



YOU MATTER!

The Newsletter
keeping you informed
of what's going on in
Occupational Health

Issue No. 15 ~ August/September 2003

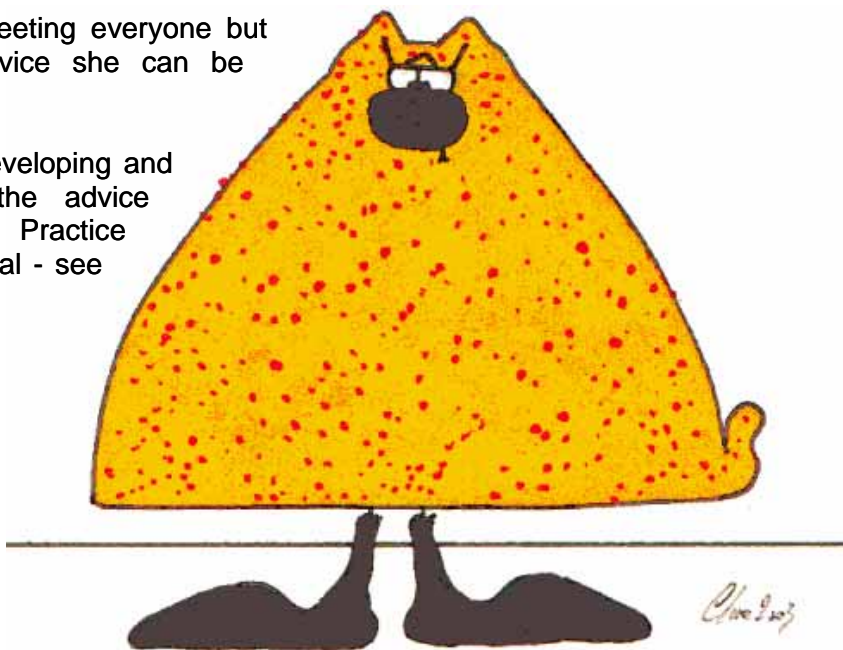
WELCOME to Ellen Cole, Occupational Health Nurse Specialist, who joins the team on Monday 18th August 2003. We are looking forward to working with her!

Ellen fills the post vacated by Georgina at the end of May. Ellen qualified as a Registered General Nurse in Jersey and followed this up with a Degree in Health Studies and Occupational Health Diploma. Within the NHS she has worked for OH and for a private health company providing OH services to industry before managing the OH service provision to Devonport Dockyard.

Ellen will soon be out and about meeting everyone but meanwhile if you need support/advice she can be contacted on 01752 762116

Lesley and Sue will continue with developing and managing the service, manning the advice Helpline and making some of the Practice visits. They can be contacted as usual - see back page.

NB. The TRURO office is now permanently closed.
Please note the new OH Services office address in Plymouth (details on back page).
Pre employment Health Assessments should be sent to Ellen at this address.



Sadly, there was something about Barry's low energy levels that was rather infectious!

From Dr David Longdon.....

My crystal ball and tea leaf reading – normally used to find out what has happened to my patients in hospital – have been put to use recently trying to find out what is happening about pay awards and new contracts. I was hoping to see the future clearly but all I can see is HRT and the Atkins Diet!!! The conspiracy theorist in me suspects this is all Alistair Campbell's doing but will keep trying ... I'm hoping to get an appointment with Dr Gypsy Rose Stewart in Gunnislake to have my fortune told but apparently his clairvoyancy skills have not been re-accredited!!!! I suspect that whatever the future holds there will be a period of uncertainty and re-adjustment with potential costs in terms of time, money and ENERGY.

I like the concept of energy budgets-namely that we can view our own individual and practice energy levels a bit like money. If what goes out exceeds what goes in we become overdrawn. Differing levels of overdraft produce emotional and physical symptoms and relatively small "bills" such as minor illness or additional work can produce a crisis where our "cheques are no longer honoured". "The NHS is underwritten with the '**personal energy overdrafts of its staff**' is an easy statement to justify. Respect for each other's energy levels is I think important. Some people's personal stories mean that they are paying big standing orders each month whilst others have large inheritances and are always in credit.

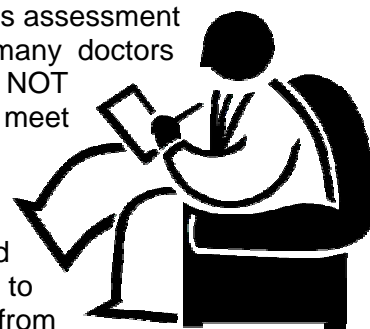


The new contract is potentially going to involve new work and new choices. It would seem sensible to approach these in ways that look at affordability and sustainability from an energy as well as financial point of view.

In South & West Devon and Cornwall our PCTs are amongst the best in the country in their support for Occupational Health. They have all continued the very strong commitment to support that has been evident for many years. It is important to recognise the vital role that LMCs have had in establishing this long standing culture both through their own pastoral care and their development of clear working procedures with Health Authorities and PCTs. You all have access to occupational health and individual support because of the past work of your LMCs. In today's world where all our performance is being increasingly monitored, LMCs, PCTs and your occupational health service have been working together to establish procedures which respect the fact that health related issues often lie at the heart of "poor performance."

Confidentiality is vital to us but it has implications which some colleagues do not like. When we carry out pre-employment screening we are not able to disclose diagnoses (unless of course the client gives consent) ...even though you are doctors!! The potential employee has rights to confidentiality. Could I emphasise the point that this screening is NOT a substitute for interviewing and taking up of references?

May I take this chance to remind you that ALL primary care doctors have access to free and very confidential mental health support? Our model involves an initial assessment, which is mostly done by Ben Charnaud who has assessed over 300 doctors. This assessment concludes with a negotiation of the best form of intervention and many doctors choose to see a psychotherapist - whose time is fully funded. Ben is NOT working as a consultant psychiatrist in this role so you do NOT have to meet the normal criteria for a "psychiatric assessment".



A much more appropriate "metaphor" would be that of "sports medicine" in that early presentation of problems can, with full and experienced assessment, lead to effective problem solving and a return to normal function. Some of you may be aware that Ben is going to retire from his principal NHS post in the near future. He is very keen to continue with his 'doctor's medicine' work though may not be quite as available as he is now. We are therefore looking at the training and provision of alternative assessors to support Ben and allow him brief spells of retirement!!! If you do want to contact Ben you can reach him on 01209 881909. In the future we intend using our evolving website www.youmatter.org.uk to give contact details for all forms of support.

Whatever the future holds you have an Occupational Health service, which is independent, confidential and committed to mitigating the effects of work on your health. You also have very effective LMCs and PCTs who share this goal. We mirror primary care with totally open access but if you or any of your staff have a problem we cannot do anything about it, unless you tell us!!



Is this newsletter getting to everyone in the Practice???

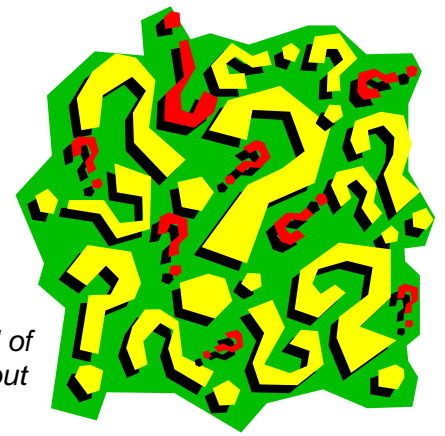
At a Practice Nurse Group meeting we recently attended we discovered that very few had ever seen (let alone read!) this newsletter.

Please could we ask you to ensure that it gets circulated around the Practice?
If your Practice would like more copies please let us know.



Recently Asked Questions.....

These are questions of a varied nature that have been asked of one of the OH team within the last few weeks. We hope that by sharing the question and response we also share the benefit.



Question: We haven't done anything about COSHH? (*The Control of Substances Hazardous to Health Regulations 2002 are all about working safely with chemical and biological hazards*)

Do we need to get an Occupational Hygienist involved?

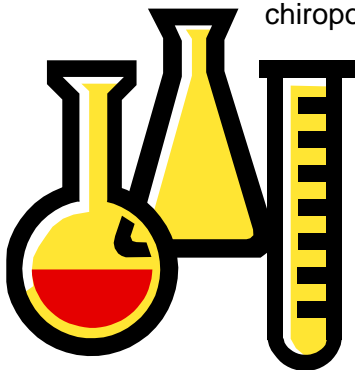
Answer: It's highly unlikely that you have any real 'nasties' in the practice (well not of the chemical variety anyway!) and the specialist input of a hygienist should not be necessary. Most Practices have nothing more than you could find in the average British home i.e. general cleaning liquids, bleach etc., so meeting the requirements of COSHH (Regulations 2002) should be fairly straightforward. Basically you should:

- a) Make a list of all chemicals in the workplace,
- b) Consider how each chemical is
 - used - for instance bleach in the toilet should not be used at the same time as other chemical cleaners as the resulting chemical reaction can cause chlorine fumes to be given off.
 - stored (e.g. make sure not accessible to children)
 - disposed (the disposal of some chemicals is restricted by environmental law)
- c) Each chemical product has a Hazard data sheet. These should be requested from the manufacturer, who has a legal duty to supply the information. The data sheet will give any special precautions that need to be taken when using the product, plus disposal and first aid procedures to deal with any accidents.

Where you consider it necessary put in place a straightforward safe working system and make sure that those involved understand the risks and know and implement the system you have put in place. You can 'audit' compliance periodically.

Remember that you may have 'contractors'¹ who may bring chemicals onto your site e.g. a chiropodist using your Practice may use Phenol, which is corrosive. There is a legal duty for anyone bringing such substances on to your site to inform you of any hazards and any risks and of control measures put in place (i.e. a COSHH assessment). Equally any contractor must be informed of any risks your workplace might pose and the measures you have put in place.

As with other H+S guidance we will shortly be providing a generic COSHH policy that you may wish to adapt to your own Practice needs. If you are unsure about any aspect of COSHH please do not hesitate to pick up the phone and ask one of us. Contact details are on the back page.



Bullying at Work

Recognised as a workplace stressor by the Health and Safety Executive² bullying is not healthy for the individual/s affected or for the health of the workplace. Experiencing bullying at work? We hope not but if you are you might find this, in our opinion excellent, website address useful www.bullyonline.org/action/index.htm

¹ Working Together- Guidance on H+S for Contractors and Suppliers INDG268 – single free copy available from HSE books. Tel: 01878 881165

² Tackling work-related stress HSG 218



Did You Know?

That all organisations with ten or more employees are legally required to keep an accident book.

(It's good practice even if you have less than this). All accidents in the workplace must be recorded in the book and records must be kept for a minimum of three years after the last recorded entry.

The old style current book does not comply with Data Protection Act because users can read personal information contained in previous entries.

The new accident book (BI 510 ISBN 0 7176 2603 2), introduced in May 2003 is available from HSE (Tel: 08701 545500).

All employers must be using the new style book by January 2004

Practice Nurses!

Did you know that the Occupational Health and Safety Manual (large white folder with blue writing!) contains a policy and procedure for dealing with needlestick/contamination incidents.

You can also get an A3 Poster and wallet sized cards giving post needlestick immediate action points, from the OH team?

The Manual also contains Occupational Immunisation Guidance. This will assist you in keeping staff up to date with the immunisations they require to undertake clinical work, as well as record forms to make the task easier.

If you have any comments on using either of the above in your practice, do get in touch.
(Contact details below)

Plea to all Plymouth Practices!

We would like to hold a further DSE Competent persons training course which can be accessed by both S&W Devon and Cornish Practice Staff.

Does anyone have a training room that can accommodate 10-12 people?






Benefits to you would be two free places on the course for your Practice.

The course equips delegates with the skills and knowledge to 'risk assess'

Display Screen Equipment and Workstations as required by law. (Get another box ticked!!!)



Contact Details

	0117 923 2381 any Wednesday from 9:00am – 5:00pm
	You can fax us at any time on: 0117 923 2382 or 01530 224 762
	You can email us any time at: sue@abbottburke.co.uk lesley@abbottburke.co.uk or ellen@abbottburke.co.uk
	Sue Burke/Lesley Abbott postal address: 33 Logan Road, Bishopston, Bristol BS7 8DS
	Ellen Cole can be contacted via Occupational Health for Primary Care, Room 310, Tamar Science Park, 1 Davy Road, Derriford, Plymouth PL6 8BX Telephone: 01752 762116 Fax: 01752 762117 Email: ellen@abbottburke.co.uk