

CBH Client Technical Bulletin/Guidance Note – No 1

PRODUCED IN PARTNERSHIP WITH GROSVENOR ESTATE



Client expectations of suppliers who manage lead risks

1. Aims:

This guidance document aims to set out Client expectations of suppliers who need to manage risks from lead arising from property management and or construction work

The document should be used by Clients and or their representatives as a means to seeking assurances in a structured way from suppliers that suitable arrangements are in place, and if not facilitate self identified actions for improvement.

2. Scope:

This document applies to all work where there is a risk of lead exposure due to property management and construction activities including:

- Repairs and maintenance
- Window replacement, fire door upgrades and retro-fitting
- Refurbishment and remodelling
- Industrial painting
- Painting and decorating
- Demolition

3. Why has this document been produced

This document has been produced by Clients for Clients with support from Constructing Better Health (<http://www.cbhscheme.com>) with a view to raising awareness and positive actions for occupational health in particular respect to Lead.

It has also been produced for the Client to obtain assurances that their suppliers are complying with the law – The Control of Lead at Work Regulations.

http://www.legislation.gov.uk/ukxi/2002/2676/pdfs/ukxi_20022676_en.pdf

4. Health impacts from lead

It is important that suppliers and their workers, including relevant subcontractors can demonstrate an awareness of the health impacts of lead, and what they are doing to mitigate risks from lead.

4.1 Key entry points:

Lead in the form of dust, fume or vapour has the potential to enter the human body. The main routes of entry are breathing in lead dust, fume or vapour or transferring lead to food or drinks from your hands which then enter the body via ingestion.

4.2 Symptoms and consequences:

Lead at low level can cause a number of symptoms including headaches, tiredness, irritability, constipation, nausea, stomach pains, anaemia and loss of weight. Prolonged uncontrolled exposure can cause more serious symptoms such as kidney damage, nerve and brain damage or infertility. Young people and women of child bearing age are most of risk to lead exposure.

4.3 Specific higher risk job roles:

There are particular known job roles and related activities which have a higher danger of lead exposure than others for example: painters, roofers and demolition workers – see: <http://www.hse.gov.uk/lead/> for details.

5. Summary of Client expectations

Good Clients will expect relevant suppliers to have:

- a) An approach/Policy for managing occupational health that is regularly reviewed and updated
- b) Access to competent occupational health advice
- c) Specific arrangements in place for managing lead risks including:
 - i) Access to an accredited occupational health medical advisor
 - ii) Relevant medical surveillanceⁱ
 - iii) Suitable activity risk assessments and controls for working with lead including where works are undertaken by sub-contractors
 - iv) Suitable records to demonstrate compliance with the Control of Lead at Work Regulations, related Approved Codes of Practice and recognised HSE Guidanceⁱⁱ
 - v) Regular monitoring and audits to verify identified controls and procedures are working
 - vi) Where risks have been identified as not acceptable and or there are gaps in management procedures and controls – a suitable improvement plan is in place

Notes:**Suitable medical surveillance**

Where exposure to lead is significant as defined in regulation 2 (Control of Lead at Work 2002)

Significant' exposure

An employee's exposure to lead is significant if one of the following three conditions is satisfied:

- (a) exposure exceeds half the occupational exposure limit for lead; or*
- (b) there is a substantial risk of the employee ingesting lead; or*
- (c) if there is a risk of an employee's skin coming into contact with lead alkyls or any other substance containing lead in a form, eg: lead naphthenate, which can also be absorbed through the skin.*

The employer should make sure that the employee is under medical surveillance by either a medical inspector of the HSE's Employment Medical Advisory Service (EMAS) or appointed doctor, ie the 'relevant doctor'. A list of appointed doctors can be found at the following web site,

<http://webcommunities.hse.gov.uk/connect.ti/appointeddoctors/view?objectId=28019>

or alternatively on the CBH web site of Accredited Occupational Health Providers, link below.

<http://www.cbhscheme.com/Find-an-OHSP>

Suitable surveillance procedures comprise initial and periodic medical assessments which include measuring the employee's blood-lead and/or urinary lead concentration.

1. Medical assessments

An initial medical assessment should be carried out so far as is reasonably practicable before a person starts work for the first time which is likely to result in significant exposure to lead, and in any event not later than 14 working days after first exposure.

2. Periodic medical assessments

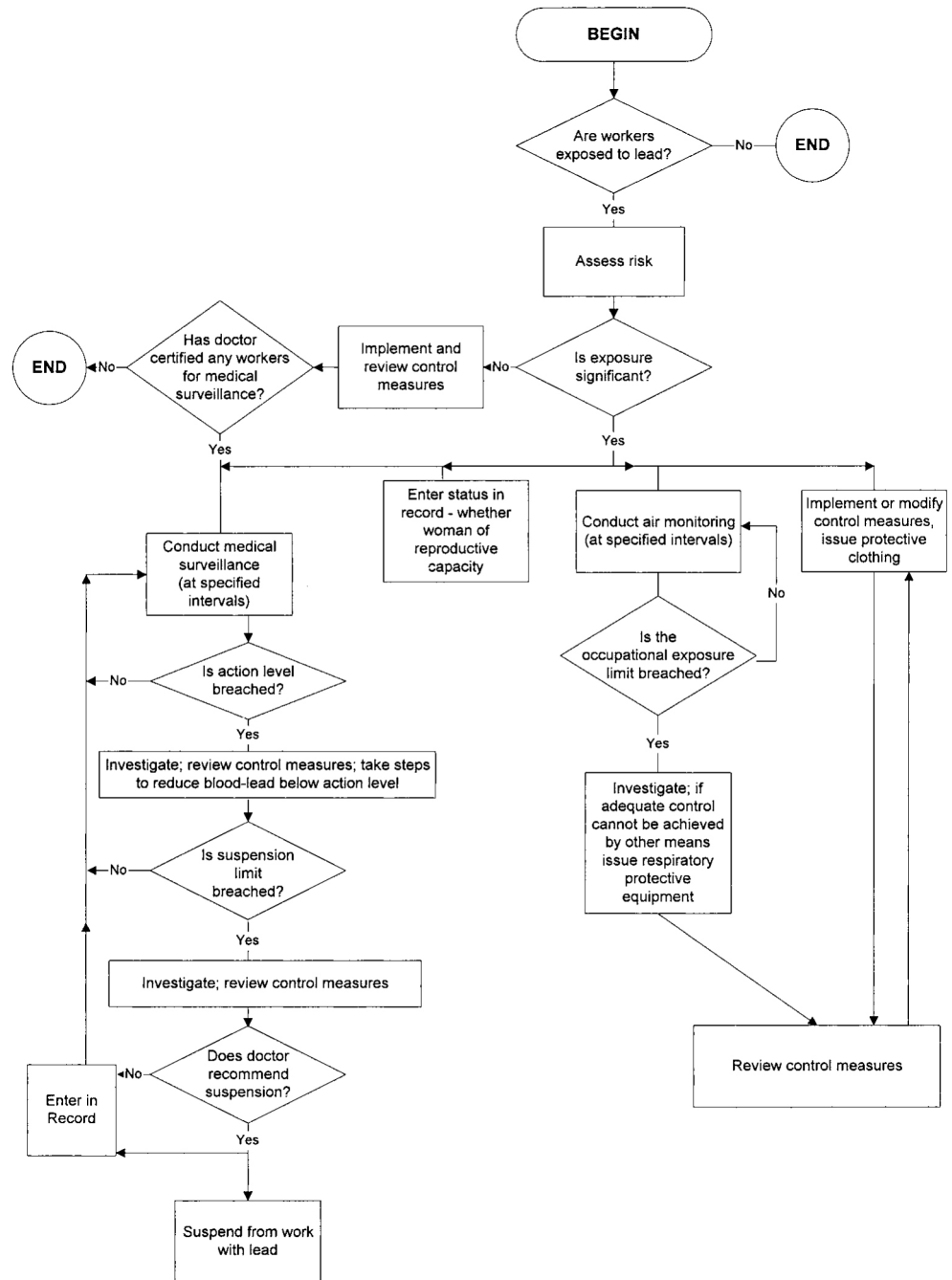
These should be undertaken at regular intervals as determined by the doctor and all the employees' potential level of exposure. However this should be undertaken at least once a year.

3. Suitable records

The employer should make sure that basic details are recorded of all people who need to be under medical surveillance. The information on this record should contain non clinical information. Further details can be found in Appendix 6 of Control of lead at work regulations

A useful flow chart illustrating action levels under the Lead at Work Regulations 2002 is set out in Figure 1 below.

Figure 1 Outline of the Control of Lead at Work Regulations 2002



Note: the Regulations also require that, in certain circumstances, employers prepare procedures which they can put into effect to deal with accidents, incidents and emergencies related to the presence of lead at the workplace.