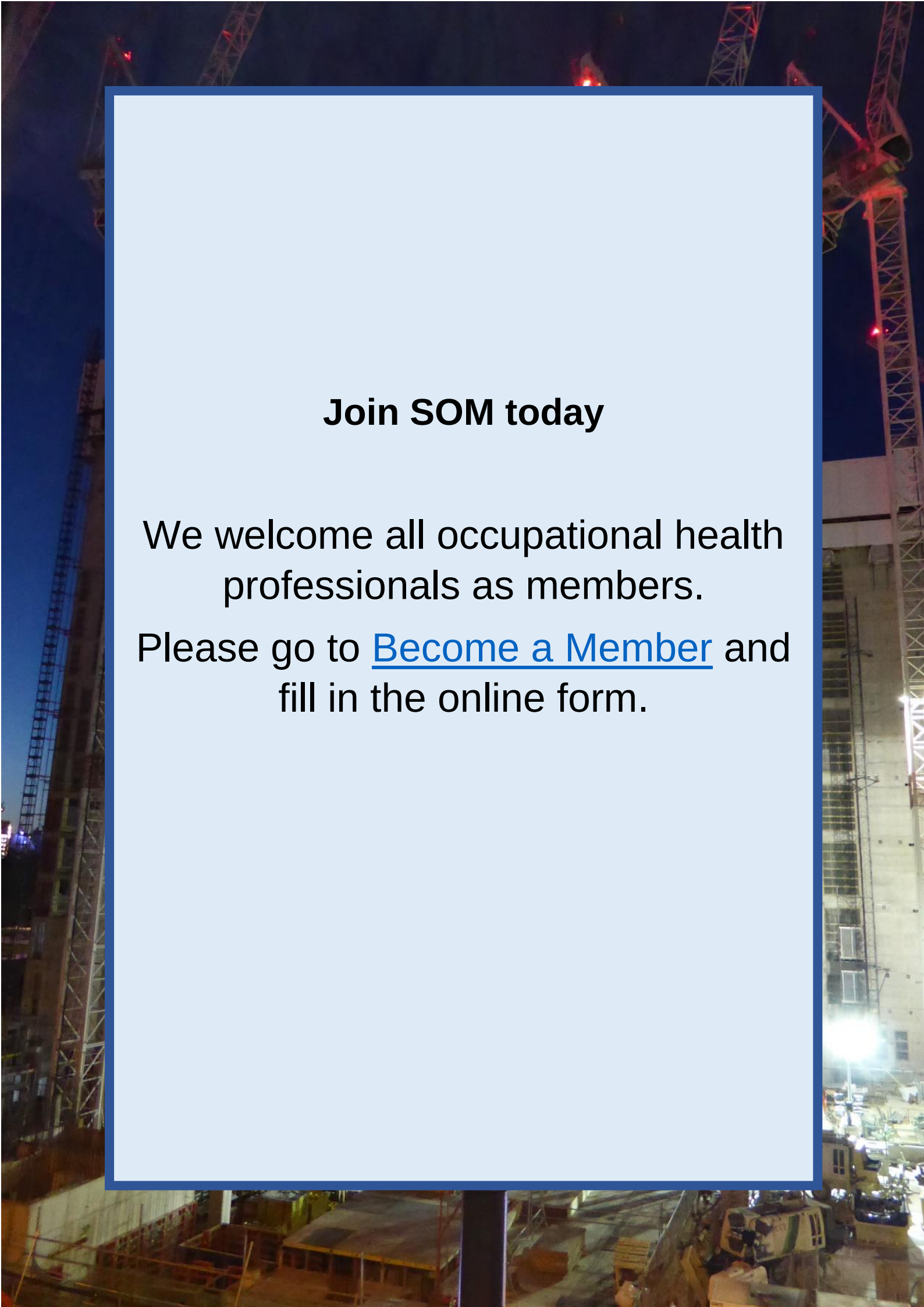
WELCOME TO OUR FIRST ONLINE MAGAZINE

som

Supporting occupational health and wellbeing professionals



Join SOM today

We welcome all occupational health professionals as members.

Please go to Become a Member and fill in the online form.

CONTENTS

Reflections of SOM CEO, Nick Pahl

This is an opportune moment to reflect on what the occupational health (OH) sector has learnt so far from the COVID-19 pandemic.

Partnership working works!

SOM responded quickly to the pandemic. There were dark days in the spring where OH professionals were being furloughed or made redundant at the same time as the Government struggled with health care work protection. A SOM snapshot survey in April found over 1500 OH professionals not being used either by being furloughed or underemployed. We facilitated members volunteering and working in the NHS, procurement of OH within the NHS and provided daily updates for members.

A great opinion piece in the Health Service Journal by the then SOM President, Dr Will Ponsonby, highlighted the need for health leaders and politicians to step back, avoid the use of military style language and consider the hierarchy of controls to protect healthcare workers. SOM started a campaign for "no more health care work deaths", supported by the BMA and others. We proactively challenged Government, offering support and advice. We were pleased that Miriam Margolyes spoke out in support of occupational health professionals as a core part of the pandemic response.

We could not have done it without many partners and experts. Professor Ewan Macdonald advised on the need for evidenced based standards for PPE. Our toolkits on return to work would not have been anywhere near as good or effective without Acas, BITC, CIPD, and Mind.

SOM has facilitated regular multidisciplinary OH meetings with organisations from the Association of Local Authority Medical Advisers (who have produced an excellent COVID Age risk assessment at https://alama.org.uk/covid-19-medical-risk-assessment/), the British Occupational Hygiene Society, the British Psychological Society, Chartered Institute of Ergonomic and Human Factors, VRA, IoH and the Faculty of Occupational Health Nursing. This has allowed effective liaison with the HSE. We worked with the Faculty of Occupational Medicine on advice on face to face medicals in the light of Health and Safety Executive guidance on health surveillance. SOM was also pleased to partner with the Royal College of Psychiatrists and CIPD on advice on mental health in the workplace – an area of concern going forward. We continue to work with the Royal College of Nursing both on technical occupational health advice but also on webinars and events. There is now a myriad of webinars, with SOM hosting and partnering with the WHO; ACOEM in the US; in the Middle East, the US and Ireland as well as the UK. SOM's journal of *Occupational Medicine* has recently published several key articles with some ground-breaking research by researchers from across the world – recently published in a COVID-19 "special issue".

Occupational health leadership

Have organisations that have occupational health as core to their business fared better? Talking to CMOs recently, it does seem that the "insurance" of OH has really helped business in pandemic planning and recovery. Leadership from OH within organisations is key. We now need to support and encourage new occupational health leaders - SOM is hosting a "next generation" leadership group shortly and can help by providing mentoring, peer support and occupational health management support.

Beyond catastrophising mental health and job loss

With public concern about job losses, exploitation, and the precarious nature of work for many people we need to stand up for good quality jobs. People need to be treated with respect and decency at work. Occupational health has a key role in helping people to stay healthy and happy and in doing so will help deal with the challenge of low productivity and business resilience. SOM is fortunate to have Professor Neil Greenberg as a new Trustee. He has wise, evidence-based advice for us not to catastrophise mental health issues – it may be an opportunity for change and growth. Also, it is worth noting practical aspects – such as organisational screening not being effective.

Politics

SOM has written to Matt Hancock, the HSE CEO and other key stakeholders during the pandemic. The crisis has demonstrated a lack of Government expert advice in Occupational Medicine – in Public Health England and key Government departments such as the DWP and DHSC. This needs to change.

There is now a unique opportunity for occupational health (OH) to positively influence the health and wellbeing of the working populations and the prosperity of the nation. By investing in OH the Government can support employers to safeguard their workforce and manage risks. We have support from the RCN, the Faculty of Occupational Medicine, Faculty of Public Health, BMA and the Unite Union and TUC in this work. SOM would like to work with DWP/DHSC and HM Treasury to act swiftly in the light of the COVID-19 crisis to ensure the UK population has a clear offer of access to OH advice and assessment.

SOM recently asked a parliamentary question about their plans to publish the response to the consultation '*Health is everyone's business: proposals to reduce ill health-related job loss*' later this year. As readers hopefully know, the consultation set out proposals to encourage all employers to take positive action to support employees who are managing health conditions in work, and to manage sickness absence more effectively. This is now expected in the autumn.

There is now an even stronger economic case to implement access to occupational health (OH) for all employers to improve productivity. OH services are key in supporting employees back to work and keeping them in work safely during these challenging times. Small and medium enterprises and the self-employed will need support to ensure safe work environments, with a focus on mentally healthy workplaces. Early research shows that many people returning to work during the COVID-19 crisis will return with somewhat 'depleted' mental health. OH services have been proven to enable those on sick leave due to mental health problems to return to work successfully. Preventative measures in place through the application of occupational hygiene is also critical.

Let us get occupational health ahead of the change curve and scale up

The next phase will be complex and potentially more difficult to navigate. Data from ONS shows there is clear risk for public facing roles such as bus drivers, security guards and care workers. Future outbreaks seem to be coming from workplaces such as the meat factories in Wales so, ensuring decisions on return to work are correct and viewed through a reputational lens of 'building back better' is important.

Now we are talking about the 'new normal' we need to move from 'respond' to 'recover' and then 'thrive'. This involves placing occupational health (OH) as central to business. As Rolls Royce said to SOM: "In the post-pandemic world there will be greater scrutiny and expectation from stakeholders including investors, regulators and current and prospective employees to understand what organisations are doing about the health, safety and wellbeing of their workers. Occupational health is ideally placed to fulfil these expectations."

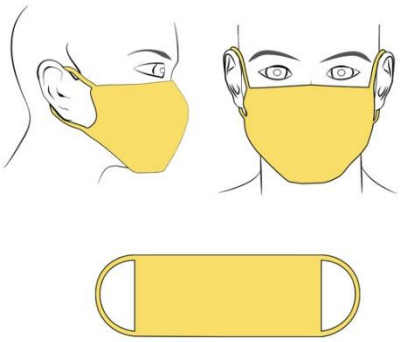
The new SOM Occupational Health Commercial Providers group, chaired by Dr Mike Goldsmith, has been reviewing how scale up of occupational health can occur – be it through:

- Using technology - developing video and telephone consultation and use of 'robotic OHTs' to take tests
- Investing in the education of new OH doctors/nurses; hosting by commercial providers, the military and NHS
- Training managers, and HR, on OH and what to look for and how to refer
- Encouraging more people to enter OH by ensuring universities ensure all health professionals understand OH principles and see work as an integral part of a healthy lifestyle
- Engaging health professionals to learn about OH not only at undergrad level but also at mid-career level e.g. via diplomas
- Offering regular series of workplace visits to learn about OH to encourage trainees.

Minimise the spread of COVID-19, understanding the use of face coverings, facemasks and respirators

FACE COVERINGS

Informal design, sometimes known as non-medical masks



Intended to protect others by reducing transmission of droplets by the wearer
May provide some limited protection to the wearer from droplets
Self-made or commercial face covers made of cloth, other textiles or paper

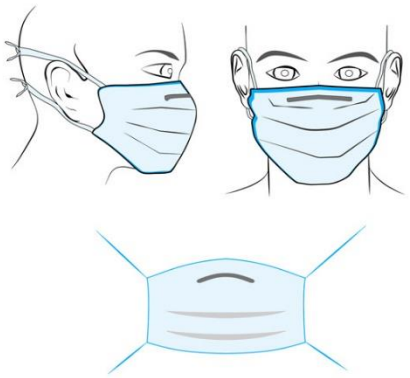
Where to use

✅ **Required** by UK Gov for the public to wear in public transport, hospitals and retail premises in addition to social distancing

❗ **Recommended** by UK Gov for the public to wear in other public areas in addition to social distancing particularly where social distancing is hard to manage

SURGICAL FACEMASKS

Also known as medical facemasks



Designed to protect others by reducing transmission of droplets by the wearer
Fluid resistant version (Type IIR) will also provide protection to the wearer from droplets and liquid splashes

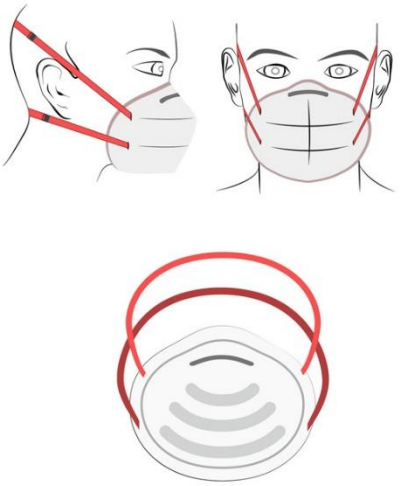
- Effectiveness will be improved with improved face seal
- No requirement for face fit testing
- CE marked by manufacture to standard EN14683

Where to use

✅ **Required** in NHS for all hospital staff except for aerosol generating procedures (AGP), (Type IIR) and for other health service workers and patients

RESPIRATORS

Or filtering face piece (FFP)



Designed to protect the wearer from exposure to droplets and fine aerosols.

- Highest level of protection to wearer *
- Shaped design to fit the face
- Will only be effective if a good face-seal is achieved
- Requires face-fit testing, and training
- Branded and CE marked to EN149, specified as FFP3, FFP2, (and N95)
- May or may not have exhalation valve **

Where to use

✅ **Required** in health care settings for use in aerosol generating procedures (AGP) or when working in high risk acute care

❗ **Recommended** as additional protection in other occupational settings where risk assessment indicates that aerosol transmission is possible

* Higher levels of protection may be achieved using other forms of respirator including re-usable half masks and powered air purifying respirators (PAPR)

** Non-valved respirators will protect others by reducing transmission of droplets by the wearer

IOM

som Supporting occupational health and wellbeing professionals

Chartered Institute of Ergonomics & Human Factors

BOHS The Chartered Society for Worker Health Protection

Welcome to our first Nurse President

Professor Anne Harriss,
SOM President 2020-21

We are pleased to welcome our first Nurse President. Professor Anne Harriss said: “A focus of my role will be ensuring that Government and business understand the role of occupational health and asking for universal access to it. COVID-19 has highlighted the importance to the economy and public health of effectively supporting workplace health.”

SOM CEO Nick Pahl said: “There is a strong economic case to implement access to occupational health for all employers. Occupational health services are key in supporting employees back to work and keeping them in work safely during these challenging times. Anne brings a wealth of experience to highlight the vital role occupational health plays.”

Professor Harriss trained as a nurse at St Thomas’ Hospital London and then at the Royal College of Nursing. Professor Harriss completed an MSc in Occupational Health at the University of Surrey. With varied practice experience, including working for a major chain of hotels, oil and gas industry, the pharmaceutical industry and her own consultancy, a significant part of Professor Harriss’ career has been spent in education.

Passionate in ensuring that education is fit for both purpose and practice, Professor Harriss has been course director for occupational health (OH) nursing programmes at the Royal College of Nursing and London South Bank University, where she was course director for programmes in both OH nursing and OH health and safety. Professor Harriss was awarded Fellowship of the Royal College of Nursing and Honorary Fellowship of the Faculty of Occupational Medicine. Recipient of a National Teaching Fellowship of the Higher Education Academy in 2014, Professor Harriss became the first person in the Faculty of Health at London South Bank University to become a Principal Fellow of the Higher Education Academy in 2015.

In addition to her ‘day job’, Professor Harriss has been involved for over 18 years in developing, leading and delivering pro-bono public health projects in rural South Africa, and over the last two years has undertaken projects with the New Zealand Association of Occupational Health Nurses.

During the COVID-19 crisis, Professor Harriss has delivered SOM webinars, some in association with organisations such as Acas, CIPD and Mind, and has helped to develop the SOM Return to Work toolkits, which have been designed to help managers and occupational health professionals get workers back to work safely post-lockdown.

Our campaign: Universal access to occupational health

SOM is keen to ensure occupational health is provided to all UK workers. We have a new campaign for universal access to occupational health (OH).

Over the past 18 months we have produced the following to support the sector:

- A SOM paper on the OH workforce
- SOM research on OH appointment times
- SOM commissioning an OH service document and an OH pathway flowchart
- Hosted an OH multidisciplinary team summit

SOM has the support from the FOM, Faculty of Public Health, RCN, BMA, and the Unite Union and TUC for this campaign.

A key ask is ensuring the government delivers on the *Health is everyone's business consultation* e.g.:

- Health Education England and its equivalents in the devolved administrations invest in training of OH professionals such as OH nurses and specialist medical training posts
- There should be investment in expert OH advice in Government, the establishment of an OH national data set and UKRI investment in a research Centre for Health and Work to translate evidence into policy
- Tax incentives by the Treasury so employers can invest in occupational health
- Access to OH for GPs
- A National Clinical Director for Work and Health to lead this work.

Our campaign continued...

Swift action is needed in the light of the COVID-19 crisis to ensure the UK population has access to occupational health (OH) advice and assessment. There is an opportunity now to positively influence the health and wellbeing of the working population and the prosperity of the UK.

SOM is encouraging members and interested parties to write to their MP using the attached letter as a basis. A parliamentary question has also been asked. Read our campaign key messages here.

Only half the UK population has access to occupational health (OH). There is a strong economic case to implement access to OH for all employers. OH services are key in supporting employees back to work and keeping them in work safely during these challenging times. Small and medium enterprises and the self-employed will need support to ensure there is a safe work environment, with a focus on mentally healthy workplaces. Early research shows that many returning to work during the COVID-19 crisis will return with depleted mental health. OH services have been proven to enable those on sick leave due to mental health problems to return to work successfully. Preventative measures in place through the application of occupational hygiene is also critical. By investing in OH, the government can support employers to safeguard their workforce and manage risks.

Managing return to work in the ‘new normal’ with COVID-19

Work is good for us and we need to get back to good, safe jobs – comfortable when we are well and supportive when we are not. Managers can provide workplace support, with referral to occupational health (OH) professionals when necessary. OH professionals support the wellbeing of workers, preventing ill-health, providing independent advice to organisations, facilitating steps to reduce sickness absence, and controlling infection risks.

The SOM toolkits put that into action – the toolkit produced in partnership with Acas, BITC, CIPD, Mind, the guide for health professionals, and the toolkit for sustaining work-relevant mental health can be downloaded below:

Returning to the workplace after the COVID-19 lockdown

COVID-19 Return to work guide - For health professionals advising patients and employers

Sustaining Work-Relevant Mental Health Post COVID-19 Toolkit

You can listen to our Return to work toolkit podcast here.

SOM CEO Nick Pahl visited the Welsh Government with members to lobby the CMO about Occupational Health Trainees

COVID Age Online Toolkit

The tool is here at https://alama.org.uk/covid-19-medical-risk-assessment/.

SOM advises the tool should only be used with clinical judgement and only the current table.

A thoughtful reflection on the mental health and wellbeing of Occupational Health Nurses

Guest blog by Tracie Mckelvie, RGN and Specialist Practitioner in Occupational Health

Ensuring mental wellbeing can be particularly challenging within the Nursing profession. Nurses are known to promote health and wellbeing to others; they generally aim to "nurse" people back to health, but there is also a vital role in Nurses "nursing" people to a dignified death. From a biopsychosocial perspective, both aspects can present with challenges, but coupled with facing uncertainty and change that may influence outcomes, this can be particularly daunting.

There have been several reports to highlight the plight that many Nurses face in terms of detriments to their health from their work, including an ever-increasing decline in their mental health, and while Nurses are very skilled up and competent in advising their patients on the importance of self-care and ways in which to implement this, when it comes to their own wellbeing, for many Nurses, more often than not this seems to be placed on the back burner. Depending on the environment, Nurses may be working with patients, or clients, their families, and even management, but each group will be educated and encouraged to look after themselves wherever they can.

Nurses are pivotal in providing this advice, and promoting self-care amongst ourselves should be one of the most important components within our profession to ensure that we are functioning to be the best that we can be, but this is not always the case. As a Specialist in Occupational Health Nursing, the ultimate aim is to ensure as best as possible the health and wellbeing of our working populations, however those who rely upon us can innocently overlook the fact that this is exactly who we are too; part of the working population, and we also need to keep well.

So how do we achieve this? Who is there to look out for us? Do we need looking after, and if so, to what extent? I do believe that the psychological impact our work can have upon our wellbeing should be recognised by our managers, and amongst our colleagues too, but I also believe that we have a responsibility to ourselves; self-care doesn't have to be arduous. It could even be argued that self-care is a concept that the majority of the population (working or not) *can* have some influence upon. The notion of self-care could be in the form of simply taking a few minutes out, eating well, sleeping well, taking some exercise, or engaging in a meaningful conversation with a sprinkle of laughter thrown in.

But how do Nurses manage their own and others expectations and demands? In my experience, due to our compassion and drive, we are often unintentionally responsible for introducing unrealistic expectations and demands, and this then becomes a reciprocated expected norm from those around us. A similar message is echoed in a report published by Kinman, Teoh and Harriss (2020), where it is noted that it is our compassion and unrealistic expectations that can come at a personal cost to our wellbeing.

In occupational health, although we are not seen as "frontline", ordinarily we are in high demand. This is even more so over recent months where many of us are finding ourselves responding to the impact of the COVID-19 crisis. We are assisting those dealing with significant ill-health, and our people and their managers rely upon us for our continued support and our prompt advice. We mentally absorb the detail of each experience and the impact that this has on our clients, and this can be emotionally draining, however the empathy and compassion that is embedded in us, along with the desire not to let anyone down simply takes over. Nurses are often seen as the problem solvers; we're known to fix things and make things better, and we're invincible, aren't we? While this can be flattering, it is very easy for the pressure, and for our own and others' expectations of us, to build up to unmanageable levels which in turn poses a detrimental threat to our own wellbeing. Being able to recognise this is key to improving upon and maintaining our mental wellbeing.

Click here for our report on the mental health of nurses

Goal Zero for workplace fatalities in health and social care due to COVID-19

The campaign is supported by BMA, ROSPA, FOHN, BOHS, IOH, IOM, CIEHF, The Doctors' Association, BDA, British Society of Dental Hygiene and Therapy and the Rt Hon Gordon Brown.

With proper application of safe systems of work and PPE, no worker should die of work-acquired COVID-19. SOM is campaigning alongside many other organisations to raise awareness of the risks facing healthcare and other workers in the UK and globally – to help protect employees and demonstrate good practice. Protecting the workforce is at the core role of occupational health (OH).

We call for:
- PPE to be supplied and used effectively, supported with training, fit testing and management of compliance
- Risk assessments to be carried out and the hierarchy of controls applied
- Minimising exposure, where possible
- Use of ventilation and barriers to reduce exposure and limit time of exposure
- All work caused fatalities to be investigated to allow for correction and dissemination of learning
- Robust and increasing access to occupational health. The need for advice from OH doctors, nurses, physiotherapists, psychologists, hygienists, and ergonomists amongst other professional groups is required.

Our Press/Media statement is here

Dr Rinesh Parmar, Chair of the Doctors' Association UK said:

"Staff working in health and social care looking after the most unwell or vulnerable in our society should not be put at risk every day that they go to work. They should not have to choose between their lives and the job they love. Steps should be taken to guarantee that adequate PPE which conforms to World Health Organization standards is available and that exposure is minimised. All staff should have access to robust occupational health services who provide consistent nationally agreed advice where possible. Our colleagues are sadly dying, it's imperative that we collectively take the steps necessary to safeguard health and social care workers like doctors, nurses, allied professionals and carers."

Julie Deverick, President of the British Society of Dental Hygiene and Therapy said:

"It's clear that the Zero Work Caused Fatality has not been undertaken so far during this pandemic. To protect those serving the public during this time it is essential that they are all provided with adequate PPE as soon as possible."

Upcoming webinars

Date and Time	Webinar Title	Presenter/s
29 July, 12 - 1pm	MSDs and Work: Risk Factors, Over-medicalisation and to top it off, a Pandemic	Dr Paul Scallan
31 July, 12 - 1pm	The HSE's role in supporting returning to work	Professor D Fishwick & Dr A Curran
2 September, 2 - 3pm	Something's not quite right: when the patient's account conflicts with objective evidence	Dr Charlie Vivian
4 September, 12 - 1pm	Psychological Screening	Dr Noreen Tehrani
23 September, 12 - 1pm	Occupational Asthma	Professor David Fishwick
5 October, 12 - 1pm	Carpal Tunnel Syndrome	Dr Roger Cooke & Dr Ian Lawson
7 October, 12 - 1pm	Art & Occupational Health	Dr John Hobson & Dr Mike McKiernan
21 October 12 - 1pm	Mental health of Nurses report	Professor Gail Kinman & Dr Kevin Teoh

Dates and times subject to change. Check the SOM website for information and to register.

SOM members can register here.

Non-members can register here.

Parliamentary question

SOM Parliamentary question

Q: To ask HM Government when they plan to publish a White Paper in response to the *Health is everyone's business: proposals to reduce ill health-related job loss* consultation, which closed on 7th October 2019; and what plans they have to include in any such White Paper proposals to reduce the costs of ill health and absence from work for (1) individuals, and (2) businesses.

A: Baroness Stedman-Scott, Department for Work and Pensions: "We plan to publish the response to the consultation *'Health is everyone's business: proposals to reduce ill health-related job loss'* later this year. The consultation set out proposals to encourage all employers to take positive action to support employees who are managing health conditions in work, and to manage sickness absence more effectively."

Health surveillance Q and A

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.

Click here to support our petition for No More Workplace Coronavirus Deaths

Thanks to SOM Intern Clara Nguenkam Simo for compiling this magazine