

Occupational Health Subcontractor Guidance



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1. Introduction

In the UK construction industry, the contrast between deaths caused by accidents and those resulting from ill health is striking. In 2023/24, there were 51 worker deaths from accidents and injuries, giving a fatality rate of about 2.4 deaths per 100,000 workers. While these figures represent tragic losses, they are relatively small compared to the far greater toll taken by work-related illnesses.

The Health and Safety Executive (HSE) estimates that around 78,000 construction workers were suffering from a work-related illness during the same period, highlighting that ill health remains a much larger but often less visible problem in the industry.

Musculoskeletal disorders (MSDs) make up more than half of all work-related health issues in construction, driven by heavy manual handling, repetitive tasks, and awkward working positions.

In addition, approximately 4,000 construction workers are estimated to have lung or breathing problems caused or worsened by their work—often linked to dust, asbestos, and chemical exposure. Mental health issues are also a growing concern, with stress and anxiety increasingly recognized as major contributors to poor well-being and reduced productivity.

This underlines the urgent need for the construction sector to prioritise occupational health alongside physical safety. Effective prevention strategies—such as dust control, ergonomic design, health surveillance, and mental health support—are essential to protect workers and ensure a healthier, more sustainable industry.

2. HS Policy

McAvoy is committed to fulfilling all our legal and other requirements and providing safe and healthy working conditions for the prevention of work-related injury and ill health. McAvoy's Directors and senior management team provide a framework for setting and reviewing the company's Health and Safety objectives, which are reviewed on a regular basis.

McAvoy ensures:

- Processes are in place to eliminate hazards and reduce occupational health and safety risks. All statutory requirements and inspections are identified and complied with.
- Provision of suitable selection, instruction, information, and training to ensure competence of our staff and anyone working for us.
- Suitable supervision, inspection, audit, monitoring and review of work activities, procedures and policies to ensure identification of improvement needed.
- Investigation and analysis of all accidents, incidents and near misses to prevent recurrence.
- Health surveillance, for employees as required by legislation or by risk assessment.
- Emergency procedures are in place and fully understood by all persons affected.
- Adequate information is made available to, and consultation and participation with our staff and others in respect of health and safety concerns.

3. Responsibilities

What are my legal responsibilities for protecting my workforce from these hazards?

- Conduct comprehensive risk assessments to identify any potential health hazards that your workers — and anyone nearby — may be exposed to.
- Apply the hierarchy of control for each identified hazard. Wherever possible, eliminate the risk entirely. If elimination is not feasible, implement measures to reduce and control exposure effectively.
- Carry out regular reviews of your occupational health arrangements to confirm that the control measures from your risk assessments are properly implemented and remain effective.
- Implement health surveillance programs to monitor your workforce and ensure that control measures are working as intended, and that employees are not developing signs or symptoms of work-related ill health.

For more detailed guidance on employers' occupational health responsibilities,

<https://www.hse.gov.uk/health-surveillance/occupational-health/index.htm>

4. McAvoy Occupational Health Focus

McAvoy's occupational health program addresses key risk areas such as:

- Manual handling and musculoskeletal health
- Noise exposure
- Dust and respiratory hazards
- Hand-arm vibration (HAVS)
- Mental health and wellbeing
- Stress
- Fatigue management
- Safe use of hazardous substances (COSHH)
- Safety Critical Working
- Dermatitis
- Asbestos
- Welding Fume

5. Examples of Occupational Health Issues by trade

Trade	Manual Handling (MSDs, ULDs*)	HAVS	Noise (Hearing Loss)	Respiratory			Skin (Dermatitis)
				Asthma	Silicosis	COPD	
Bricklayer, stonemason	X	X	X	X	X	X	X
Carpenter, joiner, shop fitter	X	X	X	X	X	X	X
Electrician and associated trades	X	X	X	X		X	
Mechanical engineer, plumber, gas engineer, air conditioning engineer	X	X	X	X		X	X
Roofer	X			X	X		X
Steel fixer, steel erector	X	X	X	X			X
Plasterer, dry-liner	X	X				X	X
Scaffolder/rigger	X	X	X				
Floor and wall tiler	X			X	X	X	X
Painter and decorator	X			X		X	X
Groundworker, Concrete Workers	X	X	X	X	X	X	X

6. Musculoskeletal

Musculoskeletal	What are Musculoskeletal disorders (MSDs) MSDs include injuries or conditions affecting: <ul style="list-style-type: none">• Back, neck, shoulders, and limbs• Muscles, tendons, joints, or nerves• Examples: back strain, repetitive strain injury (RSI), hand–arm vibration syndrome (HAVS)
	Legal Framework Under UK law, employers and subcontractors have a duty to protect workers' health. Key legislation includes: <ul style="list-style-type: none">• Health and Safety at Work etc. Act 1974• Management of Health and Safety at Work Regulations 1999• Manual Handling Operations Regulations 1992• Control of Vibration at Work Regulations 2005 (where applicable)• These regulations require health surveillance where there is a known risk to health that cannot be fully controlled
	When is Health Surveillance Required Health surveillance must be provided when: <ul style="list-style-type: none">• Work involves a foreseeable risk of MSDs, such as repetitive or strenuous manual handling.• Risks cannot be eliminated or adequately controlled through other measures.• Early detection of symptoms can prevent worsening of the condition.
	Subcontractor Responsibilities <ol style="list-style-type: none">1. Carry out manual handling and ergonomic risk assessments for their scope of work.2. Identify where health surveillance is necessary for their workforce.3. Provide evidence of compliance with appropriate health surveillance programmes when requested.4. Encourage early reporting of MSD symptoms among their employees.5. Act promptly on occupational health advice or findings.
	External Sources of Information https://www.hse.gov.uk/msd/

7. Manual Handling

Manual Handling

What Is Manual Handling?

Manual handling refers to any activity involving the lifting, carrying, pushing, pulling, or moving of a load by hand or bodily force. A "load" can include materials, equipment, or people (in specific care environments).

Improper manual handling can lead to:

- Back injuries
- Muscle strains
- Joint damage
- Repetitive strain injuries (RSIs)
- Long-term musculoskeletal disorders (MSDs)

Legal Framework

Manual handling is governed primarily by the Manual Handling Operations Regulations 1992 (MHOR), supported by:

- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999

Under these regulations, employers and subcontractors must:

1. Avoid hazardous manual handling where reasonably practicable.
2. Assess unavoidable manual handling tasks to identify and evaluate risks.
3. Reduce the risk of injury as far as is reasonably practicable by implementing control measures.

When is Health Surveillance Required

If manual handling risks cannot be fully controlled and there is a foreseeable risk of musculoskeletal disorders (MSDs), **health surveillance** may be required under the **Management of Health and Safety at Work Regulations 1999**.

Workers should report any:

- Pain or discomfort during or after manual handling.
- Recurrent back, limb, or joint problems.
- Fatigue or loss of strength affecting work ability.

Early reporting helps prevent long-term injury and enables appropriate occupational health support.

Subcontractor Responsibilities

1. Carry out and maintain manual handling risk assessments.
2. Implement control measures and provide mechanical aids where appropriate.
3. Train and supervise workers in safe handling techniques.
4. Encourage early reporting of pain or strain.
5. Provide or arrange health surveillance if risks remain significant.

External Sources of Information

<https://www.hse.gov.uk/msd/manual-handling/index.htm>

8. Noise Exposure

Noise

What Is Noise at Work?

Noise at work refers to any unwanted or harmful sound that can cause damage to hearing or interfere with communication and concentration in the workplace.

Exposure to high levels of noise can lead to both temporary and permanent hearing damage, even if the exposure is short-term.

Common sources include:

- Power tools and machinery
- Construction and demolition activities
- Manufacturing processes
- Plant rooms or mechanical equipment

Legal Framework

Noise at work is primarily governed by the Control of Noise at Work Regulations 2005, supported by:

Under these regulations, employers and subcontractors must:

1. Assess noise levels and identify workers at risk of hearing damage.
2. Eliminate or reduce exposure to as low a level as is reasonably practicable.
3. Provide hearing protection and ensure its proper use when exposure cannot be reduced adequately by other means.
4. Inform and train workers about the risks and safe practices related to noise exposure.
5. Provide health surveillance (hearing checks) where there is a risk to workers' hearing health.

When Is Health Surveillance Required

Health surveillance (audiometric testing) is required when:

- Employees are regularly exposed to noise levels at or above 85 dB(A) (daily or weekly average), or
- There is a risk of hearing damage even at lower levels due to prolonged exposure.

Health surveillance helps:

- Identify early signs of hearing loss
- Confirm whether control measures are effective
- Prevent permanent hearing damage

Subcontractor Responsibilities

1. Conduct and maintain noise risk assessments for all relevant work activities.
2. Implement engineering controls such as silencers, enclosures, or quieter tools wherever practicable.
3. Provide and ensure the correct use of hearing protection (e.g., earplugs or earmuffs).
4. Train and supervise workers on the risks and safe working practices related to noise.
5. Arrange health surveillance (hearing checks) for workers exposed to high noise levels.
6. Encourage workers to report early signs of hearing problems.

External Sources of Information

<https://www.hse.gov.uk/noise/index.htm>

9. Dust and respiratory hazards

<h1>Dust and Respiratory</h1>	What Are Dust and Respiratory Hazards? <p>Dust and respiratory hazards refer to airborne substances that can be inhaled and cause harm to the lungs or other parts of the respiratory system. These substances can be generated by various workplace activities such as cutting, drilling, grinding, sanding, or handling powders and chemicals. Common types of hazardous dusts include:</p> <ul style="list-style-type: none">• Silica dust (from concrete, brick, stone, or mortar)• Wood dust (from softwood, hardwood, and MDF)• Asbestos fibres (from older building materials)• Metal dusts and fumes (from welding, soldering, or machining)• Chemical and biological agents (from paints, resins, or mould spores) <p>Health effects of exposure may include:</p> <ul style="list-style-type: none">• Coughing, wheezing, and shortness of breath• Asthma or chronic bronchitis• Silicosis or other long-term lung diseases/lung cancer• Occupational asthma and Chronic Obstructive Pulmonary Disease (COPD)
	Legal Framework <p>Dust and respiratory hazards are primarily governed by the Control of Substances Hazardous to Health (COSHH) Regulations 2002, Under these regulations, employers and subcontractors must:</p> <ol style="list-style-type: none">1. Assess exposure risks from airborne contaminants.2. Prevent or control exposure by using safer materials, work methods, or engineering controls (e.g., dust extraction, local exhaust ventilation).3. Provide suitable Respiratory Protective Equipment (RPE) when exposure cannot be prevented.4. Ensure equipment is maintained and effective, with regular checks and filter changes.5. Train workers on hazards, control measures, and safe work procedures.
	When is Health Surveillance Required <p>Health surveillance is required under COSHH when:</p> <ul style="list-style-type: none">• There is a reasonable likelihood of developing respiratory disease, or• Workers are routinely exposed to hazardous dusts, fumes, or vapours.
	Subcontractor Responsibilities <ol style="list-style-type: none">1. Carry out and maintain COSHH assessments for all hazardous materials and processes.2. Implement effective dust control measures such as extraction, damping down, or tool-mounted vacuums.3. Provide suitable and correctly fitted RPE and PPE.4. Train and supervise workers on safe handling, equipment uses, and maintenance.5. Monitor exposure and review controls regularly.6. Arrange health surveillance if risks remain significant.7. Encourage early reporting of any respiratory or skin issues
	External Sources of Information <p>https://www.hse.gov.uk/coshh/</p>

10. Hand Arm Vibration

Hand Arm Vibration

What Is Hand–Arm Vibration Syndrome (HAVS)?

Hand–Arm Vibration Syndrome (HAVS) is a serious and permanent health condition caused by prolonged exposure to vibration transmitted into the hands and arms from powered tools or equipment.

Symptoms of HAVS include:

- Tingling and numbness in fingers
- Reduced grip strength
- Whitening (“blanching”) of fingers, especially in cold conditions
- Loss of manual dexterity and sensitivity

Legal Framework

HAVS is controlled primarily by the Control of Vibration at Work Regulations 2005,

Under these regulations, employers and subcontractors must:

1. Assess vibration exposure risks for workers using vibrating tools or machinery.
2. Eliminate or reduce exposure as far as is reasonably practicable.
3. Provide and maintain equipment to minimise vibration levels.
4. Implement safe working practices (e.g., rotation of tasks, regular breaks).
5. Provide information, instruction, and training on vibration risks and symptoms.
6. Arrange health surveillance where there is a risk of HAVS.

Exposure action and limit values:

- Exposure Action Value (EAV): $2.5 \text{ m/s}^2 \text{ A}(8)$ – employers must take action to reduce risk.
- Exposure Limit Value (ELV): $5 \text{ m/s}^2 \text{ A}(8)$ – must not be exceeded under any circumstance

When Is Health Surveillance Required

Health surveillance must be provided for workers who:

- Are likely to be regularly exposed above the EAV ($2.5 \text{ m/s}^2 \text{ A}(8)$), or
- Have a history of vibration-related symptoms or early signs of HAVS.

Health surveillance typically includes:

- Initial health questionnaire before exposure begins
- Regular (usually annual) follow-up assessments
- Medical checks by trained occupational health professionals

Subcontractor Responsibilities

1. Carry out and maintain vibration risk assessments for all vibrating tools and processes.
2. Implement control measures such as:
 - Selecting low-vibration tools
 - Maintaining equipment properly
 - Limiting exposure times and job rotation
3. Record and monitor workers’ daily exposure levels.
4. Train and supervise workers in safe tool use and maintenance.
5. Provide health surveillance for at-risk workers.
6. Encourage early reporting of HAVS symptoms.

External Sources of Information

<https://www.hse.gov.uk/vibration/hav/>

11. Mental Health and Well

Mental Health and Wellbeing	<p>What Is Mental Health at Work?</p> <p>Mental health refers to a person's emotional, psychological, and social well-being – affecting how we think, feel, and behave in daily life and at work.</p> <p>Good mental health enables individuals to cope with normal workplace pressures, perform effectively, and maintain positive relationships.</p> <p>In the workplace, poor mental health can result from or be worsened by:</p> <ul style="list-style-type: none"> • Excessive workload or unrealistic deadlines • Long working hours or shift patterns • Poor communication or lack of support • Bullying, harassment, or discrimination • Job insecurity or organisational change • Exposure to traumatic incidents or stressful environments <p>Common mental health conditions include:</p> <ul style="list-style-type: none"> • Stress, anxiety, and depression • Burnout and fatigue • Sleep disturbances • Post-Traumatic Stress Disorder (PTSD) • Substance or alcohol misuse (as a coping mechanism)
	<p>Legal Framework</p> <p>Mental health and stress management in the workplace are governed by:</p> <ul style="list-style-type: none"> • Health and Safety at Work etc. Act 1974 – employers must ensure, so far as is reasonably practicable, the health, safety, and welfare of employees. • Management of Health and Safety at Work Regulations 1999 – require employers to assess and manage risks to health, including stress-related illness. • Equality Act 2010 – protects employees with long-term mental health conditions from discrimination.
	<p>When is Health Surveillance Required</p> <p>While mental health is not a condition for traditional health surveillance, monitoring and support mechanisms are vital where:</p> <ul style="list-style-type: none"> • Work-related stressors are significant or persistent. • Employees show signs of anxiety, depression, or fatigue. • Workers are returning from mental health-related absence.
	<p>Subcontractor Responsibilities</p> <ul style="list-style-type: none"> • Promote a positive, respectful, and inclusive work environment. • Identify and manage sources of workplace stress through risk assessment. • Provide information and training on mental health awareness. • Encourage workers to speak openly about mental health and seek help early. • Ensure supervisors and managers are trained to recognise early warning signs. • Support return-to-work plans following mental health-related absence. • Cooperate with occupational health and wellbeing programmes provided by McAvoy
	<p>External Sources of Information</p> <p>https://www.hse.gov.uk/stress/</p>

Stress	<p>What Is Stress at Work?</p> <p>Stress at work is the adverse reaction people have to excessive pressure or other types of demands placed on them in the workplace. While reasonable pressure can motivate employees and enhance performance, too much or prolonged stress can negatively affect mental and physical health, work performance, and overall well-being. Common workplace stressors include:</p> <ul style="list-style-type: none"> • Excessive workload or unrealistic deadlines • Lack of control or unclear job roles • Poor communication or management support • Long working hours and shift patterns • Job insecurity or organisational changes • Conflict, bullying, or harassment at work <p>Symptoms of work-related stress may include:</p> <ul style="list-style-type: none"> • Fatigue, headaches, or muscle tension • Difficulty sleeping or concentrating • Irritability, anxiety, or low mood • Withdrawal from colleagues • Increased absence or reduced productivity
	<p>Legal Framework</p> <p>Work-related stress is managed under the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999. Employers and subcontractors have a legal duty of care to protect employees from risks to their health, including psychological risks caused by stress.</p>
	<p>When is Health Surveillance Required</p> <p>Although stress does not require formal health surveillance, employers should implement ongoing monitoring and support where stress risks are identified. This may include:</p> <ul style="list-style-type: none"> • Stress risk assessments for high-pressure roles or teams. • Well-being check-ins or confidential discussions. • Access to Employee Assistance Programmes (EAPs), counselling, or occupational health support. • Regular reviews of workload and staffing level
	<p>Subcontractor Responsibilities</p> <ol style="list-style-type: none"> 1. Identify sources of stress through risk assessment or consultation. 2. Take action to reduce or eliminate these pressures where possible. 3. Provide training and resources to build resilience and awareness. 4. Encourage open communication and early reporting of concerns
	<p>External Sources of Information</p> <p>https://www.hse.gov.uk/stress/</p>

13. Fatigue Management

Fatigue Management	<p>Fatigue is a state of mental and/or physical exhaustion that reduces a person's ability to perform work safely and effectively. It can result from prolonged periods of physical or mental activity, inadequate rest, or disrupted sleep.</p> <p>In the workplace, fatigue can impair:</p> <ul style="list-style-type: none">• Alertness and reaction time• Decision-making and concentration• Coordination and balance• Motivation and mood <p>Common causes of workplace fatigue include:</p> <ul style="list-style-type: none">• Long working hours or extended shifts• Night work or irregular shift patterns• Inadequate rest breaks or recovery time• Repetitive or monotonous tasks• Physically demanding work• High mental or emotional workload• Environmental factors such as noise, heat, or poor lighting
	<p>Legal Framework</p> <p>Fatigue management falls under several key pieces of legislation, including:</p> <ul style="list-style-type: none">• Health and Safety at Work etc. Act 1974 – employers must protect employees' health, safety, and welfare.• Management of Health and Safety at Work Regulations 1999 – requires assessment and control of risks, including fatigue.• Working Time Regulations 1998 – set legal limits on working hours, rest breaks, and minimum rest periods between shifts.
	<p>When is Health Surveillance Required</p> <p>While fatigue itself is not subject to formal health surveillance, monitoring and proactive management are essential where fatigue risks are significant – such as in:</p> <ul style="list-style-type: none">• Construction and transport operations• Shift work and night operations• Extended or repetitive tasks• Safety-critical roles (e.g., machinery operation, driving)
	<p>Subcontractor Responsibilities</p> <ul style="list-style-type: none">• Assess work patterns to identify risks of fatigue.• Plan and manage workloads to ensure adequate rest and recovery time.• Ensure compliance with legal limits on working hours and breaks.• Train and inform workers about fatigue risks and early warning signs.• Encourage open reporting of fatigue concerns without fear of reprisal.
	<p>External Sources of Information</p> <p>https://www.hse.gov.uk/humanfactors/topics/fatigue.htm</p>

COSH	<p>COSHH (Control of Substances Hazardous to Health)</p> <p>COSHH refers to the regulations that require employers to control substances that are hazardous to health. Exposure to harmful substances can cause acute or chronic health problems, depending on the nature of the substance, the duration of exposure, and the level of control in place. Hazardous substances include:</p> <ul style="list-style-type: none"> • Chemicals and products containing chemicals (e.g., cleaning agents, paints, solvents) • Fumes, dusts, vapours, mists, and gases • Nanoparticles and biological agents (e.g., bacteria, viruses) • Substances generated by work activities (e.g., welding fumes, silica dust, diesel exhaust)
	<p>Legal Framework</p> <p>Control of hazardous substances is regulated under:</p> <ul style="list-style-type: none"> • Control of Substances Hazardous to Health Regulations 2002 (as amended) – requires employers to prevent or adequately control exposure.
	<p>When is Health Surveillance Required</p> <p>Health surveillance must be provided when:</p> <ul style="list-style-type: none"> • Employees are exposed to substances linked with identifiable diseases or adverse health effects. • There is a reasonable likelihood that exposure could cause harm. <p>Examples include:</p> <ul style="list-style-type: none"> • Respiratory sensitizers (e.g., isocyanates, flour dust) • Skin sensitizers or irritants (e.g., epoxy resins, cleaning chemicals) • Carcinogens or mutagens
	<p>Subcontractor Responsibilities</p> <ul style="list-style-type: none"> • Identify and assess all hazardous substances used or generated during work. • Ensure COSHH assessments are carried out and regularly reviewed. • Implement appropriate control measures (ventilation, substitution, PPE, etc.). • Provide training and information on risks, safe handling, and emergency procedures. • Maintain records of health surveillance and exposure monitoring. • Report any exposure incidents or symptoms promptly.
	<p>External Sources of Information</p> <p>https://www.hse.gov.uk/coshh/</p>

15. Safety Critical Working

<h1>Safety Critical Working</h1>	<p>Safety Critical Working</p> <p>Safety Critical Working refers to tasks where the performance or actions of an individual directly affect the safety of themselves, others, or the operation of essential equipment or systems. Any lapse in concentration, impairment, or error during these activities could lead to serious injury, fatality, or significant operational incidents</p> <ul style="list-style-type: none"> • Operation of plant, vehicles, or lifting equipment • Work on or near live electrical systems or moving machinery • Activities at height or in confined spaces • Signalling, control room, or emergency response functions
	<p>Legal Framework</p> <p>Safety Critical Working is governed under several key regulations and standards depending on the nature of the work. These include:</p> <ul style="list-style-type: none"> • Health and Safety at Work etc. Act 1974 – requires employers to ensure, so far as reasonably practicable, the health, safety, and welfare of employees and others. • Management of Health and Safety at Work Regulations 1999 – requires identification of hazards, risk assessments, and implementation of control measures. <p>Employers must ensure that anyone performing safety critical tasks is medically fit, competent, and not impaired by fatigue, alcohol, or drugs.</p>
	<p>When is Health Surveillance Required</p> <p>Health surveillance or medical fitness assessments must be provided when:</p> <ul style="list-style-type: none"> • Employees carry out work that could pose a significant risk to safety if they were medically unfit or impaired. • Roles require high levels of alertness, coordination, or physical ability. <p>Fitness assessments may include vision and hearing checks, musculoskeletal assessment, and screening for conditions or medication that could affect safe performance.</p>
	<p>Subcontractor Responsibilities</p> <ul style="list-style-type: none"> • Identify all roles and tasks considered safety critical within their scope of work. • Ensure all workers undertaking safety critical tasks are assessed as medically fit and competent. • Implement fatigue management and impairment control (e.g., alcohol and drug testing). • Provide appropriate training, supervision, and refresher programmes. • Maintain up-to-date competence and medical certification records. • Report any incidents, near misses, or concerns affecting safety critical performance
	<p>External Sources of Information</p>

Dermatitis

What is Dermatitis

Dermatitis (also known as eczema) is an inflammation of the skin caused by contact with irritants or allergens in the workplace. Occupational dermatitis is one of the most common work-related health problems and can lead to discomfort, infection, and, in severe cases, long-term absence from work.

Common causes of occupational dermatitis include:

- Prolonged or frequent contact with water (“wet work”)
- Cleaning agents, solvents, oils, or degreasers
- Cement, epoxy resins, and paints
- Natural rubber (latex) and certain glues or adhesives
- Biological materials (e.g., plants, foods, or animal products)

Legal Framework

Control of dermatitis in the workplace is covered under:

- Control of Substances Hazardous to Health Regulations 2002 (as amended) – requires employers to prevent or adequately control exposure to substances hazardous to health, including those that can cause skin irritation or sensitisation.
- Health and Safety at Work etc. Act 1974 – requires employers to ensure the health, safety, and welfare of employees.
- Management of Health and Safety at Work Regulations 1999 – requires employers to assess and manage risks from hazardous substances, including those affecting skin health.

When is Health Surveillance Required

Health surveillance must be provided when:

- There is a risk of dermatitis due to exposure to skin irritants or sensitisers.
- Employees are frequently engaged in wet work or use products known to cause skin irritation.

Subcontractor Responsibilities

- Identify work activities involving skin contact with irritants, sensitisers, or wet work.
- Carry out and maintain up-to-date COSHH assessments covering skin hazards.
- Substitute hazardous materials where possible or implement engineering controls (e.g., automated systems, splash guards).
- Provide suitable personal protective equipment (PPE) such as gloves, barrier creams, and protective clothing.
- Ensure workers receive training on skin protection, safe handling, and early reporting of symptoms.
- Encourage good skin care practices – protect, cleanse, and moisturise.
- Maintain health surveillance records and act promptly on signs of dermatitis.

External Sources of Information

<https://www.hse.gov.uk/skin/>

Asbestos

What Is Asbestos

Asbestos is a naturally occurring mineral once widely used in building materials for insulation, fireproofing, and strengthening products. When asbestos-containing materials (ACMs) are disturbed or damaged, they release microscopic fibres into the air. Inhalation of these fibres can cause serious, often fatal, diseases such as asbestosis, lung cancer, and mesothelioma.

Common materials that may contain asbestos include:

- Insulation boards, lagging, and sprayed coatings
- Cement products (roof sheets, pipes, flues)
- Vinyl floor tiles and textured coatings (e.g., Artex)
- Roofing felt, gaskets, and fire doors
- Old electrical equipment and brake linings

Legal Framework

Control of asbestos exposure is regulated under:

- Control of Asbestos Regulations 2012 – requires employers to prevent or reduce exposure to asbestos and ensure only competent persons carry out asbestos-related work.
- Health and Safety at Work etc. Act 1974 – requires employers to protect employees and others from health risks, including asbestos exposure.
- Management of Health and Safety at Work Regulations 1999 – requires risk assessment and appropriate control measures.

When is Health Surveillance Required

Health surveillance must be provided when:

- Employees are involved in licensed or notifiable non-licensed asbestos work.
- There is a risk of inhaling asbestos fibres during work activities.

Subcontractor Responsibilities

- Identify whether asbestos may be present before starting work – request and review the asbestos register.
- Ensure risk assessments and asbestos management plans are in place and followed.
- Do not disturb suspected ACMs without confirmation of type and condition.
- Ensure only trained and, where necessary, licensed personnel undertake asbestos work.
- Use appropriate control measures (e.g., controlled wet removal, negative pressure enclosures, and Class H vacuum cleaners).
- Provide PPE and RPE suitable for asbestos exposure control.
- Report any damage, disturbance, or suspected exposure immediately.
- Maintain medical and training records for workers undertaking asbestos-related tasks.

External Sources of Information

<https://www.hse.gov.uk/asbestos/>

18. Welding Fume

Welding Fume

What Is Welding Fume

Welding fume is a complex mixture of airborne gases and fine metal particles produced during welding and related activities (e.g., cutting, brazing, or soldering). Exposure to welding fume can cause both short-term and long-term health effects depending on the type of metal being welded, the welding process, and the effectiveness of control measures in place.

Health risks include:

- Short-term effects – irritation of the eyes, nose, and throat; metal fume fever; dizziness; and nausea.
- Long-term effects – lung damage, asthma, chronic obstructive pulmonary disease (COPD), and cancer (particularly lung cancer).
- Specific hazards – stainless steel welding fume contains chromium and nickel compounds, which are carcinogenic; mild steel fume is also classified as a human carcinogen by the HSE.

Legal Framework

Control of welding fume exposure is regulated under:

- Control of Substances Hazardous to Health Regulations 2002 (as amended) – requires employers to prevent or adequately control exposure to hazardous substances, including welding fume.
- Health and Safety at Work etc. Act 1974 – requires employers to protect employees and others from health risks at work.
- Management of Health and Safety at Work Regulations 1999 – requires suitable and sufficient risk assessments.

When is Health Surveillance Required

Health surveillance must be provided when:

- Workers are exposed to welding fume or gases associated with respiratory or skin sensitisation.
- There is a risk of developing occupational asthma, bronchitis, or other respiratory conditions.

Subcontractor Responsibilities

- Implement effective control measures such as:
 - Local exhaust ventilation (LEV) and on-torch extraction systems.
 - General ventilation and fume extraction booths.
 - Substitution of processes or materials where feasible (e.g., lower fume processes).
- Provide and ensure correct use of RPE (Respiratory Protective Equipment) when LEV alone cannot control exposure.
- Ensure regular inspection, testing, and maintenance of LEV systems.
- Train workers on the health hazards of welding fume, correct PPE use, and emergency procedures.
- Provide appropriate health surveillance and maintain records.
- Report any suspected exposure-related symptoms or control failures promptly.

External Sources of Information

<https://www.hse.gov.uk/welding/>