Health surveillance questions: HSE response, June 2020

Q1. 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.
A1. In developing our guidance, we balanced the health, safety and welfare of workers and the risks presented by SARS-CoV-2 to both workers and occupational health professionals. We have provided a framework that presents options for continuing health surveillance. Remote assessments, where undertaken, would lead to deferral of face to face medicals for a short period. However, presenting remote assessments as an option does not prevent occupational health professionals from carrying out face to face medicals where they have conducted a suitable a sufficient risk assessment and put in place appropriate controls. Our guidance was updated on 18 June 2020, to reflect this approach. We will continue to review the guidance where appropriate.

Q2. 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?
A2. Our updated guidance states: 'This guidance outlines a framework for how you can conduct health/medical surveillance and safety critical medicals remotely. It does not prevent you from carrying out face to face medical assessments where you have carried out a suitable and sufficient risk assessment and put in place appropriate controls, taking into account PHE advice on coronavirus'. Therefore, occupational health professionals can carry out health surveillance by undertaking face to face medicals, subject to a risk assessment and putting in place appropriate controls.

Q3. 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.
A3. Asking the employee relevant questions could provide useful feedback on their level of hearing and whether they are experiencing any problems. However, our guidance does not prevent audiometric assessment subject to a suitable and sufficient risk assessment and putting in place appropriate controls.

Q4. 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? - If you choose to defer otoscopy as a consequence of a suitable and sufficient risk assessment you need to be assured that this does not compromise the overall validity of the audiometric assessment.
A4. Our guidance does not prevent otoscopic examination subject to a suitable and sufficient risk assessment and putting in place appropriate controls. If otoscopy is deferred, assurance would be needed that it would not compromise the validity of an audiometric assessment.

Q5. 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. - In itself, the task of handling urine samples in the context of occupational health assessments, based on available evidence, would require the same standard infection control precautions as they would have done 'pre-Covid'.
A5. The issue of urine testing comes down to the likelihood of it being a potential risk for infection with SARS-CoV-2 and whether additional controls should be considered in light of the latter. Handling urine samples in the context of occupational health assessments, based on current evidence, would require the same standard infection control precautions as they would have done pre-SARS-CoV-2.

Q6. Can safety critical assessments go ahead, i.e. construction worker?
A6. Our guidance now contains a section on safety critical medicals. They can continue either remotely, where appropriate, or by face to face examination, subject to a suitable and sufficient risk assessment and putting in place appropriate controls.