The Health and Safety at Work Act 1974 (HSW Act) introduced the obligation to protect the health of the workforce. Employers have a legal responsibility to report accidents and diseases which are specified in RIDDOR '95 to the enforcing authorities. Schedule 2 of the regulations details a number of diseases associated with specific work activities which the responsible person must immediately report.

Some regulations pertinent to the company include:

**Control of Substances Hazardous to Health Regulations 2002 (COSHH)**

The key element of COSHH is that where it is shown a health hazard exists, the next step is to control the exposure by:

(a) use of an alternative less hazardous substance  
(b) controlling the emission  
(c) use of personal protective equipment.

If, after these measures have been undertaken, a health hazard may still exist, then health surveillance is required. COSHH statutory medicals apply only to schedule 5 of COSHH, which specifies a very limited number of chemical substances used in specific work processes.

**Control of Asbestos Regulations 2006**

These require initial and periodic examinations of workers exposed to asbestos above the defined action level. The advice on fitness or unfitness to continue exposure is given to the individual. A certificate is given to the employer, who is legally obliged to keep any such certificate for four years and provide a copy for the employee concerned. The examination must be carried out within two years from the beginning of exposure to asbestos and is repeated every two years as long as the person remains in employment with asbestos.

**Control of Lead at Work Regulations 1980**

The objective of medical examinations should be to conduct an initial assessment of fitness to undertake work with lead, to evaluate the effect of lead absorbed by people exposed to lead at work, to assess the fitness of an employee to continue to work with lead and to enable remedial action to be taken before the development of adverse effects.

**Management of Health and Safety at Work Regulations 1999**

The theme running through these Regulations is essentially that of risk assessment. These criteria are essentially the same as those introduced under COSHH.

**Health and Safety (Display Screen Equipment) Regulations 1992**

These Regulations introduced the obligation to provide vision screening for display screen equipment users. The Regulations acknowledge that the actual degree of risk to eyesight involved in display screen work is not great. A number of people, however, are likely to suffer some visual discomfort and the regulations ensure that regular eye testing and provision of appropriate spectacles deal with this problem.
**Manual Handling Operations Regulations 1992**

Musculo-skeletal disorders represent the most common work-related health conditions and are often associated with manual handling. The vast majority of these can be prevented by evaluation of the workplace and by suitable change in work patterns.

**Noise at Work Regulations 2005**

The provisions of these Regulations relate to the daily personal noise exposure levels of the workforce. Where the exposure level is at or above the first action level of 80dB (A), assessments will need to be conducted by a "competent person" who should be able to advise on any action needed to comply with other requirements of the regulations or the need for further specialist advice.

**OCCUPATIONAL HYGIENE**

Hygiene is generally defined as the precautions required preventing disease. Occupational hygiene is concerned with the interrelationship between man and hazards in the working environment. The objective of occupational hygiene is the evaluation and control of all risks to health in the workplace.

**Routes of Uptake:**

**Inhalation**

This is the most common route of exposure and probably the body's most vulnerable. The large surface area available in the lung means that substances may be taken up rapidly and in large quantities.

**Ingestion**

Ingestion of a material is usually as a result of poor hygiene, poor training and poor working facilities. One of the most common examples of ingestion comes with exposure to lead.

**Skin absorption**

In some cases the major route of uptake is skin absorption, for example glycol ethers and other less volatile organic compounds.

**Injection**

An example of injection is "needle stick injuries" involving the accidental injection of biological fluids, which may result in the contraction of diseases such as hepatitis B or the HIV virus.

**Noise Monitoring**

Under the provisions of the Noise at Work Regulations the employer may have to carry out noise assessments and surveys.

The exposure level to noise should be measured by taking the noise exposure throughout the shift and then relating the results to an eight hour exposure. If the noise levels are over the action levels specified in the regulations ear defenders are required.
Employees’ Health Surveillance:

The main hazards within normal company operations have been identified as:

**Hand/Arm Vibration** – for operations where this is a significant hazard a Risk Assessment is implemented. As a general principal tools will be replaced when required with models with minimised vibration designed in.

**Control Measure**
Training (toolbox talk, HSE Pamphlet, Employee Handbook, Risk Assessment )

**Surveillance**
Self – Operatives aware of symptoms of White Finger Vibration etc.
Supervisor – Observation, questioning
Professional – GP

**Noise** – General and Project specific Risk Assessments are implemented. Where required a task specific assessment will be carried out by our safety adviser.

**Control Measure**
Training (Toolbox talks, Employee Handbook, Risk Assessment)  
Hearing protection provided, duration of work controlled

**Surveillance**
Self – Operatives awareness of hearing deterioration, ringing, pain in ears 
Supervisor – Observation, questioning 
Professional – Audiometric testing

**Asthma** - COSHH Assessments are implemented for sensitisers.

**Control Measure**
Training (Toolbox talks, Risk Assessment, MSDS) 
Face masks, gloves, hygiene, ventilation, overalls etc

**Surveillance**
Self – Operatives awareness of breathing difficulties, coughing 
Supervisor – Observation, questioning 
Professional – GP

**Skin** - COSHH Assessments are implemented for chemicals containing irritants etc

**Control Measure**
Training (Toolbox talks, Risk Assessment, MSDS) 
Barrier Creams, gloves, overalls, hygiene

**Surveillance**
Self – Operatives awareness of breathing difficulties, coughing 
Supervisor – Observation, questioning 
Professional – GP

**Asbestos** – Operatives will not handle damaged asbestos. Other handling will be in accordance with HSE Systems of Work

**Control Measure**
Training (Toolbox talks, Risk Assessment) 
Follow HSE procedures

**Surveillance**
No short term symptoms
**Lead** – Minimal handling will be in accordance with HSE Systems of Work

**Control Measure**
Training (Toolbox talks, Risk Assessment)
Follow HSE procedures

**Surveillance**
No short term symptoms. Regular or long-term work with lead will require system to be in place

**Silica** - COSHH Assessments are implemented for silica

**Control Measure**
Training (Toolbox talks, Risk Assessment, MSDS)
Face masks, gloves, hygiene, ventilation, overalls etc

**Surveillance**
Self – Operatives awareness of breathing difficulties, coughing
Supervisor – Observation, questioning
Professional – GP