SOM MDF Meeting with HSE – 26th May 2020

Professor Andrew Curran (CSA), Professor David Fishwick (CMA), Alison Codling and Dr Steve Forman

Dr Will Ponsonby (SOM President), Professor Anne Harris (SOM President Elect), Anne de Bono (FOM President), Dr Tony Williams (WorkingFit), Diane Romano-Woodward, Deborah Edwards, Dr Rob Cherrie, Dr Rob Aitken (IOM), Alison Margary (BOHS President-Elect), Helen Donovan (RCN), John Dobbie (BOHS Imm Past President), Richard Graveling (IOM), Nick Pahl (SOM CEO)

Email exchange between Prof Curran and Tony Williams occurred pre meeting on Covid-Age work; Tony agreed to share the most current version with Prof Curran.

1 RIDDOR

Will Ponsonby expressed concerns that the profession feels that HSE is discouraging reporting under RIDDOR versus the HSE position noted at the meeting on the 28th April. This is creating confusion and further clarification is needed.

Prof Curran noted the select committee appearance by HSE Chair, Chief Executive and himself alongside Head of the Emergency Response Department from PHE. View is that HSE are pleased to receive RIDDOR reports. Guidance on HSE website is changing frequently, it is expected that there will be an update on RIDDOR published in due course.

Once a RIDDOR report is received there is a process that has to be followed. HSE uses a selection criteria to make sure efforts are focussed on investigating appropriate cases e.g. some cases there has been no workplace exposure, such as health care worker who died recently who had not been to the workplace. Decisions are made on a case by case basis.

Up to 18th May there have been 241 Dangerous Occurrence reports, 4567 cases of occupational disease and 95 reportable deaths from Covid-19. A question had been asked by an NHS practitioner where there is the potential for a large number of cases to report; can they only be reported as individual cases under RIDDOR or as groups under perhaps THOR. Prof Curran highlighted ongoing discussions with Manchester University about the potential of being able to report cases to THOR.

Comment - One of frustrations with this outbreak is lack of knowledge. Prof Curran was at a meeting recently with UKRI (UK Research & Innovation) to explore additional requirements on gathering data on exposure/mitigation methods with the view that the required activity receives funding quickly.

2 PPE

Is there a way for PPE suppliers to get contracts with the NHS?

Prof Curran; cannot comment on this point as it is not an HSE responsibility. HSE is the market surveillance authority, quality assurance checking PPE supplies from across the world coming into the UK market. This work also involves the MHRA (Medicines & Healthcare products Regulatory Agency). First, need to decide whether the PPE is classed as a medical device (where it protects the patient) this fall under MHRA or PPE (protects the worker) HSEs remit.

HSE has supported companies manufacturing equipment for the first time through the process e.g. Burberry for medical gowns.

Most important thing from HSE perspective is that PPE must protect the person who is wearing it. If a new company is producing PPE, HSE has a technical team looking at the standards and testing information supplied. HSE may require additional testing to be undertaken. The decision-making group is made up of Rick Brunt (operational policy), Prof Fishwick and Prof Curran. The team is operational 7 days a week 8am to 10pm. There have been some difficult decisions that has led to some items being removed from the supply chain, but the aim overall to act as an enabler of supply.

If HSE receive a report of PPE not meeting a suitable standard, steps may be taken using the established triage system. Where appropriate regulatory action may be taken. Noted that BOHS has produced guidance on how to spot a fake mask.

Action – Profs Curran/Fishwick to investigate making publicly available a list of those companies/equipment that have failed to meet the relevant standard. This was welcomed.

Educational settings - return to school. Advice for PPE at schools.

HSE overall position is that to make schools covid-19 safe they need to go through the risk assessment process and apply hierarchy of controls. PPE should not be used where ordinarily would not be used. Good risk assessment examples for managing Covid risk have occurred when you involve all parties (as you should) e.g. talking with people who do the job, trades unions, worker representatives, shop floor managers etc. For schools, the approach should be similar. PPE may be needed in a first aid emergency, but not expected to use PPE as part of the standard controls in the school environment, but up to the local risk assessment.

Anne Harriss asked a question around the difficulties associated with the first wave of children going back to school being a young age and the potential use of face coverings.

Prof Curran advised: face coverings only provide protection for others not the wearer. There is a need to understand the limitations of any PPE, e.g. doesn't always work, stock issues and it needs to be worn properly. Keeping risk to ALARP. Need to improve public understanding of the risk of CV19 and other risks.

Prof Andrew Curran's evidence to the Science & Technology Select Committee made the point that the risk from Covid should be put in the context of other risks. The rate of infection in the general community and chances of catching it are dropping all the time.

3 Extra funding HSE is receiving, how that will it be spent and what the opportunities are for research?

£14m for one year only. Will be drawn down and as and when it will be used. Unlikely to be able to recruit new inspectors as the money is currently for one year only. Looking at doing the maximum number of spot inspections- developing a range of approaches including telephone enquiries via concerns and advice teams and additional contractors, as well as boots on the ground.

Research side – hope to speak about this in 2 weeks' time.

4 Lack of occupational medicine representation and expertise within Government

Dr Will Ponsonby raised the question that there seemed to be a lack of OH advice in PHE, DHSC and DWP. How do we position ourselves better into Government to ensure expert advice is available? Prof Curran asked the question back as to how SOM could see this working better? Will felt that there should be an OH advisory role in each department. Prof Curran acknowledged that OH is perhaps not as well represented as the scientific community.

Steve Forman highlighted the focus of HSEs activity has been on providing advice on RIDDOR, health surveillance, medical surveillance, offshore first aid, divers etc. to support HSE colleagues.

Dr Will Ponsonby - BEIS do not appear to have consulted with occupational health community in relation to their return to work advice. The SOM have also done a lot of work on developing return to work toolkits and risk stratification work. Dr Anne de Bono said she has been part of CMO briefings and worked with the Royal Colleges, difficulties acknowledged because it was a new disease and lack of access to OH support is in part due to OH not being embedded in the NHS, but now at least starting to ask what OH would think. ADB acknowledged the great work that TW has led, ongoing concerns with BAME group. TW highlighted that the outputs from PHE can be hard to implement and need both OH and GP input.

Prof Andrew Curran is attending weekly meetings of chief scientific advisers and – will raise point about including of occupational medicine and health expertise in return to work agenda when he chairs it tomorrow.

Dr Will Ponsonby - Longer term strategic issue of hard wiring occupational health disciplines into these bodies going forward.

5 Health & Medical Surveillance

Position outlined by Will, the previous HSE guidance on health and medical surveillance published at the end of March that health and medical surveillance could be deferred for 3 months – coming to an end soon. Also need to manage spirometry and audiometry noting Dr Paul Cullinan recently stated that spirometry could not happen safely.

Steve advised that guidance actively being reviewed this will give OH professionals time to prepare before the guidance is 3 months old (end of June). A "proportionate and managed" way forward would be published soon. It will be a framework rather than specific detail to support risk management and controls to develop local health surveillance processes, e.g. use remote consultations wherever possible and face to face must be risk assessed, etc. When document published this group can gather general questions to feed back to HSE. HSE highlighted individual risk from workplace tasks may have changed e.g. due to furloughing, e.g. for lead workers the lead burden will likely have reduced.

Re Audiometry - first place to direct questions to is the manufacturer and ask what the best way is to clean the booth. If not possible, need to do audiometry in other ways, but if decisions are to be taken based on the test, the quality of the test is paramount.

Re spirometry DF highlighted that the ARTP and BTS published advice on 21st May that spirometry is an AGP and there should be no routine testing. PHE do not classify as such. Anyone tested should be assumed to be Covid positive and full PPE will be required. WP asked if this will be reflected in HSE guidance?

BTS guidance - “Respiratory Function Testing During Endemic COVID-19

Respiratory function testing is key to the diagnosis, management and monitoring of respiratory disease and as an assessment of surgical risk. The required tests will depend upon the underlying clinical problem, but, for the majority of patients, it will involve breathing into equipment. This often produces a cough and as such is potentially an aerosol generating procedure (AGP) with the need for appropriate precautions. Useful tests such as blood gases and simple field exercise tests; i.e. shuttle walk test and 6 minute walk tests are not deemed to be AGPs (unless the patient is coughing), but precautions are still necessary, along the lines of standard PPE used in the out-patient setting together with standard infection control procedures (SICPs). This document addresses predominantly adult testing, but several aspects are applicable to children”