**FQM LIMITED**

**XXX-OP-016**

**Occupational Health**

1. **PURPOSE**

The purpose of this procedure is to provide a standard model and define the minimum requirements for the Occupational Health (OH) of all Dales Marine Services employees, identifying the occupational health hazards and controlling the risks arising from operations on all DMS sites.

1. **SCOPE**

This procedure describes DMS Occupational Health System (OHS) and how it is implemented. It includes:

* The roles and responsibilities to manage, implement, monitor and review the OHS
* The supporting systems and procedures in place to ensure legal compliance and work towards best practice
* The monitoring and reviewing of activities that assure compliance and continual improvement

The OHS described applies to all sites managed and operated by DMS and to all employees and follows the DMS Principle to provide and maintain a safe and healthy workplaces.

1. **RESPONSIBILITIES**

* **HSE Manager/HS Advisors** are responsible for:
  + Ensuring competent consultants are contracted to carry out the OH checks on all DMS sites.
  + Ensuring annual OH checks are completed on all workshop based employees at all DMS sites and any other employee that request an OH check.
  + Communicating relevant OH check results to senior Management.
  + Implementing, contributing to and supporting site OH improvement and action plans.
* **Operations Managers** are responsible for:
  + Understanding HAVS control measures
* **Site Foremen/Chargehands** are responsible for:
  + Understanding HAVS control measures.
* **All employees** are required to:
  + Understanding HAVS control measures.

1. **DEFINITIONS**

**Occupational Health**

The promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations by preventing departures from health, controlling risk and the adaptation of work to people and people to their jobs.

**Occupational Hygiene**

Minimising the risk of ill-health caused by the working environment. This involves recognising, evaluating and controlling environmental factors which affect the health of people at work.

**Health Assessment**

A process of collecting, analysing and drawing conclusions from information on health status.

**Health Hazard**

A danger to health resulting from undue exposure to chemical or biological substances, physical factors or social factors. The risk of ill health occurring depends on the nature and extent of the exposure and individual factors. Health hazards may affect specific organs or the whole body.

**Acute Health Effects**

Immediate effects from exposure to a health hazard. Acute also describes an illness of short duration that is rapidly progressive and needs immediate care.

**Chronic Health Effects**

Some occupational health effects may take 30-50 years to develop. For example, inhalation of asbestos has no acute health effects but even a single exposure to the most hazardous type of asbestos (blue) can result, it is believed, in adverse respiratory effects many years later, including lung cancer (mesothelioma).

**Health Hazard Categories**

A wide range of work related factors can affect individual health, broad hazard categories for all workplaces are:

**Biological**

These are primarily allergies or infections including:

* Allergens of biological origin from insects, animal fur/hair, wood dust and fungal spores.
* Infections such as bacteria (e.g. food poisoning), tuberculosis and legionella.
* Viruses such as hepatitis A from sewage.

**Chemical**

A wide variety of chemicals can be encountered in the workplace including:

* Produced materials such as welding fumes and exhaust fumes.
* Maintenance related such as paints, lubricants, oils and cleaners.
* Catering related such as cleaners, degreasers and food fumes.
* Structural related such as asbestos, manufactured mineral fibres (MMFs) and coatings.

**Ergonomic**

Ergonomics is the study of interfaces between people and their workplaces, hazards include:

* Unsuitable posture due to workstation or equipment design.
* Lifting of heavy or awkward loads.
* Alarm overload in control rooms.

**Physical**

Agents that cause health effects from both short term and long term exposure include:

* Noise.
* Vibration.
* Temperature.
* Humidity
* Ionising and non-ionising radiation.

**Psycho-social**

Covers mental health and social relationships. Examples of this include: excessive working hours, periods away from family, bullying and work related stress. The latter is the most common and results from an imbalance between the demands made on an individual and their own perceived ability to meet those demands. Demands can come from one or more sources such as work, family, health or finance. As a result of this work imbalance the individual feels unable to cope and their work performance is likely to fall.

**Health problems**

The process of informing individuals how to achieve and maintain good health, motivating them to do so, promoting environmental and lifestyle changes to facilitate their objectives.

**Ill-health Symptoms**

A change in the body or its functions which may indicate injury or disease, for example:

* Dermatitis – a skin reaction to a specific substance such as nickel.
* Hearing loss.
* Musculo-skeletal pain.

**Medical Confidentiality**

This is part of medical ethics and generally means that details of diagnosis, treatment and discussions with patients are not available to non-medical persons, except with the informed consent of the patient.

**Monitoring**

This is widely used to provide assurances that the specified OH controls are effective in managing specific health hazards. Monitoring techniques include:

**Health surveillance**

Checking individuals for early signs of changes in health status due to occupational exposure to specific hazards. Health surveillance typically requires completion of a questionnaire, possibly combined with a physical examination or specific test. Health surveillance is used for hazards such as: noise, ionising radiation and HAVS. Health Screening is a similar process, but for the purpose of identifying potentially more vulnerable individuals, prior to any work related exposure.

**Medical Surveillance**

Biological monitoring of individuals, including testing samples of blood or urine for a chemical compound or its metabolites, to determine the extent of chemical absorption. Medical surveillance is used for hazards such as lead.

**Personal Monitoring**

Establish individual exposure from physical or chemical hazards, e.g. a personal sampler to measure airborne chemical or dust concentrations in the breathing zone, or a noise dosimeter to establish a typical daily exposure level. Personal monitoring averages the varying exposures from a variety of locations or tasks.

**Workplace Monitoring**

Measuring the presence of physical or chemical hazards that contribute to personnel exposures. General area monitoring may be used to establish whether specific health hazards are present, and in what concentrations. This may be supplemented by task related monitoring.