# Occupational Health – Who Cares?


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# What is Occupational Health?
## (not occy health!)

WHO Occupational Health - ‘the promotion and maintenance of the highest degree of physical, mental and social wellbeing of workers in all occupations’

Put simply – OH is concerned with the effects of work on health and health on work.

This includes: the effects of working conditions on the health of worker.

And: the ability to perform tasks in the workplace.

# The impact of health on work and work on health

12.7 million working-age people with a long-term health condition

118.6 million working days (3.6 days per worker) of sickness absence in 2020

1.7 million workers suffered a work-related illness in 2021:

- 822,000 workers reported suffering work-related stress, depression or anxiety

- 470,000 workers reported suffering from work-related musculoskeletal disorder (SOM, 2022)

The longer a person is off work the lower the chances of returning (Burton et al., 2003)

Even when the condition is compatible with work

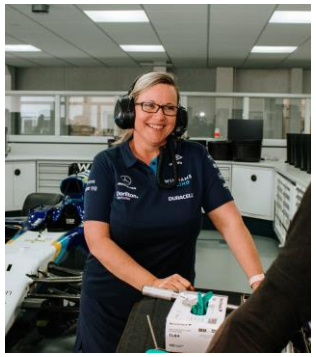
Few people return to any form of work after 1-2 years absence, irrespective of further treatment

# Why does it matter?

Strong association between worklessness and poor health:

- higher mortality
- poorer general health, long-standing illness, limiting longstanding illness
- poorer mental health, psychological distress, minor psychological/psychiatric morbidity
- higher medical consultation, medication consumption and hospital admission rates.

**Good work is good for the health and wellbeing of employees as well as society, the economy, and healthcare services (Burton et. al., 2003)**




# Where do we do OH?

Recently I have consulted with:

- Carpenters exposed to respiratory sensitisers
- Factory operatives exposed to nickel fumes and noise
- Nursery assistant with THC vape addiction
- Office worker with unstable angina
- Healthcare workers in private clinics - immunisation reviews
- Social work student with ADHD
- Scaffolder with Parkinson’s

**OH can take health and wellbeing advice to wherever workers work.**

# What makes OH nursing different?

We have a duty to the employee and the employer (and sometimes to the public) - we have to be impartial and not take sides.

Employees / workers are not our patients and we are not their advocate but we can have a positive effect on health and wellbeing.

Just like PNs and NPs, we have to know something about nearly everything!

We have a common law duty of confidentiality and cannot disclose anything to the employer without consent (mostly).

# Immunisation and OH

# Risk Assessment

- Under the Management of Health and Safety at Work Regulations 1999, the minimum employers must do is:
- identify what could cause injury or illness in the business (hazards)
- decide how likely it is that someone could be harmed and how seriously (the risk)
- take action to eliminate the hazard, or if this isn't possible, control the risk

# Hierarchy of controls

Consider controls in the following order - elimination is the most effective and PPE is the least effective:

- Elimination – physically remove the hazard
- Substitution – replace the hazard
- Engineering controls – isolate people from the hazard
- Administrative controls – change the way people work
- PPE – protect the worker with equipment

# Control of Substances Hazardous to Health Regulations (COSHH)

- COSHH hierarchy of control measures - immunisation as protection against infection at work is the last line of defence and other controls should be available. However, for workers potentially exposed to blood-borne viruses, such as healthcare and biomedical laboratory staff, immunisation is an appropriate additional measure.
- If risk assessment shows risk of exposure to biological agents, and effective vaccines exist, then immunisation should be offered to those not already immunised.

# Why are you telling me this?

Not all employees have access to occupational health

50% is a generous estimate (Nicholson, 2021)

So, what do the employees without access to OH do?


# They come to see you in general practice of course!

Under the Health and Safety at Work etc Act, employers must pay for protective measures such as immunisation.

Where practical, this is likely to be provided through the occupational health provider.

Alternatively, the employee could be asked to arrange immunisation through their own GP, but the employer must make alternative arrangements if this cannot be done, and reimburse any charges made to the employee for such arrangements.

# Scenario 1 – healthcare students


# Scenario 2 – sewage workers

# Scenario 3 – welders

# Scenario 4 – EPP workers


# Scenario 5 – sharps / splash / bite incidents

# Sharps / splash / bite incidents cont.

The legal responsibility rests with the employer - must ensure that the organisation has the necessary management framework to protect H&S of staff as well as providing a safe working environment.

Employers are legally required to undertake emergency planning as part of their employer responsibilities.

An urgent risk assessment is required to establish if the exposure has the potential to transmit a blood-borne virus.

# Risk of transmission of blood borne viruses from patient to health care worker

| Infection | Patient to health care worker | Intervention |
|---|---|---|
| Hepatitis B | Up to 30%** | Post-exposure prophylaxis with vaccine and/or HBIg |
| Hepatitis C | 1-3% | Monitor recipient. Early therapy if transmission occurs |
| HIV | 0.3% | Post-exposure prophylaxis – anti-retroviral drugs |

**There is a wide variability in infectiousness of hepatitis B carriers. The risk stated is that of transmission following needlestick exposure in unvaccinated individuals.

HSE (undated) How to deal with an exposure incident

## 6.5 Table 4: Summary table of PEP prescribing recommendations

| | Index HIV positive | | Index of unknown HIV status | |
|---|---|---|---|---|
| | HIV VL unknown or detectable | HIV VL undetectable | From high prevalence country / risk-group (e.g. MSM) [a] | From low prevalence country / group |
| **SEXUAL EXPOSURES** | | | | |
| **Receptive anal sex** | Recommend | Not recommended [b] | Recommend | Not recommended |
| **Insertive anal sex** | Recommend | Not recommended [b] | Consider [c,d] | Not recommended |
| **Receptive vaginal sex** | Recommend | Not recommended [b] | Generally not recommended [c,d] | Not recommended |
| **Insertive vaginal sex** | Consider [c] | Not recommended | Generally not recommended [c,d] | Not recommended |
| **Fellatio with ejaculation** | Not recommended | Not recommended | Not recommended | Not recommended |
| **Fellatio without ejaculation** | Not recommended | Not recommended | Not recommended | Not recommended |
| **Splash of semen into eye** | Not recommended | Not recommended | Not recommended | Not recommended |
| **Cunnilingus** | Not recommended | Not recommended | Not recommended | Not recommended |
| **OCCUPATIONAL AND OTHER EXPOSURES** | | | | |
| **Sharing of injecting equipment** | Recommended | Not recommended [b] | Generally not recommended [e] | Not recommended |
| **Sharps injury** | Recommended | Not recommended [b] | Generally not recommended [c,e,f] | Not recommended |
| **Mucosal splash injury** | Recommended | Not recommended [b] | Generally not recommended [c] | Not recommended |
| **Human bite** | Generally not recommended [g] | Not recommended | Not recommended | Not recommended |
| **Needlestick from a discarded needle in the community** | | | Not recommended | Not recommended |

# What next?

Advocate for your patients. Remember, employers are generally in a position of power.

What is the possible impact of work on health?

Work within your skillset but minimise risk and gaps in provision.

Suggest OH input where appropriate.

You deserve access to OH as well!

Challenge lack of OH provision. Employers don’t always know what they need to do.

# References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- Burton, A.K et al. (2003) Screening to identify people at risk of long-term incapacity: a conceptual and scientific review, [Online], Available from: https://www.researchgate.net/publication/28578348_Screening_to_identify_people_at_risk_of_long-term_incapacity_a_conceptual_and_scientific_review,
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# References


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# Drop me a line…

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