

**SUBJECT: OCCUPATIONAL HEALTH UNIT - ANNUAL REPORT****REPORT OF THE CHIEF FIRE OFFICER**

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**1. INTRODUCTION**

- 1.1 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 2010 to 31 March 2011, the eighteenth year of operation of the Unit.

**2 BACKGROUND**

- 2.1 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 there has been 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.
- 2.2 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 the best ever reported which maintained the downward trend from previous years although we must not be complacent and continue to support the absence management initiatives of the Authority in order to secure continuous improvement.
- 2.3 The Authority, led by staff of the Occupational Health Unit, entered the 'Better Health at Work Awards' during 2010 / 2011. The award is a regional Public Health initiative headed by Gateshead College with support from employers, Primary Care Trusts, Trade Unions etc. and is aimed at improving the health of the North East workforce. The award is in three stages Bronze, Silver and Gold with each stage taking a year to achieve. The Chief Fire Officer is pleased to report that, following a formal comprehensive audit of the work undertaken by occupational health, the Authority has been awarded the Bronze Better Health at Work Award. It is envisaged that an attempt on the Silver award will be made this year.

**3 SERVICES AND ACTIVITIES PROVIDED BY THE UNIT****3.1 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.

**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.

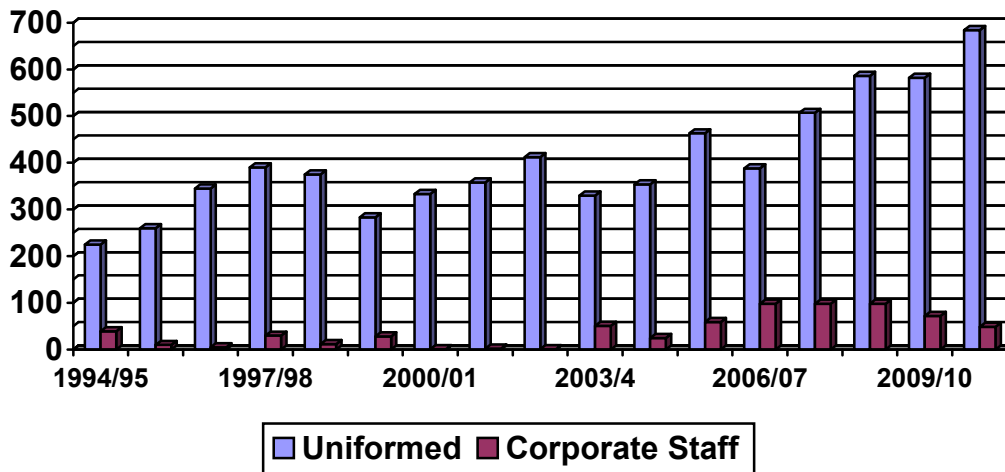
The unit has developed health-screening programmes for specific at risk categories: -

- 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.

- α 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 - 2010



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:

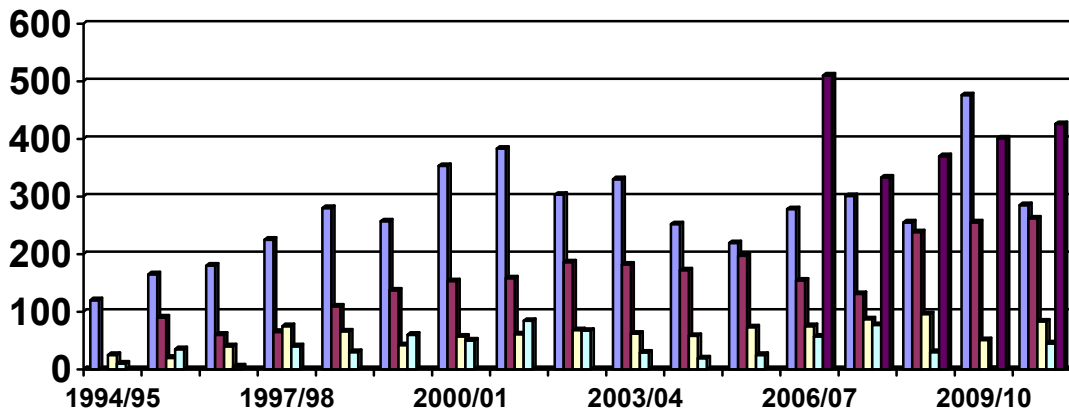
- α Plus 40 years – three yearly / 50 to 55 years annually.
- α LGV – on request and scheduled
- α Sickness absence assessment
- α Ill health assessment
- α Referrals
- α Staff pre-employment
- α Assisted Medical Support Scheme

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 65 for corporate staff although there is now no automatic termination of employment on reaching these ages) and the Accelerated Medical Support Scheme. This is the fifth 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 45 operational pre-employment medical assessments have been undertaken and 7 corporate ones during this period. The figures reflect the single trainee course and the fact that there has been a recruitment freeze for the good proportion of last year.

#### 3.4 Health and Fitness Promotion

Health and Safety presentations are a joint Health & Safety / Occupational Health project. The current programme, now in its sixth year, targets the importance of hydration and vaccination for firefighters, smoking cessation, stress management, slips, trips and falls and the misuse of alcohol.

The number of smoking cessation clients has, once again, substantially reduced this year to a total of 4. It was always envisaged that the numbers would decline as those who were serious about stopping smoking took advantage of the service on offer in its early days. The service remains available to those who may wish to quit in the future. It's interesting to reflect on the original in house smoking cessation concept where we would have been pleased if the outcome had just been in double figures, when it has now surpassed this with 50 individuals taken through the programme in total.

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 are conducted in collaboration with the Health and Safety Department. Although not a new concept, these 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.

The current programme includes alcohol 'Know your limits', benefits of exercise, world aids day, manual handling and healthy eating. As well as Health & Safety presentations the unit deliver several other presentations these include; Crew Manager Programme, Effects of Heat & Humidity, Pre Retirement, Stress Awareness, Substance Misuse and Manual Handling.

### **3.5 Vaccination**

Certain vaccinations are recommended for fire fighters and these have been administered by the individuals GP over the years. However guidance for GPs from the General Practitioner Committee now makes it clear that the responsibility lies with the employer.

The unit continually monitor the best practice advice for our scope of practice which resulted in Typhoid vaccination being withdrawn from the schedule on the advice of the Health Protection Agency. New evidence reduced the risk to Fire Fighters thereby prompting the withdrawal. Typhoid vaccination was specifically targeted at Swift Water and USAR teams.

### **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 137 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. Combine this with access to the Firefighter’s charity facility at Jubilee House in Penrith and the service utilises a substantial opportunity to support the health of the workforce.

During the course of 2010/11, 43 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.

The Equality Act 2010 now encompasses Disability Discrimination and associated Reasonable Adjustment. It is widely accepted that the definition of disability is more inclusive perhaps resulting in an increase in reasonable adjustments within the service.

It has been a largely unremarkable year for reasonable adjustments with only one fire fighter being issued with in-ear hearing aids, a corporate member of staff being assessed for a more suitable chair to help with a disability as well as several minor pieces of workstation equipment being issued. However it is 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.

The unit also consult Access to Work (AtW), part of Job Centre Plus, for advice in certain cases. The scheme seeks to provide the expertise to an individual’s health issue in order to support the individual in the workplace. The scheme also part funds reasonable adjustment however this year has seen significant cuts to the funding available meaning that many of the adjustments are now fully service funded having an impact on that particular budget.

### 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, the Welfare Officer and seven volunteer Chaplains.

<b>Welfare Support</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
<b>New Clients</b>	<b>110 + 4* =</b>	<b>116 + 2* =</b>	<b>125 + 5* =</b>	<b>125 + 4* =</b>
<b>Total</b>	<b>114</b>	<b>131</b>	<b>130</b>	<b>129</b>

\* Denotes the number of significant others seen by the Welfare Officer

(Significant others are persons who are a dependent/partner of our employee whose health could significantly affect the attendance at work of our employee)

The annual total number of new referrals seems to be plateauing over the last 3 years but hopefully with the increased awareness of self-care, self-monitoring and early intervention, these figures may reduce. The significant other figures are provided with a limited support/counselling service if their mental health condition impacts significantly upon their well-being. This has ensured that the employee concerned has been able to remain at work in some capacity.

	2010	
Presenting Problems	Work related	Non-work related
Stress/Anxiety/Depression	21	14 + 1* = 15
Relationship Difficulties	30	33 + 1* = 34
Financial	0	4
Physical health/injury	0	3
Bereavement	0	8 + 1* = 9
Other	11	1 + 1* = 2

**What are the most common difficulties people are presenting with?**

52% are a **non-work related difficulty**, that's 67 out of the 129 referrals. The most common non-work related difficulties are; Relationship difficulties 26.3% and Stress/Anxiety/Depression symptoms 11.6%

48% are **work related** difficulties, that's 62 out of the 129 referrals. The most common work related difficulties are; Stress/Anxiety/Depression symptoms 16.2% and Relationship difficulties 23.3%

These can only ever be a 'snap-shot' of the issues presented by clients at their first session and often what begins as a work related problem can spill over into home life to affect relationships outside of work and vice versa.

In addition, 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 2010/11, 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 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.

**3.10 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.

In conjunction with the Health & Safety Department and eye wear manufacturers, the unit have been involved in the trial of a new safety goggle which has an integral corrective lens. The corrective lens frame is made of clear plastic and can be easily clipped in to the goggle. Although cost reduction was not a major influencing factor in its development the introduction of an insert, which replaces a pair of safety spectacles, is approximately half the cost of the safety spectacles.

### 3.12 Aerobic Capacity Testing

Monitoring of Aerobic fitness on station six monthly has now been in place for four 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 approximately 51mls.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;

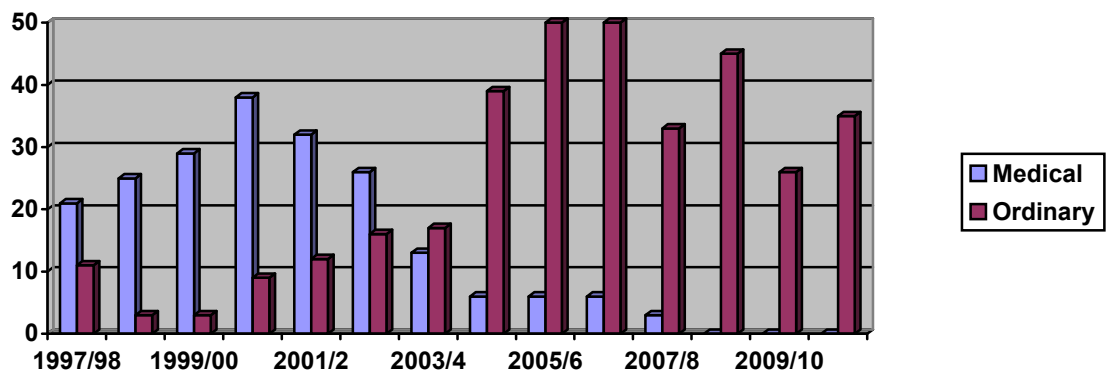
- Manual Handling
- Resilience Training
- North East Excellent Manager Programme
- Trauma Conference
- Finance and Procurement
- Occupational Health Implications of the Equality Act 2010
- Carbon Champion Training
- ALAMA Conference
- Accessibility Audit Training.

### 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 third year in succession 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 eighteenth year the unit is still evolving. This report represents the core aspects of the unit's scope of practice however the unit's staff were also involved in a number of other activities through out the year including the continued provision of occupational health services to Northumberland Fire & Rescue Service through a service level agreement.
- 4.2 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

***Creating the Safest Community***

