

TYNE AND WEAR FIRE AND RESCUE AUTHORITY

HUMAN RESOURCES COMMITTEE: 13 JULY 2009

SUBJECT: OCCUPATIONAL HEALTH UNIT - ANNUAL REPORT

REPORT OF THE CHIEF FIRE OFFICER

1. INTRODUCTION

- 1.1 The role of Occupational Health has evolved dramatically over the past three decades, and has developed to add another dimension to health, safety and welfare by taking a holistic view of the work place. It is becoming increasingly evident that the face of Occupational Health is changing. For many years the sole focus has quite rightly been the prevention of work related ill health, e.g. the effects of noise, chemicals etc. with units typically being Doctor led. Many organisations did not fully practice this with only a minor injury and illness service being offered. However we have seen a steady change in the workplace in recent years and along with that the role of Occupational Health and the associated staff have had to move forward in terms of direction, practice and attitude.
- 1.2 The aim of the Unit continues to support the broad aims of the Government health initiatives whilst primarily addressing specific areas of concern within the working environment of all employees of the Authority. The ever-increasing scope of the Unit would indicate a greater acceptance and utilisation of the services provided. It is of particular note this year that the sickness absence figures for the Authority are maintaining an overall downward trend although we must be complacent and continue to support the absence management initiatives of the Authority.
- 1.3 The purpose of this report is to provide a summary of the services provided by the Occupational Health Unit and its staff over the period 1 April 2008 to 31 March 2009, the sixteenth year of operation of the Unit.
- 1.4 On a general note, this reporting year ended on a significant additional change for the unit. The formation of operational swift water rescue and High Volume Pumping teams saw the unit provide Typhoid and Hepatitis A immunisation for the respective teams as an in house provision. This was the beginning of a full in-house programme of vaccination for those at risk that has been developed and implemented during the remainder of 2009.
- 1.5 In addition, the opportunity to provide Occupational Health cover for another of the regions fire and rescue authorities came following a request from Cleveland Fire Brigade (CFB). CFB asked us to provide temporary Occupational Health cover commencing in April 2008 for a period of six months. This provided an ideal opportunity for staff to provide a service, which had been dormant within CFB for several months, and apply this Authority's standards to it. As a consequence this also provided career development opportunity for staff that was fully utilised and Members

should note that all costs for this were fully met by CFB. This was undertaken in addition to the service we already provide to Northumberland Fire and Rescue Service.

2 SERVICES AND ACTIVITIES PROVIDED BY THE UNIT

2.1 Health Surveillance

Health surveillance remains the core activity of the unit. It seeks to detect early changes in health due mainly to workplace processes and therefore protect health. It can also serve to act as health promotion in respect of providing health and safety knowledge of the process in which they are engaged. A fit healthy workforce continues to be the objective of the unit.

Being proactive in health and safety terms is of prime importance and health surveillance can be the measure of our success in this practice. Early signs of occupational ill health might include symptoms of hand arm vibration or hearing loss.

Although not a new inclusion, the Sit and Reach flexibility box which has been used for many years as an aspect of health screening, was included in the services fitness room provision. The Unit still advocate its use as it serves as a reminder as to the requirement for flexibility not just as a fire fighter but equally in every day life.

The following Health Surveillance is undertaken:

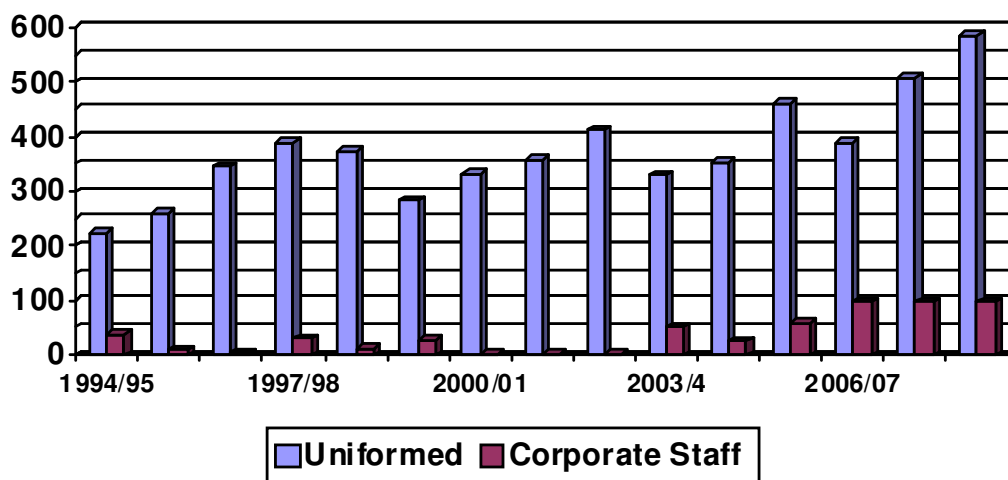
Health Screening - Recent national statistics from the Health and Safety Executive informs that although death rates due to accidents in the workplace are falling, ill health due to occupation continues to give cause for concern. Health screening therefore continues to be a fundamental aspect of Occupational Health practice. It establishes a base line of health on which to monitor the effects of the working environment and process on individual employees. It also allows for the early detection of detrimental changes allowing for positive intervention and provides an opportunity for health promotion. A fit healthy workforce continues to be the objective of the unit.

The unit has developed health-screening programmes for specific at risk categories: -

- ❑ Operational personnel. Three yearly to the age of 50, then annually thereafter, with the emphasis on fitness for fire fighting. Includes aerobic fitness assessment, blood pressure, lung function, and visual acuity.
- ❑ Health screening is offered to corporate personnel with an emphasis on health promotion. The level of fitness required by corporate staff is not as high as that for operational firefighters. However the benefits of improved health and fitness are obvious to all and therefore Unit staff continues to encourage all employees to undertake voluntary health screening.
- ❑ Hand / arm vibration screening. Work with vibrating tools / compressed air. Annual nurse based screening with referral for objective testing for positive findings.
- ❑ Compartment fire training instructors. Six monthly health screening including the use of a monthly symptoms questionnaire.

- Merchant Navy Fire Training Centre. Annual screening.
- Pre employment health assessment ensures that the applicants are fit to meet the performance requirements of the job in the environment of the workplace.
- Aids to Vision. The screening takes place either at medical or on request, with a three yearly recall / retest. The scheme extends to operational personnel, vehicle and other technicians.

Health Screening 1994 - 2007



The outcomes of the health screening process are utilised to better inform individuals about their lifestyle; to advise individuals with regard to their general fitness level; and to take any necessary preventative action with the ultimate aim of ensuring individual's remain fit for duty

3.2 Clinics

The Service Medical Advisor (SMA) conducts clinics on four half-day sessions per week. The medical consists of nurse based health screening prior to personnel seeing the SMA. Appointments fall in to the following categories:

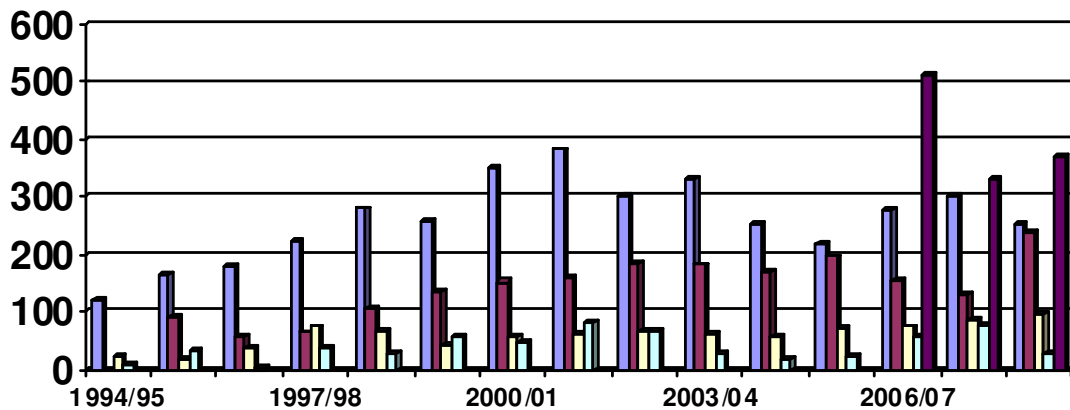
- Plus 40 years – three yearly / 50 to 55 years annually.
- LGV – on request and scheduled
- Sickness absence assessment
- Ill health assessment
- Referrals
- Staff pre-employment
- Assisted Medical Support Scheme

PREVENTING PROTECTING RESPONDING

The previous five years has seen a year on year increase in the total number of clinic appointments, mainly due to the increase in the age profile (age 40 and age 50-year medical), the impact of sickness absence procedures, the ability for staff to work beyond the normal retirement age (for firefighting staff this remains at 55 years) and the Accelerated Medical Support Scheme. This is the third year that nurse-based clinics have been in place primarily due to the initiatives undertaken by Unit staff to raise the profile of the Unit in providing 'well person' clinics and targeting specific issues such as the effects of exposure to the sun at various times of the year.

The graph below represents the number of specific medicals undertaken in the unit since its opening in 1994.

SMA Clinics



■ Over 40 ■ Assessment/Special ■ LGV ■ Trainee ■ Nurse Based

3.3 Pre Employment Health Screening

The Unit continues to screen all new employees, prior to appointment. As well as confirming suitability for employment and establishing a base line for health, this provides an opportunity for employees to meet the Unit staff and promote the facilities available to individuals. A total of 28 corporate and 27 operational pre-employment medical assessments have been undertaken during this period.

3.4 Health and Fitness Promotion

Health and Safety presentations are a joint Health & Safety / Occupational Health project. The current programme, now in its fifth year, targets cancer prevention/early recognition, smoking cessation, stress management, the prevention of heart disease and the misuse of alcohol.

Health Promotion also includes:

- Occupational Health Welcome packs.

All new employees are issued with a package, which gives details of unit staff and facilities available, as well as a broad range of relevant health promotion information leaflets.

- Service Gazette Health Advice

The Unit aim to include a health information article in the Service Gazette twice per month. Topics such as sun care, skin cancer, manual handling, cholesterol and skin care when working with substances.

- Health Promotion Leaflets

The Unit has also produced specific health promotion leaflets covering areas such as noise, Leptospirosis and Hepatitis A.

- Health Promotion: workshops

Health Promotion Workshops, although not a new concept, present a means of raising the profile of good health and the importance of lifestyle information to the workforce. It further demonstrates the commitment to a fit and healthy workforce by the Authority.

3.5 Vaccination

Certain vaccinations are recommended for fire fighters and these were previously administered by the individuals GP. Guidance for GPs from the General Practitioner Committee released last year made it clear that the responsibility lies with the employer. As a consequence the unit are formulated and implemented a scheme developed in conjunction with Dr Mike Snow, the Regional Infectious Disease consultant based at Newcastle General Hospital to take full responsibility for provision of occupational vaccination, which will further enhance the medical support offered. In the first year the cost has been circa £10,000 although this will reduce substantially during subsequent years. The cost was met from savings made within existing budgetary headings.

3.6 Physiotherapy

The unit continues to refer personnel with musculo skeletal problems for either assessment or assessment and treatment. Such assessments and treatment generally ensure individuals can continue to work with physiotherapy support, and prevent conditions worsening. A total Number of 129 assessments were made this year, the majority of which were musculo skeletal in nature. These interventions have resulted in an earlier return to work than would have normally been anticipated.

3.7 Accelerated Medical Scheme

The Authority has in place a scheme to provide early access for staff to medical specialists in order to gain an immediate assessment of a medical problem. The scheme also enables an early diagnosis and plan for appropriate treatment(s) with a view to reducing sickness absence and providing robust evidence regarding the application of ill health retirement.

During the course of 2008/09, 49 individuals progressed through the AMS scheme including operational and corporate staff. The results to date indicate that employees assessed leads directly to recommending a level of treatment and thereby a speedier return to work, and in some case, no absence from work whatsoever.

3.8 Counselling and Welfare Support

Counselling services are provided to Authority staff through an internal specialist Welfare Officer, who is specifically trained in the psychological problems associated with the workplace. Welfare support and pastoral care is also an area of continuing growth and is provided jointly by the Unit and the Welfare Officer.

Of the cases dealt with easily the majority were non-work related difficulties with the most common being due to relationship problems leading to stress/anxiety/depression symptoms. By far the smallest number of referrals were work-related with the most common being stress/anxiety/depression symptoms and work based relationship difficulties.

The Trauma Support Team continues to be an important cornerstone in the aftermath of incidents. There were a number of critical incidents involving fatalities in 2008/9, where supervisory personnel were contacted and the services of the TST were offered. There are now quarterly meetings for all members to discuss training needs and any recent Trauma Support Sessions conducted.

3.9 Reasonable Adjustment

The Disability Discrimination Act places a responsibility on employers to make reasonable adjustments in the workplace in respect of an individual's disability. A number of issues have been managed over the year including the provision of hearing aids, specific chairs, adjustments to work stations, non standard footwear and reports commissioned. Not all changes have involved expenditure. Some adjustments have involved small changes in office layout or the organising of a "buddy system" to provide assistance to staff and visitors alike that may require help with wheel chairs in cars for example when arriving at SHQ. Its simple changes like these that demonstrate the commitment to disability and our work place; all working towards the Authority being recognised as an employer of choice.

3.10 Recruitment

The unit continues to play an extensive role in recruitment by providing fitness testing of all potential trainees, input at induction and provision of health supervision through out the trainee course. This initial targeting implants the culture of the organisation into such persons from the beginning of their service.

3.11 Audiometry

The Audiometry Programme, in keeping with the aim of retaining people in the workplace, individuals are investigated to explore the possibility of providing artificial aids to make this particular disability compatible with fire fighting. Digital technology is now applied to artificial aids providing a significant improvement in hearing when compared to the analogue type.

3.11 Aids to Vision

Aids to vision on the incident ground was introduced in 1997 following research by the City University, London, and made provision for serving firefighters, whose vision had declined below the required standard, to wear optical correction in both safety spectacles and breathing apparatus lens inserts. The scheme is now well established with a constant 12% of operational personnel using the safety spectacles with optical correction. The scheme also available to other identified service staff on a risk approach basis.

3.12 Aerobic Capacity Testing

Monitoring of Aerobic fitness on station six monthly has now been in place for three years. Aerobic fitness underpins a firefighters efficiency and safety on the incident ground. Previously testing was undertaken three yearly at health screening. The move to six monthly provides an earlier warning of declining fitness whilst also serving as a prompt to maintain exercise as part of your lifestyle. Indeed this has enabled staff to take pro-active action with, albeit a small number of personnel thereby preventing potential ill health in the future.

The average Aerobic capacity at the time of report was 50.8 mls.02/kg/min. This compares favourably with the approved figure of 42mls.02/kg/min.

3.13 Training

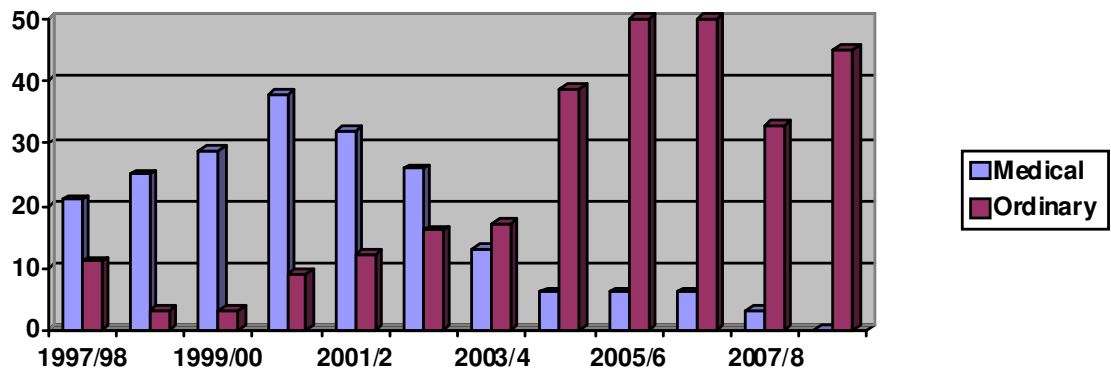
Occupational Health staff undertook a variety of training and updating during the year, this included;

- Equality and Diversity
- Leadership Development
- Alcohol awareness
- BSc (Hons) Promoting Practice Effectiveness (ongoing)
- Smoking Cessation Advisors update.
- Alcohol Testing
- Disability awareness

- Budget Training
- Strategic Planning
- Immunisation
- Venepuncture
- ADOS scanning
- North East Occupational Nurses forum – Public Health

3.14 Retirements

The chart below shows the retirement profile of this Service from 1997. This quite clearly shows a substantial increase in medical retirements up to 2000/01, with medical retirements accounting for over 70% of all retirements from the wholetime service. Due to the pro-active approach taken by senior management assisted by the dedicated efforts of the Occupational Health Team, since 2000/1 the number of medical retirements continues to fall. Indeed the Chief Fire Officer is particularly pleased to report that, for the first time ever, the Authority has not had any ill health retirements in operational staff. Current thinking would suggest that organisations that successfully manage ill health retirements should look to having no more retirements than 3 for every 1000 employees and, as can be seen, the Authority has exceeded this figure should that target be set in future years.



4 CONCLUSIONS

- 4.1 Although now in its sixteenth year the unit is still evolving. The potential for future growth and development is vast and the commitment to a proactive dynamic approach remains a core objective. The mission statement "Your Health Matters" reaffirms the Authority's commitment to investing in the organisation's most valuable asset, the health and well being of the individual.

5 RECOMMENDATIONS

5.1 Members are recommended to:

- a) endorse the actions taken by the Chief Fire Officer;
 - b) receive further reports as appropriate.
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BACKGROUND PAPERS

The undermentioned Background Papers refer to the subject matter of the above report:

- Fire and Rescue Authority Health and Safety Manual
- Occupational Health Unit Service Level Agreement