Informal notes on call with OH Multi-disciplinary Forum and HSE including: Andrew Curran (CSA), David Fishwick (CMA), Peter Brown and Alison Codling 28th April 2020

Andrew Curran – intro:

- Don't have all the answers to questions on Covid-19.
- HSE's Chief Scientific Adviser reports into Sir Patrick Vallance. HSE has an interface into SAGE via him. SAGE advises Ministers who use their advice to inform their decision making.
- Expected that all papers related to SAGE will be made available this week.
- Sub groups looking at specific aspects. New group titled 'Environment and Modelling' will review data to review evidence in relation to social distancing, ventilation, and surface contamination.
    - **Request to BOHS** to identify an expert with skills and experience in surface contamination/exposures (particularly microbiological) and mitigation of exposure on surfaces (to include cleaning, disinfection etc.) to join that group.
- **HSE would like to tap into the existing professional societies network on a regular basis,** to help understand the experiences emerging from the new world of work to help develop pragmatic approaches. Suggest these meetings once per fortnight, to keep connected. Ensure that the voice of the front line is heard.
    - Alison Codling is the HSE point of contact.
    - Nick Pahl put forward as the contact for the OH MDT Forum.
    - **Fortnightly calls with HSE and the OH MDT Forum** agreed to liaise on activities, align and make the most of efforts.

PPE issues

- EU removed the need for the CE mark to help get products into the supply chain.
- As a result, HSE is providing the market surveillance function for the UK.
- HSE making sure that PPE must protect, and only allowing things into the supply chain that meet the appropriate requirements.
- HSE has set up a task force, which receives requests from govt. and others. They look at PPE as it enters the country and a technical team makes recommendations to the task force for decision. Turning around responses often within an hour. Absolute requirement that PPE must protect. A number of examples, masks from China in NL, also Germany that had to be withdrawn from their supply chains.
- Working with their comms colleagues to get the message out there. To provide simple to use guidance. Also, working with BOHS on decontamination of PPE, doing work to see which methods are most effective to decontaminate.
- **Ideas to help get messages out welcome.**
- HSE has contributed to guidance developed and owned by PHE. Helpful having HSE's CMA and other Doctors working on the frontline providing treatments and observing what's going on, giving some sense of reality, helping to provide an appropriate balance between the letter of the law and practical implementation.

Fit Testing/Checking

- Training and fit testing still not universal. **Some Trusts have decided Fit testing is NOT appropriate for them** which is not HSE's position**.**
- Failure in the supply of the test solutions (a manufacturer has been asked to run a big batch), portacount method being encouraged. BSIF offering to do fit testing.
- HSE keen to not relax fit testing requirement.
    - Reviewing approaches to address, but comms is being used to reinforce HSE's position.
    - **Need resources that people can use. Asked for help and ideas on this.**
- On question of moving to a higher-level type of RPE e.g. air fed hoods:
    - PPE is only one part of the solution.
    - Need to think about the whole system, what are the work activities being done, training etc.
    - Ultimately the risk assessment should be done by the workplace in the local situation.

        - HSE won't be changing the advice on PPE in the short term. PHE puts out the guidance to front line workers. It is for the Trusts to decide the appropriate controls, looking at the whole situation.
            - **OH MDT Forum has concern with the availability of competent support to carry out local risk assessments**
        - On question of moving to a higher level of RPE, Helen Donovan (RCN), noted that if the RPE was changed to a hood there would be panic and concern amongst front line staff.
- Nick concerned that HSE were not doing more frontline inspections, felt reactive versus proactive.
    - HSE suggested that with their limited resource, focusing on ensuring the quality of supply was a key priority to enable the right PPE to get to the right people at the right time, which is resource intensive given the market surveillance function.

Workplace assessment

- HSE trying to make sure that people see work as a system when thinking about risk. Need to breakdown by activities and sector. Work is a complex system, and there is a need to understand and deal with the interfaces. Example given of Health Care Workers following all the necessary controls in dealing with patients, then at the end of the shift having a "group hug".
- Need to think through all the different components. Looking at what works and doesn't work. Surface contamination issues with COVID19, how long on different surfaces. What cleaning regimes are needed to manage people back into work.
- Consider hierarchy of controls when providing advice. Activity related getting back to the country work is being coordinated centrally by BEIS and PHE. HSE will support through usual approaches.
    - What's likely to emerge is sector-based guidance.
    - There'll be a tension between the simple messages v the complexity. The more MDT Forum feed into HSE, the more HSE can feed into the centre.
    - No one can anticipate all the questions that will emerge. If can get basics right at start and develop the detail as knowledge increases.

HSE view on face coverings: Not been recommending for the general public at the time of the meeting. SAGE discussions concluded and gone to Ministers for their review and decision. Key points:

- Critical that front line staff are safeguarded with the right PPE for their needs.
- The evidence for effectiveness of public use of face coverings to safeguard viral transmission is not strong. As such, could not be enforced by police.
- Some evidence to support face coverings for asymptomatic spreading, but not for protecting.

Advice for RIDDOR reporting

- Peter Brown, head of health and work programme responded to questioning as follows:
    - Put in a report if you think someone has died as a result of Covid-19 infection but recognise that it is difficult to establish whether or not any infection in an individual was contracted as a result of their work.
    - Err on the side of caution.
    - Yes, treat COVID-19 as per asbestos rules, i.e. consider there is a link to work if working with COVID-19 patients.
    - In reporting under RIDDOR the disease or death has to be attributed to an occupational exposure to a biological agent
    - Should it be reported retrospectively? If have the time to do it, it would be helpful. The more data we have to understand what's been happening the better.

To provide clarity on RIDDOR, the HSE current lines are:

- COVID 19 is a public health issue and the Department of Health & Social Care (DHSC), working closely with Public Health England (PHE) and the devolved administrations, is the lead Government department for the UK response.
- As prevalence of coronavirus increases in the general population, it will be very difficult for employers to establish whether or not any infection in an individual was contracted as a result of their work. Therefore, diagnosed cases of COVID 19 are not reportable under RIDDOR unless there is reasonable evidence suggesting that a work- related exposure was the likely cause of the disease.

- In some limited circumstances, where an individual has either been exposed to or contracted COVID 19 as a direct result of their work, those instances could be reportable under RIDDOR either as a Dangerous Occurrence (under Regulation 7 and Schedule 2, paragraph 10) or as a disease attributed to an occupational exposure to a biological agent (under Regulation 9 (b)), or as a death as a result of occupational exposure to a biological agent under Regulation 6 (2).

    - For an incident to be reportable as a Dangerous Occurrence, the incident must result (or could have resulted) in the release or escape of the coronavirus. An example could include a vial known to contain the coronavirus being smashed in a laboratory, leading to people being exposed.
    - For an incident to be reportable as a disease due to occupational exposure to a biological agent, there must be reasonable evidence suggesting that a work-related exposure was the likely cause of the worker contracting COVID 19. Such instances could include, for example, frontline health and social care workers (e.g. ambulance personnel, GPs, social care providers, hospital staff etc) who have been involved in providing care/ treatment to known cases of COVID 19, who subsequently develop the disease and there is reasonable evidence suggesting that a work- related exposure was the likely cause of the disease. A doctor may indicate the significance of any work- related factors when communicating their diagnosis.
    - For an incident to be reportable as a death due to occupational exposure to a biological agent, there must be reasonable evidence suggesting that a work-related exposure to coronavirus was the likely cause of death. A doctor may indicate the significance of any work- related factors when communicating the cause of death.

- Coronavirus has been listed as a notifiable disease under the Health Protection (Notification) Regulations 2010. This change in law requires GPs to report all cases of COVID 19 to Public Health England (https://www.gov.uk/government/news/coronavirus-covid-19-listed-as-a-notifiable-disease**).**

David Fishwick (HSE CMA and NHS respiratory Consultant) - clinical course of disease
- The picture in Sheffield suggests patients with underlying medical conditions diabetes, elevated BMI and hypertension leads to poorer outcomes
- Treatment includes use of CPAP versus full ventilation where possible
- Noted very difficult for staff to socially distance in hospitals
- Not to forget that generally people get a mild illness with Covid-19
  Rehabilitation - significant post viral syndrome, fatigue etc. Some concerns about ongoing risk of Pulmonary Embolism