



# The Input of Revitalising Health and Safety on Occupational Health

May 10 2002 12.15 to 2.00pm - Health and Safety Laboratory

During this meeting, we will be discussing 'Revitalising Health and Safety' and focusing on its implications for occupational health issues i.e particularly stress and musculoskeletal disease; how this ties in with the HSE plan of work for the next three years; plus forthcoming changes in how HSE inspectors will deliver the goals of Revitalising.

Following this, there will be an informative presentation on how 'Securing Health Together' ties in with 'Revitalising Health and Safety', and the kind of activities involved in the 5 key programmes.

- **Dr David Snowball, FOD Yorkshire & North East Region Operations South, HSE, Sheffield**  
Revitalising Health and Safety
- **Dr Frank Gallagher, Medical Inspector, HSE, Sheffield**  
Securing Health Together

A light buffet will be provided. Please park in the pay and display directly outside the building. To book a place please either return the slip below or contact Jo Elms on 0114 2892679 or at healthyworkmatters@hsl.gov.uk

Please reserve ..... places at the Network meeting, The Input of Revitalising Health and Safety on Occupational Health, on May 10 2002 at the Health and Safety Laboratory.

### Registration Form:

Name:

Position:

Company:

Address:

Tel:

Fax:

email:

If there are any occupational health topics that you would like the newsletter to cover, please include in the space below.



the newsletter of the Sheffield Occupational Health Development Group

## The Filemaker's Lot

### A historical reminder.....

While perusing the Registrar General's Statistical Review for 1900, seeking some historical mortality statistics, I chanced upon some snippets about occupations and associated diseases at the turn of the century. One particular occupation interested me as its workers were cited as having the second highest deaths from lead poisoning (plumbism) - the first being lead workers. Reading the saga of file-making and its associated dangers reminded me of the progress, that we have made in one hundred years.

In 1900, file cutters (men and women) experienced 75 deaths directly attributable to lead poisoning (lead was used on the file cutters' anvil). There were also, in that year, 104 deaths from diseases of the urinary system, 212 deaths from diseases of the nervous system, 402 deaths from tuberculosis, 224 deaths from circulatory diseases and 423 deaths from diseases of the respiratory system other than tuberculosis - a total of 1440 deaths. Many of these workers died in their twenties and thirties.

The Registrar General of the time stressed the importance of taking some action 'to prevent at least some of the deaths due to this trade'. They proposed representation be made to the Factory Department of the Home Office that there was urgency in putting this trade under special regulations because of its dangerous nature.

The text makes it very apparent that the care of workers' health was of little concern to the employers of the time. "No less than 43 file cutting shops have privy middens actually abutting on them

and another 48 have privy middens within 9 feet of them. In the majority of these during the summer time the stench of the privy midden is perceivable in the workshop. From long usage, the occupants of these shops were unconscious of the offensive air they were breathing."

The Registrar General comments specifically on the extent of lead poisoning in these workers and the fact that many of them do not seek medical help.

"No medical man accustomed to deal with cases of lead poisoning can but be struck with the appearance of a large number of file cutters who do not complain of suffering from any illness, but who in reality are being poisoned by their work."

Of course, at that time, there was no sickness insurance and sickness absence meant no pay. Is it any wonder that the worker kept working even though he or she was really sick?

An interesting, genetically focussed comment is also made which concerns well known lead workers who had been in the trade a long time and who remained healthy. 'There are indeed a few old file cutters whose names are frequently mentioned as examples of the healthiness of the trade, but such cases

mean very little, as Lead Poisoning is onewhere idiosyncrasy is all important.'

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## Editorial

Welcome to the sixth issue of Healthy Work Matters. In this issue we take a personal historical perspective from Frada Eskin on occupational health and then see how the group is moving forwards by becoming a Joint planning Group, in addition to acquiring a new member of the steering group. Additionally we also have information regarding standards for the occupational health service, and the focus of the next network meeting is the input of revitalising health and safety on occupational health.

Full details of the next network meeting can be found on the back page.

I would like to encourage you to send in your thoughts, comments and views on the Newsletter and any occupational health issues you would like us to cover. Also, don't forget to visit our Website, which is full of useful information, and back issues of the newsletter.

Jo Elms

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## New faces in Occupational Health

### Bruce Laurence

I am a public health physician in Sheffield. I am not professionally trained in OH, but in my previous career in emergency medical relief I was responsible for the well-being of teams of relief workers facing workplace hazards such as scorpions, military attack, kidnapping, malaria, dysentery, and lassa fever as well as various stress-related conditions. Not all these are particularly common in Sheffield, but I retain an awareness of the important and circular links between occupation and mental and physical health.

Since the retirement of Frada Eskin, the founder chair of the SOHDG, I have been the Health Authority representative on the group. My main

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## The Filemaker's Lot A historical reminder.....

Comment is made about the prevention of lead poisoning in this dangerous trade. Proposals included the following:-

'It is very important that the hands of the worker should be washed before taking food or leaving for home. In no less than 169 file cutting shops no provision whatever is made for washing and in 24 others the means of washing is so defective as to be almost useless. In 14 of the file cutting shops water is laid on and in 136 shops moderately good washing accommodation is provided. No less than 98 of the file cutters' shops have not sufficient privy accommodation'

It would appear that there were some responsible employers around even one hundred years ago.

Other proposals for improving the lot of the file maker included cubic space per worker. It was proposed at that time that each worker was allocated 400 cubic feet and that no space was to be counted which was more than ten feet above the ground. Stocks were to be 4 feet apart measured from the centre of one to the centre of the next and walls were to be plastered smooth.

Trying to perform necessary daily living activities in many of the working environments experienced by file cutters was almost impossible according to the reporting provided in the Registrar General Statistical Review. Washing, toileting, eating and drinking must have been a nightmare to many workers in this trade. It is also important to remember that in 1900 the workers were at their trades for much longer hours than would be allowed today, which compounded the problem.

In truth, there have been major improvements in working conditions over the past hundred years. Mechanised machinery, Health & Safety regulations, Social Security, the NHS and employment law as well as the more proactive stance taken by the worker especially through their Trade Unions have all served to make modern working conditions more palatable and less injurious to health.

However, we should not become complacent. When, in one hundred years, a public health physician sits down to write a short article for 'Health Matters' and she/he reads the text of the Statistical Reviews of the time, s/he will not find perfection in employment conditions extant in 2002.

S/he will no doubt gasp at the fact that the workers in many small enterprise have no access to an occupational health service, that worker/employer relationships are often based on mistrust and apprehension, that workers are still experiencing harassment and bullying, that there is still prejudice against women, ethnic minorities, older people and disabled people in the working environment, that junior doctors regard themselves lucky working a 56/66 hour week, that canteen facilities are non-existent in many working environments, that occupational health services are fairly low in the NHS priorities list etc.

We need to remain ever vigilant and passionate about improving the health of the working population. Going back to historical documents helps to remind us that we have made major strides. The Sheffield Occupational Health

Frada Eskin (June 2001)

interests to date have been the development of the OH service to help with NHS primary care workers, and to make the application for Joint Planning Group status for the SOHDG within the Sheffield First for Health Partnership.

In April 2002 I will move to South East Sheffield PCT where I will continue to promote occupational health within the 4 new Sheffield primary care trusts.

## JPG Status

In November 2001 the Occupational Health Development Group was recognised as a Joint Planning Group (JPG) within the Sheffield First for Health Partnership. This partnership is one of around 10 which form the Local Strategic Partnership (LSP). This is the body officially recognised as providing overall leadership in Sheffield for all aspects of modernisation and regeneration. Other partnerships are based around such areas as Learning, Employment and Safety.

Within the partnership for health, we

report to the "Root Causes of Ill-Health" sub-committee along with a number of other JPGs whose emphasis is on health promotion in different environments.

Attaining JPG status gives us the potential to play a greater role in Sheffield's strategic planning processes, and strengthens our hand when bidding for resources. It also increases the group's accountability and visibility. This means that we will be under more pressure to deliver on our strategic plans, and bring about

real improvements in work-related health and well-being. The SOHDG has presented its annual plan for 2002-3 to the partnership, and this has been included in the Sheffield Health Improvement and Modernisation document.

The JPG is expected to represent all major stakeholder groups in its area of concern. We believe that the SOHDG meets this requirement well, but we also welcome new members who have an interest in any aspect of occupational health.

## How do I set standards for occupational health services?

This is a question which will not have occurred to many employers because they will not have recognised a need for an occupational health service. But what if we change the word 'service' to 'function'? Would the average employer now regard this article as relevant to them? They should, as occupational health is, at the simplest level, no more than the 'health' bit of 'health and safety at work'. When managing health and safety issues at work, every employer should consider whether they are carrying out a 'health' function. The distinction between 'health' and 'safety' is not always clear, but it is worth trying to make, because if health is involved the employer needs to ask the question 'Am I competent to deal with this problem myself, or do I need further help?'. This is what is required under Regulation 7 of The Management of Health and Safety at Work Regulations 1992, which deals with the issue of competency in health and safety arrangements. To a large extent the employer will be able to deal with the health issue alone, e.g by reading the advice on a safety data sheet for measures required to prevent skin contact with an agent capable of inflaming the skin and causing occupational dermatitis. But sometimes further help will be necessary e.g if the employer cannot abolish skin contact for the agent in question he may require the advice of an occupational health professional (a nurse or doctor, or some other suitably qualified person) regarding skin checks aimed at catching a case of occupational dermatitis early. In doing so, the employer may raise their own competence e.g the nurse may teach the employer how to do weekly skin checks on the workers so that the employer does not have to pay the nurse to come on site every week.

Hopefully, the above example helps to show how an ongoing relationship with an occupational health professional can help employers prevent occupational health problems. At the very least this means the employer will comply with health and safety law. However, although complying with health and safety law will alone help reduce civil claims liability, reduce sickness absence, and improve workforce morale, reaching higher standards can further enhance these potential savings. This 'best practice' level of occupational health performance is less automatically apparent to employers. Where can it be found? Obvious sources of help are:

'Trade federations for the particular sector e.g Engineering Employers' Federation, Hard Metal Association, Chemical Industries Association.

'Larger employers in the same sector, with existing occupational health services who permit smaller companies to copy their approach'

'State sector employers such as the NHS, which has its own occupational health network' NHS Plus?. This has a website describing its standards for provision.

'HSE staff in the Employment Medical Advisory Service (contactable via local HSE offices) will help employers to understand what is required for legal compliance, and what would be best practice for any occupational health issue'

In summary, occupational health is all pervasive. There is no employer who does not have occupational health needs. Therefore every employer needs to set standards to provide these occupational health needs, at the very least to comply with health and safety law and at best to maximise the profitability of their business in doing so.

Frank Gallagher, Medical Inspector, Health and Safety Executive, Sheffield.