

Construction Industry Trends

Construction is one of Europe's largest industries, with an annual turnover of around EUR 1000 billion. It is also one of the most dangerous, as more construction workers in this sector are killed, injured or suffer ill health than in any other industry.

Worldwide, it is estimated that construction workers are three times more likely to be killed and twice as likely to be injured as workers in other occupations. The effect on workers' health is also of serious concern - it is difficult to quantify the true scale of the health problem, but it is known that many construction workers suffer from occupationally acquired diseases, including musculoskeletal disorders, noise induced hearing loss, skin problems and other diseases as a consequence of exposure to harmful substances.

The situation is very much the same in Malta, as shown by the relevant statistics, although it must be stressed that the statistics for the past ten years show a persistent downward trend.

Paradoxically, construction is also very heavily regulated. Since many accidents in the construction industry are due to bad planning, lack of organization and poor co-ordination on construction sites, the Work Place (Minimum Health and Safety Requirements for Work at Construction Sites) Regulations of 2004 have as an overriding objective the fostering of improvements in working conditions, by taking account of health and safety at the project design and organisation stages. The principle is to prevent risks by establishing a chain of responsibility linking all the parties involved, so that the responsibilities for occupational health and safety are shared among the client who procures the construction project, the project supervisors, the contractors, including subcontractors, and their workers and the project supervisors.

Health and safety needs to be designed into construction, before, during and even after the building phase - it is much cheaper and easier to control risks before work starts on site, for example by establishing health and safety requirements in tender specifications. A lot of attention has been directed towards contractors and workers to improve the prevailing standards. This approach has so far achieved incomplete success in managing and improving occupational health and safety standards, since it is also intrinsically tied up with too little client commitment during the earliest stages of the construction process. Thus, and by not integrating occupational health and safety into the procurement and design phase, the chances of good standards later on during the construction phase, will be much reduced.

This is a legislative requirement, yet too few clients view the design and construction of their project as part of their business, and they do not realize that the health and safety of people who construct and maintain, as well as those who subsequently work in their buildings are their responsibility. The health and safety of all these people depend on the quality of the design and construction. Indeed, many of the difficulties faced by designers and contractors are the result of unreasonable pressure put on the price and time by the client. There are many good business and ethical reasons why good clients create an environment, throughout all stages of the

project, that seeks high standards of health and safety performance - such clients understand that an approach based on best value for money (rather than lowest cost) is more likely to result in tangible benefits, including having a project that runs to time and budget as well as enhancing their business reputation. In awarding the contract to the lowest tender, a prospective tenderer may be tempted to limit further the costs with the exclusion of those expenses that concern occupational health and safety.

Other duty holders have been assigned different roles, depending on the stage of the construction project, which is normally seen as a three-phase activity: (i) the Project Design Phase (research shows that around two thirds of all fatal accidents occurring at building sites are due to decisions taken at the design and planning phase - key players at this phase include architects, designers, contract managers, and those procuring goods and services for the building phase); (ii) the Building Phase (during this period, health and safety coordinators, project managers and supervisors, contractors, subcontractors and workers all have to cooperate to reduce the risks); and (iii) the Post-Construction Phase (decisions made during the project design and building phases have a long-term impact on the health and safety of those maintain and work in the building - during this phase, building owners (or occupiers) and maintenance contractors are among the most important stakeholders).

OHS legislation refers to only some of the duty holders, since other regulations in force (not issued under the OHS Authority Act, 2000) assign additional, specific, and often complementary responsibilities. However, the model adopted in the case of the health and safety in construction regulations whereby a linkage between the different parties is required to be established, is not followed on a macro level between the different sets of regulations - this well-developed legislative framework, remains fragmented, and the different sets of regulations are enforced independently of each other - planning, protection of the environment, nuisance abatement, public health, control of vehicular traffic and pedestrian routes, as well as the safety and solidity of the building being constructed and the safeguard of third party civil rights. Thus a more holistic approach is required, so that construction is looked upon as one activity but which takes into consideration all the above aspects as well as those pertaining to planning, environmental management, health and safety (of both the general public and other third parties), and structural safety and solidity.

For this reason, the Occupational Health and Safety Authority has for a long time been recommending that the process for the issue of development permits is linked with requirements arising out of other legislation in force - this would mean in essence that no permit to build is issued unless the client can demonstrate that project supervisor/s for the design stage and for the construction stage have been appointed, that a health and safety plan has been drawn up by the project supervisor (setting out the rules and specific measures applicable to the construction site concerned), and that a file, appropriate to the characteristics of the project, and containing all relevant health and safety information that is required to be taken into account during the subsequent works, is prepared.

The current piecemeal approach towards the control of building and construction activities perpetrates a fragmented process which involves different entities, operating independently of each other, while at the same time, increasing the administrative burdens on these entities and the bureaucratic burdens on clients and operators in the field.

Current occupational health and safety legislation is based on the important principle of risk anticipation and the early mitigation of negative or potentially harmful effects. In this regard, OHSA strongly feels that an essential component of the risk control and mitigation framework should be the duty to supervise. Whereas a site supervisor appointed in terms of LN 281/2004 may have a role in identifying some risks, a number of deviations from the method statement or various risks arising during the course of the construction work may be outside this person's competence. This requires the strengthening of the role of the project's architect in carrying out the required supervision.

In view of the widespread hazards and risks, the construction industry remains a focus of attention for the OHS Authority. Apart from the periodical proactive campaigns which it organises, OHS Officers regularly visit construction sites and take appropriate action. But it should be realised that OHSA is not the only one to have an interest in the matter. Reference has already been made to the various regulatory entities which have a direct role, prompting the suggestion that a more holistic legislative approach needs to be adopted. There are other stakeholders, which although not necessarily assigned a statutory enforcement role, need to be closely involved in the whole process. A case in point is here being made for a greater role to be assumed by Local Councils. Way back in 2005, OHSA had written to all Local Councils in Malta to suggest a more active role - as has already been mentioned, Legal Notice 281/2004 requires a file to be prepared and kept, which file shall contain all relevant information on matters that can affect health and safety. In writing to the Local Councils, it was suggested that before the Council issues any permit, be it for road closure, or to set up a crane, the Council requests to see the file, the prior notification form and its acknowledgement by OHSA, taking note of the project supervisor for the execution phase (the latter would be contacted by the Council if need be after the commencement of works). Should the Council not be satisfied that commonly encountered grievances are not going to be met (such as provisions for pedestrian or passer-by safety, base solidity in respect of cranes, etc), then the permit is withheld. Such an approach would help reduce the incidence of nuisance complaints from neighbours, whilst ensuring the safety of third parties. Unfortunately, the Local Councils failed to act on OHSA's suggestion. Thus the only involvement by Local Councils remains more akin to knee-jerk reactions with unrealistic expectations - following this week's fatal accident, OHSA received a number of requests from Local Councils to inspect all building projects within their locality.

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