There is an on-going training and development strategy aligned to the needs of the business and this is flexible enough to meet changing requirements.		

Standard: Health surveillance and monitoring

The Standard to be attained is that:

- Where potential health risks have been associated with a job then employees are under a programme of health surveillance or health monitoring.

	Minimum expected	Good	Comment
Competence	Where there is a statutory requirement for a medical (e.g. asbestos, lead) this is conducted by a HSE appointed doctor, otherwise health surveillance (e.g. under COSHH) is conducted by, or under the supervision of, a competent occupational health professional.	Where there is no requirement for health surveillance (e.g. MSDs, COPD) then it is good practice for employees to have periodic health assessment (health monitoring) where potential health risks have been identified and suitable monitoring techniques exist.	The frequency of health assessments, if not set out in statute, should be guided by the level of risk. Employees should be aware that they have a responsibility under the HASAWA to declare ill health. Standards for medical tests and testing are outwith the scope of the current standards
Health Records	Employers hold health records for all employees under health surveillance or monitoring.		Health records are not the same as Medical records. Health records are controlled by the HR Department and should contain fitness for work statements relating to all health monitoring and surveillance. A model for the Health record can be found in the COSHH guidance and ACoP.
Referral Between Assessments		Where employees develop symptoms between periodic assessments there is a procedure for management/self referral to a competent occupational health professional.	

Standard: Investigation, recording and feedback on injury and health statistics

The Standard to be attained is that:

- There is a system for recording and reviewing occupational health statistics
- Adverse health events and statistics are investigated

	Minimum expected	Good	Comment
Health Information	There is a system for analysing health information with subsequent review of risk control measures and production of appropriate action plans.	Employers receive regular feedback of health statistics from the occupational health provider.	Systems must ensure compliance with the Data protection Act, 1998.
Reporting	There is specific provision for the identification and reporting of ill health under RIDDOR.	Organisational systems and culture are such that employees report off the job ill-health to the occupational health provider.	

Standard: Health checks and employee welfare

The Standard to be obtained is that:

- There are specific fitness-for-work checks for safety critical workers.
- There is on-site provision of welfare facilities appropriate to the level of risk.
- Recognition is given for specific health and wellness promotions and general health checks for all employees.

	Minimum expected	Good	Comment
Health Checks	<p>Where a task has been identified as having a safety critical nature there are specific strategies in place that involve a programme of assessment and re-assessment health checks. These might include</p> <ul style="list-style-type: none"> • Visual acuity testing • Hearing tests • Drug and alcohol policy 	<p>Employers will have given consideration to Health and Safety issues as these relate to peripatetic workers including delivery drivers and workers from the utility industries.</p>	
Occupational Driving	<p>Employers have a strategy on driving-at-work which includes on-site driving. Where the job involves the employee holding a driving licence the employer has procedures which ensure that the employee remains fit to drive.</p>		
Site Welfare Facilities	<p>There is a strategy relating to on-site welfare facilities.</p>		<p>Where employees live on site (e.g. security staff) policies should be in place to ensure their welfare and health and safety.</p>
Approach		<p>Employers have considered a holistic approach to health and welfare promotion both within and outside of the workplace.</p>	