

## HSE / Multidisciplinary call - 9<sup>th</sup> June 2020 – Notes

**In attendance: Dr Will Ponsonby, Professor Anne Harris, Alison Margary, John Dobbie, Helen Donovan, Christine Poulter, Noorzaman Rashid, Rob Aitken, Roxane Gervais, Diane Romano-Woodward, Dr Tony Williams, Dr Mark Groom, Nick Pahl, Allison Caine, Linda Ingram**

**From HSE: Professor Andrew Curran, Professor David Fishwick, Alison Codling**

### *Introductory comments from HSE*

*Professor Andrew Curran* – HSE is contributing to the development of guidance for parts of the economy looking to open over the coming weeks. Detailed discussions are occurring on that guidance and what it should include. He is chairing with an academic colleague an Environment and Modelling group reporting into SAGE. This is working on the 2-metre rule and three transmission routes a) person to person, b) air and c) contact. It is hoped that this will help organisations develop Covid-19 safe environment based on risk assessment taking account of the hierarchy of control with PPE as the last resort. Advice also coming through from BEIS, DHSC etc. Constantly evolving evidence base. As learn more about outbreaks, super spreaders etc., guidance will probably need to change to be consistent with the evidence.

HSE is working with PHE and Joint Biosecurity Centre to create learning opportunities from any outbreaks – can we collect data in a useful way to understand what key risk factors are. Noted that when there is a robust test and track system in place, outbreaks can be more readily controlled – otherwise can lead to more regional issues. Also looking how to identify super spreaders and superspreading events.

Noted that with SAGE, evidence is being made available more widely through publication of minutes and papers. Also noted that SAGE provides quality advice and politicians take decisions.

*Professor David Fishwick* - Still concerns by clinicians over patients with co-morbidities and where they are housed in hospital. Re spirometry – noted ARTP and BTS advice and that clinicians carrying out physiology testing such as this, must assume all patients are Covid-19 positive. If spirometry is occurring; should have full PPE and FFP3.

### *Medical assessment deferrals*

*Dr Steve Forman* – will address the questions sent through for the meeting:

- 1. Why continue to defer HS when a vaccine is unlikely to be available for some time and the 'R' rate is reasonably stable? Whether we conduct HS now, or in another 3-6 months, the risks will still be the same.*
- 2. Does 'can' mean we make our own decisions after completing a robust risk assessment. What is the risk to us as practitioners from prosecution by the HSE, if we carry out HS from now?*
- 3. How do we know an employee has a hearing problem if we are only paper screening? By keep deferring Audiometry there is a risk CAT 4's will be missed.*
- 4. Otoscopy examination increases the risk to the OHT/OHN. Are you supportive of this not being part of Audiometry, until such time as it is safe to do so?*
- 5. Covid is present in urine and research shows routine urinalysis throw up more false positive. Is it therefore permissible to stop routine urinalysis for safety critical workers and drivers?*
- 6. Can safety critical assessments go ahead, i.e. construction worker?*

Re publication of updated guidance (noted preview for AMEDs and Appointed Doctors), guidance planned to go out on HSE website ASAP and hopeful will go out this week.

Q People concerned about doing medicals with pressure to “get these medicals done”. Is HSE advice compulsory for no face to face medicals? Can OH professionals go ahead if they risk assess and put proper controls in place?

A Dr Andrew Curran – need to be justification for face to face medicals; if there is an absolute need for a medical, a suitable and sufficient risk assessment should be developed to ensure that risks are controlled.

Q Advice was offered to appointed doctors only but there are a great number of nurse-leads that only received access to information via SOM and Doctors.

A HSE agreed that information should go out to all involved in process and apologised for dissemination process - will explore how to do it better next time.

## **PPE**

HSE is the market surveillance authority for PPE destined for health care workers as required under the revised EU process. This involves managing what can and cannot enter the GB supply-chain as manufacturers respond with new designs of PPE to meet the demand. HSE has been under quite some pressure to agree to pass new PPE to enter the market quickly. The HSE position has been to insist that personal protective equipment must protect the wearer. This may require testing where necessary to demonstrate the PPE meets the required standards.

Q Bearing in mind the Govt is now supporting the use of face coverings in certain situations where proximity cannot be avoided such as travelling on transport, at what point is an employer responsible for such face coverings?

A The Government has advised that face-coverings may be worn by the public where social distancing at 2m is not possible. This is now mandatory on public transport. Face coverings are not classified as PPE and are not manufactured to a specified standard.

It was noted that PPE should be the last resort, having assessed all elements of the hierarchy of controls to identify control solutions. Andrew emphasised the need for those that do the job to get involved in the risk assessment. A job can involve a wide range of tasks and you need to look at each individually. If the risk assessment is done with the right people, they will often be able to develop innovative controls and less likely to end up with PPE as the primary control.

Agreed that a participative approach to risk assessment important including those with the correct skills and reminding about applying the hierarchy of controls. SOM/ BOHS and others happy to work with HSE and Alison Codling to pick up with David Harrison HSE Comms team to publicise these messages.

Need to reinforce the key messages about social distancing at work – difficult to police and challenging e.g. in hospitals.

Research questions – tbc call from HSE

Tbc progress on publishing companies that do not meet the standards – unlikely to be able to something formally due to legal issues. May be a way of doing this informally.

## **Covid Age research**

HSE acknowledged work of Dr Tony Williams looking at risk assessing individuals and calculating a Covid age. HSE see this as an interesting approach “as a whole rather than one particular group”.

## **HSE/ Multidisciplinary forum meetings**

All agreed these meetings are essential to get information direct from HSE and look at emerging issues such as PPE and Health Surveillance. All agreed they were valuable calls as we are “all in it together” and decisions are hard in the absence of evidence/ information.

## **Role of occupational health and universal access to occupational health**

HSE noted that SAGE are looking at BAME issues with joint action by PHE/ FOM / HSE and need for occupational medicine input into this area.

HSE acknowledges occupational health is a valuable resource for all in the system. Professor Andrew Curran said there was a huge amount of knowledge, information and talent within occupational health and medicine - everyone has a role to play and happy to give that commitment to support occupational health.