



‘Phoar ... what’s that smell?’

Glen Musgrove, Safety Adviser
MOHS Workplace Health

Glen has worked within Occupational Health for more than 20 years as an educational safety advisor, working alongside occupational health advisors, technicians and doctors.

Today’s presentation would focus upon Occupational Health, particularly with regard to the screening of employees, such as via annual tests for eyes, ears and lung function, to check for the onset of health issues.

Glen asked the audience how many of them were in the habit of conducting base line tests (only three hands were raised). Without screening for pre-existing health conditions at recruitment it is difficult to determine what health issues the employee is bringing to the new job as opposed to those which may develop. This could obviously have implications with regard to future compensation claims.

Glen then introduced us to the HSE website and the very detailed section regarding Risk Assessment. Towards the end there is a reference to a book that can be purchased to assist in Workplace Assessments. Glen’s advice is to employ a specialist to carry out the assessments, as they will be far more experienced, knowledgeable and more up-to-date on regulations – thus saving time and expense in the long run.

Always take good advice about health surveillance from properly qualified people before you implement a programme. This will ensure the correct consents are obtained and there is no conflict with matters such as data protection.

Within Occupational Health there are three levels of specialist:

- the Occupational Health and Safety Technician (competent but not formally qualified),
- the Occupational Health Advisor (usually with a diploma in the subject) and
- the Occupational Health Nurse.

It is wise to check the role of the person you are dealing with and how qualified they are to address your problems/concerns.

The most senior of all is the Occupational Health Physician and it is imperative that you follow their advice. In a court of law, you would not want to be arguing against them as you are likely to be at a disadvantage.

Accurate record-keeping is vital. The law requires employee health records to be retained for 40 years. This is because there are conditions, such as asbestosis, and mesothelioma, where symptoms can present at quite an advanced age.

Workplace exposure limits

Sometimes it will be difficult to determine someone's exposure to a potentially harmful substance or situation. Wherever there is doubt, it is wise to re-deploy the employee. As an example, Glen referred to a pregnant young woman who could be exposed to a harmful substance. Exposure might be a lot less and even zero, eg in the case of mutagens. For her safety, therefore, re-deployment may be advisable.

In 2006 new regulations were brought in. Rather than referring to employees who were "exposed" to harmful substances/situations, the wording was changed to those who were "liable to be exposed".

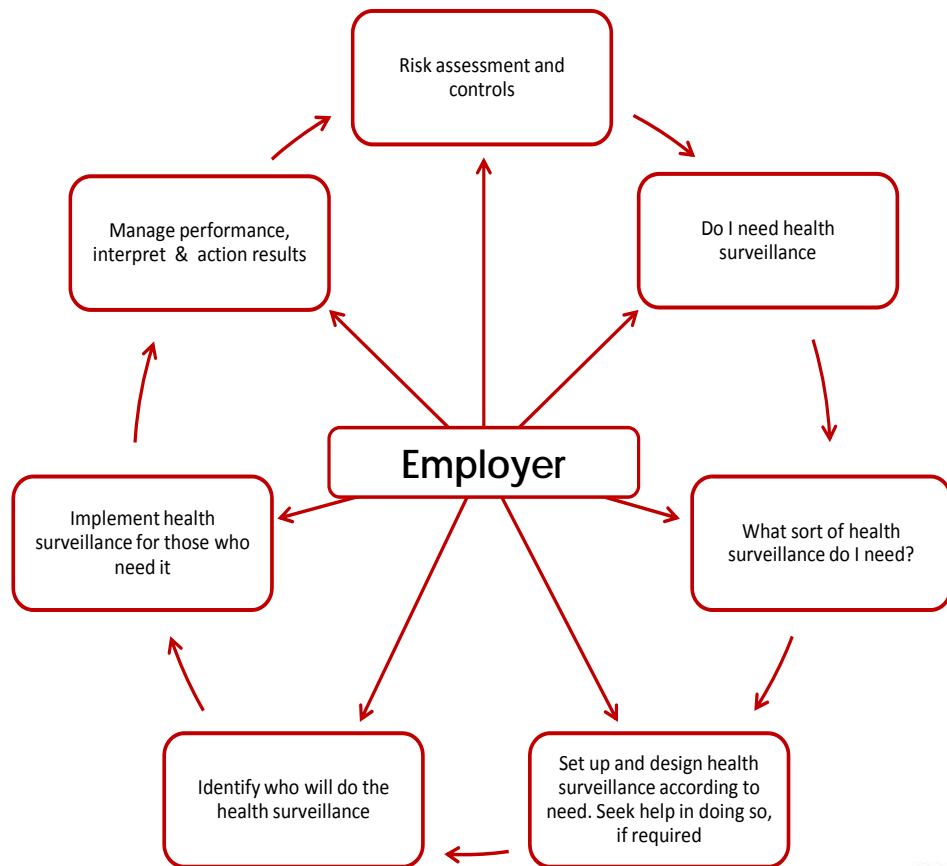
Why should we undertake Health Surveillance?

- (i) an identifiable disease or adverse health effect may be related to the exposure;*
- (ii) there is a reasonable likelihood that the disease or effect may occur under the particular conditions of his work; and*
- (ii) there are valid techniques for detecting indications of the disease or effect*

When should it take place?

- 12 months
- High rate – as required (OHA advice)
- As required by relevant doctor
- Guidance e.g. Asthma / Silicosis / COPD
- Until exposure ceased

The health surveillance cycle



How do we conduct Health Surveillance

- Examination by an OHA (Occupational Health Advisor)
- Questionnaires
- Lung function, eye and hearing tests
- Biological monitoring

Spirometry

Spirometry involves very complex equipment which needs specialist handling and accurate calibration. It is designed to work at temperatures above 17 deg Celsius. A reading taken below this ambient temperature is likely to be inaccurate and therefore useless. So the room must be up to temperature before testing commences.

Audiometry Tests

These are usually conducted in “sound-insulated” rather than “sound-proofed” environments. Only hospitals have the facilities to completely filter out all extraneous noise and provide totally sound-proofed rooms. Most testing facilities will be in mobile units. It is therefore important to site them in quiet areas, away from the noise of passing vehicles, which could give rise to misleading test results due to vibration.

There are concerns that noise exposure is not restricted to the workplace. Some people in particular are often guilty of playing car stereos at high volume, for

prolonged periods of time, thus potentially permanently damaging their hearing as a result. However, some MP3 players apparently now have a built-in volume-limiting feature when played through headphones.

The industry standard for unacceptable noise is 85 dB(A). Anything above this is regarded as damaging. However, the RAF lowered their limit sometime ago to 75 dB(A) as they believe that above this level hearing damage can occur.

Vision

Snellen charts are still commonplace. However, there are now more sophisticated pieces of equipment. Some are less portable than others.

Drugs and Alcohol

It is essential to have a proper policy which includes issues such as consent, support, testing and discipline which gives you the tools to take action if someone turns up for work and you suspect they are under the influence of drugs or alcohol. Tests can be conducted on hair, urine, mucus and breath. Some tests have the ability to detect substances which were used/ingested up to six weeks before.

Case Studies

Glen then outlined two case studies with graphs that already indicated the normal parameters of a healthy person. The first was a 55 year old smoker and pattern maker who had worked in a foundry for some 12 years. His tests were carried out with a Spirometer and the results recorded on the graph. They were significantly different from the healthy median.

Glen explained that screening is not a diagnostic service as it cannot be that accurate. It is a guide as to potential problems. A person could feel quite well although the testing process reveals them to have an underlying condition which they hitherto had no knowledge of. This condition may be in its early stages but the test results would provide an opportunity for the employee to visit his GP for further diagnostic tests and, if necessary, treatment. They would also enable the employer to review relevant risk assessments and to put in place safeguards, such as the provision of RPE (respiratory protective equipment), to prevent further deterioration of that employee's health, so averting long-term problems.

If the tests are inconclusive this will provide evidence of an employee's health at that point, should he go on to develop a health condition in the future. Bear in mind that the employee's lifestyle and previous employment may have contributed to his current condition. Part of the screening process involves a detailed questionnaire which, for example, asks questions which relate to the person's lifestyle.

Glen also explained that, although an employer had paid for the tests, they had no automatic right to receive any results. Detailed results would be provided to the employee, who would need to give his consent before anything could be

revealed to his employer. Without written consent, the employer would only be told that the employee was fit or not fit for work.

Some companies, however, do explain to the employee that the consent form they sign allows the test to be carried out and also for the results to be passed on to the employer. If they are unable to agree to the latter, then the test will not be carried out.

Although there are less discreet surveillance companies, it is best practice that such sensitive health information be only disclosed to the relevant personnel within a company, who have a genuine need to know, and that the utmost confidentiality is maintained.

The second case study was for a 35 year old man who had been working in a foundry for 10 years and was suffering from noise induced hearing loss. The results of his tests suggested referral to his GP for diagnostic tests.

Glen's advice was that a company should be doing base line screening for anything that they are doing which may lead to health problems within their workforce. Whilst this can prove expensive, in the long run this would be more cost effective than having to deal with individual piecemeal compensation claims. (For example, in the case of British Coal Board and employees who developed Silicosis and submitted individual compensation claims.) A good start would be to screen apprentices as they are at the beginning of their working life.

Good occupational practice is overseen by the Occupational Health Physician. At a Technician's level they have a booklet which tells them what they can and cannot do when they do health surveillance. Competence is checked every year by a qualified member of staff.

Remember that an employer cannot be held responsible for any external activity that an employee undertakes which leads to a health problem, eg a person who has hearing loss as a result of frequent attendance at rock concerts. The main point is that an employer should make every attempt to control the workplace environment and put in place all the necessary safeguards and effective protective equipment to protect his employees whilst they are at work. If you as an employer are unsure, then call in an expert.

Bringing the session to a close, Mark thanked Glen for his excellent and most interesting presentation.