

# It's Time To Put The "Health" into "HEALTH AND SAFETY"

By Gary Noakes and Rob Castledine of The Casella Group

The importance of preventing work-related accidents is well understood in most organisations. Meeting their cost is becoming increasingly important, particularly as businesses are being called upon to reduce operating overheads and increase profitability and performance.



Monitoring for particulate levels behind bars.

The causes of safety-related accidents are being identified and corrected, thereby preventing similar accidents from recurring (and rightly so). Companies are adopting good standards of housekeeping, safe systems of work and effective management of safety issues in the workshop. These companies would claim to be devoting substantial sums of money to health and safety matters.

Unfortunately the "health" element of "health and safety" is the poor relation in terms of number of people affected, and receives far less attention than it should.

It is often seen as more problematic. Diagnosis of health related matters may be difficult, the effects may be latent, factors surrounding its cause are likely to be complicated and the controls within the workplace to prevent ill health may take time to develop.

The implementation of health-related measures offers mainly long-term benefits and this can be a problem when developing a cost benefit analysis.

However, ill health and absence due to work-related issues are tremendously important – the figures speak for themselves. The Health and Safety Executive reported that in 2001/2 work related illness was responsible for the loss of 33 million working days while in 2002/3 there were around 230 deaths and 150,000 work related injuries.

An HSE survey showed that as long ago as 1997 there were almost 1 million people suffering from vibration white finger, work related hearing problems and breathing problems alone. Although deaths within the workplace were published, the annual "deaths" figure did not, however, take account of the 6000 people whose cancer deaths were from work related causes and the 1000 who died from asbestos related diseases.

More recently, the National Statistics Office reported that in 2002/3 2.3 million people were suffering from a condition thought to be caused by, or made worse by, work. Of these 1.1 million reported musculoskeletal

disorders; stress, depression or anxiety affected a further 500,000; while voluntary reporting schemes through specialist GPs revealed 1500 new cases of occupational asthma and 4000 cases of occupational dermatitis annually.

Every industry is affected by occupational health work related conditions - even fishmongers have an infectious disease rate of 121 per 1,000!

In overall risk assessment terms there is far more chance of employees being affected by some form of occupational health problem than by physical accidents. Something must therefore be done to highlight the risks and source appropriate solutions to minimise them.

Part of the problem is that the terms "occupational" and "work related ill health" cover a wide range of disorders that can be attributed to a person's work. Some, such as lead poisoning and asbestosis, are clearly occupational since the exposures that cause them are unlikely to be found outside work.

However, many conditions that can be linked to work exposure may arise from variety of other factors: back pain may be due to poor posture at home; stress may come from work pressures or from problems in outside life and so on.

The multifactorial nature of ill health, combined with its usually delayed effects, can make it difficult to attribute individual cases of ill health to work factors. Doctors, employers, and individual employees will reflect their own perspectives, knowledge and awareness in attributing the causes.

All this means that work-related ill health cannot be defined or measured in a single straightforward way. The health and safety industry must therefore be careful that it does not become too focused on high numbers of relatively small risk safety issues to the detriment of the larger occupational health problems.

## The two must be put into context.

The question that I feel needs answering is "Why are people still being made ill by work activities?" It is almost six years since the Health and Safety Executive (HSE) published its discussion document to develop an occupational health strategy for Great Britain containing seven strategic aims that were supposed to set the scene for a ten-year occupational health strategy.

These aims embraced:

- \* Suitable procedures, systems and campaigns to address occupational health issues
- \* Decisions on which occupational health issues should be targeted
- \* Methods of providing relevant sound advice on occupational health
- \* Collection of essential occupational health information
- \* Raising awareness of occupational health and make training and education available to all
- \* Provision of systems to assess effectiveness of actions taken
- \* Gaining of commitment of all interested parties.

Furthermore by 2010 we are supposed to have achieved a 20% reduction in the incidence of work related ill health, a similar reduction in ill health caused to members of the public by work activity, and a 30% drop in the number of days lost due to work related ill health.

Despite these admirable targets, cases of work related ill health continue to rise and we suggest the principal cause is that the health of the working population is not being effectively managed.

There are, four main reasons for the lack of progress:

- \* Many regulations are about preventing injuries caused by accidents;
- \* businesses still don't fully appreciate the scale of the problem;
- \* they are not totally aware of the information on occupational health services that are available to help them to address work related illness
- \* the difficulty in gathering data on work related ill health.

The latter point means the current published information may well be just the tip of the iceberg.

The principal mechanism by which employers are required to identify hazards, undertake assessment and adopt precautions within the work place falls within the risk assessment requirements of the Management of Health and Safety at Work Regulations of 1999.

On top of these regulations there is a plethora of other directives and regulations such as the Noise at Work Regulations 1989 due to be updated by the implementation of the new noise at work directive due in 2006, and those covering hazardous substances COSHH and lead (CLAW) asbestos, (CAW) all supplemented by comprehensive codes of practice and guidance from the HSE

In fact, whatever the agent causing the ill health, the approach is generally the same – identification, risk assessment, implementation of controls, and monitoring.

This ever-increasing number of work place illnesses comes as the Government and the HSE are attempting to promote a better approach to the subject.

- As a result employers should have
- \* identified those parts of their activities where ill health may be a factor (hazard identification),

- \* Undertaken comprehensive risk assessment of individuals affected,
- \* Developed policies and procedures covering working with agents causing ill health,
- \* Implemented and maintained precautions to prevent exposure (or keep it at an acceptable level)
- \* Adopted an ongoing and continuous programme of air monitoring, noise measurements, and occupational health surveillance
- \* Provided workers with information and training on possible risks.

It is good (or is it sad) to see that over the past five years average fines for health and safety offences have risen and it has been made known that higher fines can be expected for those organisations that break the law.

High profile investigations are being held to examine management accountability and the arrangements in place within organisations for the effective management of health and safety at work. An invaluable tool for any company subjected to such investigations is the establishment of a health and safety management system comprising policy, procedures, guidance, working instructions and monitoring and reporting. However, it must demonstrate that the risks are being effectively managed.

The latest technology is on hand to undertake noise and vibration monitoring, dust and air sampling, many of the instruments now offer internal datalogging facilities which enable time history profiles of individuals work patterns and exposures to be recorded. This provides



*Ideal for monitoring fumes, solvents, gases and dust.*

the manager with very detailed information and appropriate actions such as selection of protective equipment, extraction, or modification of work practices can be adopted.

The costs involved in purchase are minimal when this cost is compared to any single potential claim made by an employee, and although these purchases are often seen as offering "all expense- no gain" this attitude is still all too prevalent and more companies should be more forward looking in their approach to this issue.

The health issue will not be going away, so all employees should adopt a "prevention is better than cure approach".

It's a great pity that investigations, prosecutions and

fines should be necessary at all within an arena that embraces the health of such a significant proportion of the nation, especially when a comparatively low level of expenditure on the relevant monitoring and measurement equipment, attention to training requirements and employment of qualified consultants mitigates, if not eliminates the problems.



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