

Leadership in major contractors: preventing sprain and strain injuries construction industry campaign

This ongoing campaign aims to decrease the number of construction workers with sprain and strain injuries (musculoskeletal disorders). It looks at:

- the influence principal contractors (PC) have on workplace culture and safety leadership
- PC senior managers' contribution to systems and resources for managing hazardous manual tasks (HMT) risks at construction worksites
- PC leadership and how well HMT risk management systems are being implemented onsite.

The Office of the Federal Safety Commissioner (OFSC) has welcomed this initiative. The OFSC noted that it provides a strong imperative to further emphasise to companies the importance of properly assessing and controlling HMTs as part of a thorough risk assessment process.



What did we do?

- Advisory campaign conducted over one year period
- Audited 21 principal contractors and 42 sub-contractors
- In depth assessments:
 - key HMT safety management systems elements
 - verification on site.
- Executive management debrief.

Focus areas:

- Leadership.
- Systems for managing hazardous manual tasks.
- Implementation of HMT systems on site by PC and sub-contractors.

What did we find?

- MSD prevention is not a priority for PC.
- Little leadership is demonstrated about HMT and MSD prevention.
- Manual task risk management is not systematic.
- Gaps exist in PC staff HMT risk management skills, knowledge and competency.
- Generic risk assessment tools are used which are not HMT sensitive.
- Sources of risk were frequently outside the scope of the subcontractor to control.
- Risk controls in place generally relied on low order administrative controls and were not evidence based.



32 tasks had MSD risks

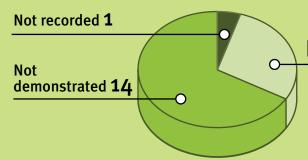


There were 42 tasks assessed with 32 found to have a risk of MSD.

31 tasks outside sub-contractors' control



The PC had included the assessed HMTs on their risk register



Demonstrated 6

What has been achieved so far?

- Increased executive management and organisational awareness and interest in HMT risk management.
- Participants reported that the campaign assisted them in identifying gaps in HMT systems.
- Several organisations commenced implementing MSD programme changes including:
 - modifications to procurement requirements
 - modifications to training and induction programs
 - adoption of HMT specific assessment tools
 - use of a participative ergonomics program (PErforM).

What does this mean for industry?

- Gaps in the PC systems directly impacted the subcontractors' ability to control the risk of HMT.
- PC leadership particularly in relation to design, planning, and procurement was found to be critical to managing HMT in construction.
- It is important that decision makers understand the extent of the MSD problem, legislative obligations and the benefits of managing these disorders.
- Industry need to develop best practice systems and procedures ensuring, at a minimum, compliance with HMT legislation.
- Collaboration is needed between all stakeholders to develop new approaches.

Opportunities for consideration

- Make manual tasks a priority focus.
- Demonstrate leadership about MSD prevention.
- Set targets and lead performance indicators specific to HMT risk management and MSD prevention.
- Provide resources, including people with HMT risk management skills and knowledge.
- Adopt a broad, holistic approach to health and safety where all the risks are identified and managed together.
- Increase key managers' and workers' HMT competencies, knowledge and skills.
- Use HMT specific risk assessment tools in policies and procedures.

What's next?

By the end of 2016, Workplace Health and Safety Queensland will commence follow up assessments to measure change and assess HMT compliance.

Action to prevent MSDs in the construction industry will have a significant and positive impact on health, safety, productivity and workforce sustainability into the future.

