

# Lifestyle, wellbeing and seeking help

Occupational Health in the Railway Industry

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**Westwood Conference Centre**

**6<sup>th</sup> November 2013**



# Occupational health and safety representatives - a common agenda?

- Background
- Some topical issues
  - Health on work
    - Diabetes, Obesity OSA
  - Work on Health
    - Deafness, vibration, cab ergonomics
- The OH world on the railways
  - Structure
  - What we do
  - How we do it
  - What OH could do for you



# Background - my journey

- GP, Civil Servant, Occupational Physician – bridges medicine and society – foot in both camps
- Outsourced - into Shipbuilding, Nuclear generation, armaments, chemicals, manufacturing, education, local authority, utilities, NHS and railways
- Railways – different mix:
  - Adverse effects of health on work - attendance
  - Adverse effects of work on health – safety critical
- But – what about the workers?



# Impact of Health on work -Diabetes

## What is Diabetes?

- 2.9M UK, 850000 undiagnosed
- Type 2 – insulin resistance, over 40, weight gain

## Complications

- Small blood vessels in heart, kidney, circulation, eyes
- Interaction with smoking

## Impact on work

- Eyesight
- Medication
- incapacitation



# Impact of Health on Work – OSA 1

**Obstructive Sleep Apnoea** - repeated apnoea or hypopnea, snoring, unaware, poor quality sleep & drowsy in day. UK, 4% men and 2% women aged 35 to 54

- **Normal sleep** - Needs 7-8 hours inc 15-25% slow wave
- **Stages** - 3-5 episodes of REM sleep per night
  - **Stage 1 (drowsiness)** lasts 5 to 10 minutes
  - **Stage 2 (light sleep)** eye movements stop, heart and temperature reduce, myoclonic jerks.
  - **Stages 3 and 4 (deep sleep)** two stages of deep sleep.
  - **rapid eye movement (REM) sleep** 90 mins after falling asleep; increased brain activity; dreaming



# Impact of Health on Work – OSA 2

## Impact on work of Obstructive Sleep Apnoea

- Alertness, but also increases risk of
- high blood pressure, heart attack stroke obesity type 2 diabetes heart failure and irregular heartbeats, poor performance at work and at school.

## Treatment of OSA

- Lifestyle changes, losing weight,
- use of breathing apparatus while sleeping may be necessary.





# Impact of health on work - Obesity

- What is obese?
  - BMI - 25-29 overweight; 30-40 obese; > 40 "morbidly obese"; fat waists >94cm in men; >80cm in women
- Complications:
  - type 2 diabetes, heart disease stroke
  - Cancer - especially breast and colon
  - quality of life and depression
- Impact on work
  - Incapacitation
  - Agility
  - Alertness - OSA



# Impact of work on health - deafness

What is deafness?

- Sensorineural or conduction
- Repeating muffling misunderstanding TV doorbell telephone tension/stress

Treatments

- Aids and Implants
- Signing and lip=reading

Work

- CoNaW Regs 2006 - 80. 85 and 87 levels
- Use of Control
- Hearing protection
- Surveillance





# Impact of Work on Health – Hand-Arm Vibration

## Conditions

- Carpal Tunnel Syndrome – pain, tingle, weak, numb
- HAVS “white finger” – blanch, tingle, numb, weak

Cause – Hand-held vibration from tools

- Pressure jetters, torque wrenches, drills

Impact at work - Poor grip, lost sensation

Controls - CoVaWRegs 2005

- Measure and manage tools
- Surveillance of Population exposed



# Cab ergonomics and back pain

## Poor ergonomics

- Variety of seats and variety of drivers!
  - Tip-up – sags forward when old
  - Pedestal – but no gas damping
  - Seats fixed to bulkhead
- Fixed and obtrusive dash panel
- Door controls!



## Whole Body Vibration

- Known cause of back pain
- Heavily loaded units
- Jointed track



# Occupational Health & Safety Representatives - Can we make common cause?

- OH concerned about the lost world of health surveillance on the railways –
  - actually have a vicarious liability
- No direct contact with safety representatives unless asked, but we don't get asked
- OH happy to see representatives with employees
- Come into my garden Maud?
  - Do you know who your OH provider is?
  - Have you checked the credentials of your provider
  - Should you be influencing the choice?
  - What about research?



# Occupational Health - Who are we?

- Assessors & Conductors of the orchestra of work recovery
  - physicians and nurses
- The instruments – therapists –
  - physiotherapists, talking therapists, occupational therapists, hygienists
- Mostly and increasingly outsourced
  - Focus on delivery
  - Quick turnover of providers
  - Race to the bottom



# Occupational Health - how we work

## Clinical service

- duty of care to employee/duty of care to employer
- duty of confidentiality only to employee

## Regulated by GMC/NMC/HPC

- Consent and Confidentiality
  - Principle of “no secrets”
  - Consented copy of Report
  - Errors of fact can be corrected – not opinion
- Consent under duress





# Clinical Governance

- Clinical governance is a system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish." (Scully and Donaldson 1998 et al)
- Applies to independent sector too
- Supported by:-
  - audit cycle
  - Appraisal of practitioners
  - Revalidation now





# OH accreditation – SEQOHS

(Safe, Effective, Quality Occupational Health Services)

- **Business probity** (business integrity and financial propriety)
- **Information governance** (adequacy and confidentiality of records)
- **People** (competency and supervision of occupational health staff)
- **Facilities and equipment** (safe, accessible and appropriate)
- **Relationships with purchasers** (fair dealing and customer focus)
- **Relationships with workers** (fair treatment, respect and involvement)

## Is Your OH Service SEQOHS accredited?



# Occupational Health – urban myths

- Occupational health is only about supporting the company's view
  - Occupational reports will never make things worse as employer will act in the absence of medical evidence
- Occupational Health can recommend IHER
  - OH will gather evidence and may guide you on the chances of success and options for plan B

**Remember that without occupational health input you will not be able to gain access to important protection rights from the Equality Act**



# Keeping yourself healthy at work 1

- Be registered with an independent GP. Your GP will be your advocate, but don't be afraid to challenge medication
- Be sensible with sick absence, you don't know when you might need it!
- Take advantage of any services at work which are available to you, eg counselling.
- Be sensible in your habits. Don't smoke and don't drink or eat to excess.



# Keeping yourself healthy at work 2

- Manage:-
  - Yourself
  - And demands on you & your staff
  - Your time
    - Hobbies,
    - outside interests,
    - sport





# That's all folks, thanks for listening!

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