WILTSHIRE OCCUPATIONAL SAFETY & HEALTH ASSOCIATION

Tuesday 13t July 2010
Kindly hosted by Wiltshire Waste Recycling, Devizes

Agenda

- 14.00 Welcome – Derek Boulton
- 14.10 Promoting a Healthy Workplace/Sick Note to Fit Note – Mark Hemphill, Great Western Hospital
- 15.15 MSD Prevention – Lynnette Glass, Great Western Hospital
- 15.45 The Role of an HSE Occupational Health Inspector, Judith Sinnott, HSE
- 16.00 WOSHA Update and AOB – Derek Boulton
- 16.30 Close

Attendees

Claire Evans – Wiltshire Council
Derek Boulton – Invensys Rail
Judith Sinnott - HSE
Ian Whittles – HSE
Bob Lentell – RPJ Associated Consultants
Helen Oswald – Health & Safety Advisory Service
Cheryl Rous - Health & Safety Advisory Service
Pam Collier – Torin-Sifan
Phil Derrick – Wiltshire Council
Sid Hayden – Avon Rubber
Liz Davies – Avon Rubber
Carol Lawton – Swindon Commercial Services
Richard Wright – Aster Group
Nick Handley – Aster Group
Dave King – Honda
Nigel Mulholland – Defence Academy
Kath Williams – RAF Lyneham
Mark Hemphill – Great Western Hospital
Joyce Styles – Great Western Hospital

Pam Laney – Great Western Hospital
Bryan Slade – My Skills for Life
Lynnette Glass – Great Western Hospital
Dick Willows – TSSI Systems
David Delaney – MOD
Graham Watts - Arco
Angela Thomas - Arco
Steve Northcott – Dynamatics
Sarah Jane French – Wiltshire Fire & Rescue
Mike Dodds – Wiltshire Fire & Rescue

Derek Boulton, Chairman opened the meeting welcoming the attendees to Wiltshire Waste Recycling for the first time thanking the host for the use of their facilities.

Guest Speaker 1 – Mark Hemphill, Great Western Hospital

- WOSHA member, Mark Hemphill gave the first presentation which concentrated on two areas, promoting health in the workplace and the process changes from the sick note scheme to fit note.
- **Promoting Health.**

GWH NHS trust provides a partnership with employers and their employees to maintain and improve your health. The main activities provided are:

- Pre-employment screening
- Health promotion
- Immunisations
- Health assessments
- Support and counselling
- Advice on health and safety legislation relating to occupational health
- Workplace visits
- Advice and follow up for staff who have inoculations or contamination incidents
- Rehabilitation and resettlement

Health Promotion

Advice is available on diet, weight, smoking, lifestyle, exercise, stress management and travel vaccination and advice.

Stress

Virtually every work situation now matter how wonderful the job is will at some time cause the employee some pressure. For most of the time this pressure is useful, encouraging us to get going e.g. to get a project completed on time. But if this experience lasts too long it may develop into stress.
The three steps to understanding stress: 1) recognising the problem of stress at an early stage; 2) acknowledging the stress; and 3) managing your stress.

Help is available on hand care, natural rubber latex and immediate hypersensitivity. So what is natural rubber latex (NRL)? NRL is a natural product which comes from the rubber tree. It is used in the manufacture of a vast range of medical equipment and is also found in many household products. People who are sensitive to NRL should avoid products containing NRL. Even short periods of contact can trigger an allergic reaction. Individuals who are at risk of developing sensitivity are those with a history of asthma, eczema or hay fever, or who have had multiple surgical/dental procedures and anaesthesia and those with allergies to some foods e.g. bananas, kiwi fruits or tomatoes. Irritation can take the form of localised rashes which are dry and itchy. The symptoms resolve when contact with the irritant ceases. Rubber gloves may cause skin irritation, which may be aggravated by use of soaps, cleansers or detergents. Mark then explained the immediate hypersensitivity (type 1 allergy) and allergic contact dermatitis (type 4 allergy).

- Type 1 – this, the most severe of the reactions to latex is caused by natural proteins in the latex. It can cause urticaria on the backs of hands, conjunctivitis, rhinitis, and in extreme cases anaphylaxis shock. Reaction can occur on contact with the NRL product.
- Type 4 – this is a reaction to manufacturer's chemicals and can cause redness on the hands, contact dermatitis, cracking of the skin. This reaction can be delayed for 6-8 hours after exposure and unlike type 1 can extend beyond the glove area, but is not life threatening. For more information go to the internet for the HSE leaflet 'Latex and You'.

Physiotherapy

At GWH employees are given physiotherapy where there is a musculo-skeletal problem affecting work. The sort of things treated is spine problems, e.g. discs, back pain, lumbago; joint problems e.g. arthritis, joint pain, frozen shoulder; muscle or tendon problems e.g. sprains, tendon pain and recoveries after fractures or operations.

Treatment will involve an initial full assessment and follow up treatments may include heat, soft tissue techniques, stretching, joint mobilisation, information provision, exercises for home use, acupuncture and even ultrasound. You may be referred to hydrotherapy with or without Physio.

Travel

A travel health service is available offering everything from a range of immunisations through to advice on political unrest and advice on general health and safety. More information can be found at the website www.nhsplus.nhs.uk.

From Sick Note to Fit Note

Mark then took us through the changes providing guidance on statements of fitness for work (FMed3 04/10)

Evidence shows that work has a therapeutic value and is generally good for physical and mental health whilst long term worklessness has a negative health effect. The decision to change the system was made based on the fact that many people with health conditions can, with some basic help from their employer, work as they recover from their condition. Work can aid recovery and benefit the employer by reducing sickness absence levels. Managing attendance continues to be a challenge for many employers. Through fit note it is easier for doctors to provide simple, clear advice on fitness for work. The change makes it possible for a doctor to advise on an earlier return to work by offering a new option: 'may be fit for work taking into account the following advice'. The changes:

- The removal of the fit for work option
- A new option for a doctor to advise if an employee may be fit for work with some support
- More space for a doctor to provide information on how an employee's condition will affect what they do
- Tick boxes for doctors to use to suggest common ways to help a return to work
- Inclusion of telephone consultants as an acceptable form of assessment
- A reduction in the maximum duration of statement during the first six months of illness to three months.

What stays the same? :

- The form can still be used as evidence for why an employee cannot work due to illness/injury
- The Statement is still not required until after the 7th calendar day of sickness
- The information on the form is still advice to the employee. It is **not** binding on the employer
- The requirements for the payment of Statutory Sick Pay have not changed
- Employers' obligations under the Disability Discrimination Act have not changed

How does this help? :

- The new option of 'may be fit for work' means fewer employees will be 'signed off' work
- More information available on how an employee's condition will affect what they do.
- Fewer forms to deal with (FMed 3 and FMed 5 will combine)

The aim of the new Fit Note

- To provide employers and employees' greater flexibility in managing sickness absence
- Offers the option of:
    - Altered hours
    - A phased return to work
    - Amended duties; and/or
    - Workplace adaptations
- Provide a more detailed view of options which may assist in an earlier return to work

Myths

- This is not about GP's policing the state benefit system
- Or requiring GP's to be Occupational Health Specialists
- It is about supporting GP'S in their role as patient's advocate and helping to achieve the best outcome for patients and their families.

Fit for work? Option 1

- **Not fit for work**
    - The employee has a health condition that prevents them from working for a stated period of time
    - Replaces the statement on the old 'sick note' "refrain from work".

Fit for work? Option 2

- **May be fit for work taking account of the following advice**
    - Employee's condition does not necessarily stop them from returning to work
    - May be able to return to work with adjustments

May be fit for work?

- Discuss the advice and comments on the Statement with the employee
- Consider the advice and how it affects the job and the workplace and the options available
- Is a return to work possible?

Yes……

- Agree a return to work date
- Agree any workplace adjustments
- Agree a date to review
- Monitor and review as agreed
- Discuss case with H.R./O.H. if employee has not returned to full contractual duties with agreed time frame

No…….

- Agree next review date or return to work date
- Pay sick pay as per contractual terms and/or Statutory Sick Pay rules

If……

- It is not possible to implement the recommended adjustments, the employer should use the Statement as if the doctor had advised 'not fit for work'
- The employee does **not** need to return to their doctor for a new statement to confirm this

Involving Occupational Health

- Impractical to routinely obtain advice from OH for every case requiring **temporary** adjustments
- Planned return to work should be based on common sense, and agreed with the employee
- Complex cases should be referred to OH in the usual manner

Further information

- Statement of Fitness to Work – A guide for employers *Department for Work and Pensions*
- Statement of Fitness to Work – A guide for employees *Department of Work and Pensions*
- www.dwp.gov.uk/fitnote

There followed a question and answer session and Ian was thanked for his thought provoking talk which generated a lot of interest amongst the members and guests. Ian's presentation can be found at the WOSHA website – www.wosha.btik.com

After a short break the Chairman introduced the second speaker for the day.

Guest Speaker 2 – MSD Prevention – Lynnette Glass, GWH NHS Trust MSD Prevention Team

Lynnette opened the presentation by asking what is an MSD injury.

- They are part of a broad category of injuries and disorders called Musculoskeletal Disorders (MSDs). MSDs are either acute (single event) or chronic (slowly develops) and effects the skeletal system, soft tissues (muscles, tendons, ligaments, joints, cartilage) and nervous system.

- They can be caused by bad posture, high force and repetition. These are the 3 main causes of MSD injuries.

- MSDs can happen to anyone from office workers and industrial employees to athletes and hobbyists

What are the signs and symptoms?

Painful aching joints, muscles
- Pain, tingling or numbness
- Fingers or toes turning white
- Shooting or stabbing pains
- Swelling or inflammation
- Stiffness or difficulty moving
- Burning sensation
- Pain during the night

The latest figures from HSE:

- MSD injuries are the most common occupational illness in Great Britain, affecting 1 million people a year.
- The cost to society is in the region of £5.7 billion.
- In the health service, 40% of the working days lost are due to manual handling injuries.
- In the health service there are over 5000 manual handling injuries reported per year.

- GWH-20% of all sickness/absence is MSD related

Using an ergonomic approach to MSD/Manual Handling issues at the GWH

- Dragons den
- 6 months Ergonomics practitioners from Honda
- Hotspots and incident analysis, Assessments, Previous knowledge and experience, Working groups
- Hotline
- Training- inductions through to competencies
- Future – fast track interventions using 360 model

Lynnette showed some simple methods employed in GWH to overcome some simple MSD issues (contained in the presentation available on the WOSHA website).

MSD Management

- Home/work life balance support and guidance
- Fit note support (reasonable adjustments to encourage safe work attendance where possible)
- Workplace assessments (ergonomics, DSE, Task and symptom relationship)
- Encouraging task negotiating/trading where practicable to ensure staff member an active and useful member to the team
- Stress acknowledgement (as psychosocial factors so important with MSD's)
- Early intervention is key!

MSD Prevention "PERFECT" Model

Posture – Be aware of your own postures, be comfortable
Equipment – Use the equipment that is supplied, raise the bed!
Risk – Self assess your work, is there a risk to you or others?
Foundation – Understand company policies and procedures
Education – Train, learn, and pass it on
Communicate – Communicate your concerns, use local reporting systems
Team work – We al work as one so involve, collaborate and train with others (bring everyone to the table).

Lynnette fielded a number of questions on specific MSD issues challenging a number of members. This presentation was then immediately followed by the HSE perspective on Occupational Health.

Guest Speaker 3 – The Role of an HSE Occupational Health Inspector

Judith opened the talk with a reminder for all on the role of the HSE and which areas are enforced by HSE, and those enforced by local authorities.

The HSE Strategy currently has a number of constraints:
- Key challenge – risk management that is appropriate for a changing environment
- Recent changes have included:
    - Economic downturn
    - Size of companies
    - Working hours
    - Male/female ratio
    - Service sector has grown
    - Manufacturing sector under pressure

The Role

- Involvement in HSE planned interventions
- Investigation of cases of work-related ill-health
- Support to HSE & Local Authority colleagues
- Advice – Local Authority, Trade organisations, Occupational Health Providers, members of the public
- Cover all work-related health issues e.g. MSDs, HAVs, asthma, dermatitis, BBVs, noise, zoonoses.

Main Occupational Health Risks

- Asthma
- Dermatitis
- Musculo-skeletal disorders
- Hand Arm Vibration Syndrome (HAVS)
- Noise
- Manual Handling Issues

Proactive Work

Inspections
Local projects
Safety and Health Awareness Days

Presentations
Disease Reduction Programmes
MSDs in construction & printing
Better Backs Campaign
Dermatitis in cleaners & hairdressers
Competency of OH providers – HAVs
Dermatitis in MVR
Management inspections of large organisations

Reactive Work

- Investigation of reported cases of work-related ill-health
- RIDDOR Investigations
- Investigation of complaints
- Audits
- Support for inspectors (HSE & Local Authority)
- Advice as required

There is no specific legal requirement to employ an OH Service, but there is a requirement to have access to health and safety assistance, and there is specific legislation for health surveillance, namely COSHH, Lead, Noise and HAVS. Judith advised that employers should have access to competent OH advice; have identified substances & processes that can cause work related ill-health, have identified where health surveillance is appropriate and set up the appropriate surveillance programmes, supported by a set up of individual health records for those under the HS programme.

What to expect from an OH service

- Audit of health risks & requirements for OH services
- Contract and service level agreement
- Competency to carry out the services offered
- Prioritised work plan
- Reports – timely confidential informative

There is no accreditation therefore there is no inclusive list, but there is a source of advice at EMAS, NHS plus, the internet, other employers and COHPA.

Judith provided some internet sources for attendee information and gave answers to a large number of questions raised by the attendees. Judith and the other speakers were thanked by the Chairman for their interesting and informative talks, all of which would be available on the WOSHA website – www.wosha.btik.com.

WOSHA Business and AOB

The Chairman issued the new programme of meetings for 2010/2011 and ran through the year ahead. Also available for collection were a number of guidance note copies on working at height, a topic of some focus for later in the year. The chairman spoke a forthcoming visit to Latchways Fall Protection Systems in October. More information would be provided at the next meeting. There was a review of the visit to Latchways Fall Protection Systems on 5th October with no less than 26 attendees. This started the theme of a visit and meeting tie up on a particular H&S aspect i.e. working at height for October/November 2010. The chairman then promoted the up and coming visit to DuPont in Bristol on 15th February 2011, specifically looking at management systems, this being central to what the members do. DuPont are seen as an organisation with a world class H&S performance and that this would be a great opportunity for benchmarking and picking up tips.

The next visit and meeting tie up theme in 2011 is on Fire Safety and on 15th April we have been invited to visit the Fire Training College at Moreton-in-Marsh. This would look at Fire Safety management systems and risk assessment followed later in the year by an open workshop/meeting on fire risk assessments.

Other topics under consideration for 2011/2012 WOSHA programme are Electrical Inspections, Fleet E-Safety, Homeworking, Vibration, and transport/warehousing safety. Again, through the feedback forms distributed to the attendees there would be an opportunity for any additional ideas for talks and visits for next year, or any hot topics that could be brought to the attention to the members in the near future.

Next Meeting

The next meeting is at RAF Lyneham on 14th September, and Mick Gray returns for an interactive workshop on Noise at Work and the actual measurement and calculation of noise exposure – 'noise and toys'.

The chairman closed the meeting thanking Wiltshire Waste Recycling for their hospitality.