The Association of Occupational Health Nurse Practitioners (UK)

OH TODAY

September-October 2017

Volume 24 Number 3

# AOHNP votes to merge with FOHN

Members attending the AGM accepted the results of the member survey to merge with the newly forming Faculty of OH Nursing (FOHN). Almost 95% of members who responded to the survey supported the merger.

The AOHNP and the FOHN Boards have been in discussions about a possible merger of these two closely aligned organisations, to create an integrated business that meets the needs of OH nurses. We already have similar and complementary visions and values, giving us an opportunity to develop an organisational strategy that meets the needs of OH nurses for the future.

The FOHN aims to provide the 'voice' of occupational health nursing and to develop professional practice and education standards at a national level, while the AOHNP would continue to support and influence the development of learning and professional practice and provide networking at an individual level with OH nurses.

**Survey highlighted lack of representation**

We both believe that with the relatively small number of occupational health nurses in the UK we should be working together to maximise our resources (time, money and people) and provide a single source of high quality services and products. The FOHN survey results highlighted that OH nurses do not presently feel adequately represented or have the professional support they need at work and that nine out of ten feel that the FOHN would benefit the future of OH nursing with three out of four saying that they would join the FOHN.

Occupational health and occupational health nursing have never been as visible or valued as they are now; creating a real opportunity for development and change.

Let us do what the occupational physicians failed to do and create a single, powerful organisation that is the Faculty of Occupational Health Nursing incorporating the networking capabilities of the AOHNP.

We know that it will take a lot of work to create such an organisation but under the agreement:

- The AOHNP will become a subsidiary of the FOHN and continue to provide a members' network, maintaining the good name and support provided by the AOHNP
- The AOHNP will nominate a representative to become the Board member for member services – Lucy Kenyon was appointed to serve on the development group for membership services in July 2017.
- The AOHNP will transfer all assets to the FOHN to support the joint business plan.

**Lucy Kenyon, President AOHNP**

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# FROM THE PRESIDENT

*Lucy Kenyon*

**Dear Members/ Colleagues**

Firstly I want to thank members for allowing me to serve as President in our Silver Anniversary year and to be a part of an organisation that not only shares knowledge but allows friendships to be created within the profession. I am humbled to be following the footsteps of some inspirational leaders in occupational health nursing.

When this organisation was formed 25 years ago, the individuals who formed this professional networking association were committed to increase representation and raise the profile of occupational health nurses and I believe that our development plans will continue to increase our professional visibility and reputation.

**Exciting challenge**

The next two years are a new challenge for the Board as we merge the AOHNP with the FOHN and develop and set our own professional standards. As you will know, we are lucky to have Past President Christina Butterworth leading the FOHN Development Board and I am representing Membership Services and Networking on the group. Our Board is excited about the opportunity to give something back to our membership.

**Experienced support**

I am delighted to have the support of Sarah Bryden-Bradley as my Vice President, who brings HR experience to the role and insight into the needs of the employers we serve, and the ongoing support of our Immediate Past President Diane Romano-Woodward. I am also delighted that our founding President Carol Cholerton who mentored me early in my career remains in touch to support me as we transition.

Diane leaves us an exciting legacy of the new Member Support Line, which will be launched by Laura Bull, our outgoing Director for Member Support. The Scholarship programme is another benefit for AOHNP members that the Board is passionate about. We managed to raise funds through corporate sponsorships throughout last year. Please do explore the opportunities to invest in your professional development and share your learning with your colleagues through a short feedback piece or update in OH Today.

**Be ambassadors for the profession**

For our current and prospective members I want to assure you that the intention of this Board is to grow the AOHNP to the benefit of all nurses working in occupational health. I look forward to a productive successful year and invite each of you to consider participating as Activists during our transition to FOHN, but most importantly to be ambassadors for our profession and to become involved in supporting your fellow members setting up and/or attending regional meetings or via one of our online networking groups.

**Lucy Kenyon**
**RSCPHN, M.Med.Sci. Occupational Health, RGN**
**President of the AOHNP**

## WELCOME!

**The AOHNP is delighted to welcome the following recent new members:**

Deborah Glanville
Carmel Garvey
Lizzie Plummer
Pat Whittle
Kai Matapo
Gayle Carruthers
Regina McCarthy
Sarah Redfearn
Kirsteen Pickles
Jacqueline Hennessy
Barbara Grohs
Sandra Babbings
Hayley Stanton
Caz Brown
Isobel Stein
Claire Hobbs
Ruby Thibeault
Jacqui Collins
Julie Gormey
Marjory Fish
Theresa Hartley-Mace
Nicole Gough
Sarah Hart

# BRISTOL AGM & GOOD PRACTICE FORUM

**All reports on the AGM and GPF by Carol J. Sanders**

## Passing the baton

Mercure Holland House Spa and Hotel, Bristol, was the venue for the 2017 AGM and Good Practice Forum (GPF).

Diane Romano-Woodward's three-year term as President came to an end with many grateful messages for her inspiring leadership.

Lucy Kenyon was voted in as her successor and warmly welcomed.

Among the noteworthy initiatives during Diane's tenure were:

- Provision of guidance on revalidation
- Work towards obtaining charitable status for AOHNP
- Contibution towards the 2nd edition of the soon to be published OH nursing practice handbook
- Cruise to Bruges incorporating three hours of CPD
- Strengthened links with industry sponsors
- Forging links with the FOHN.

Former President of AOHNP, Christina Butterworth, who is leading the FOHN Development Board, answered questions about the final stages in the formation of the new organisation (*http://www.fohn.org.uk/*).

*All collages and photographs from the AGM and GPF by Carol J. Sanders*

## Good Practice Forum

Theme for this year's GPF was Lungs at Work. An estimated 12,000 people die from work-related lung diseases every year, in many cases due to exposures that took place many years before.

According to the Labour Force Survey, an estimated 33,000 workers who had worked in the year 2014/15 suffered breathing or lung problems which they believed were caused or made worse by their work. This estimate includes respiratory diseases other than occupational asthma. The survey also concludes that 664,000 working days were lost due to breathing or lung problems in the same year, resulting in an average of 12.5 working days lost per case.

Occupational diseases are often thought to be uniquely and specifically related to factors in the work environment; examples of such diseases are the pneumoconioses. However, in addition to other factors (usually related to lifestyle), occupational exposures also contribute to the development or worsening of common respiratory diseases, such as chronic obstructive pulmonary disease (COPD), asthma and lung cancer.

Diseases like, asbestosis, silicosis, chronic obstructive pulmonary disease, asthma, emphyse-

ma and even lung cancer, all cause severe, often incurable, health problems that can ruin lives. Difficulties in breathing and coughing, often painful, are just two of the symptoms that sufferers with lung diseases may have to deal with every day.

A range of respiratory diseases can be caused by exposures in the workplace. There are five main categories:

**1. Respiratory cancers** include lung cancer, which may be caused by a range of exposures – such as asbestos, silica, diesel engine exhaust emissions, and mineral oils – and mesothelioma, a cancer of the lining of the lungs which is caused by asbestos.

**2. Chronic Obstructive Pulmonary Disease** (COPD) is a serious long-term lung disease in which the flow of air into the lungs is gradually reduced by inflammation of the air passages and damage to the lung tissue. Chronic bronchitis and emphysema are common types of COPD. A wide range of vapours, dusts, gases and fumes potentially contribute to causing the disease or making it worse.

**3. Occupational asthma** can be defined as adult asthma that is specifically caused by agents that are present in the workplace, however, a wider definition of work-related asthma includes all cases where there is an association between symptoms and work, including cases that are exacerbated by work.

**4. Pneumoconiosis** is a long-term and irreversible disease characterised by scarring and inflammation of the lung tissue. The main types of pneumoconiosis are defined in terms of their causative agents: coal worker's pneumoconiosis due to coal dust exposure, asbestosis due to exposure to asbestos fibres, and silicosis due to silica dust exposure.

**5. Other non-cancerous respiratory diseases** include diffuse pleural thickening and pleural plaques (non-malignant diseases of the lung lining caused by asbestos), allergic alveolitis (inflammation of the air sacs within the lungs due to an allergic reaction to organic material), allergic rhinitis (inflammation within the nose, mouth or throat that can be caused by an allergic reaction

to a range of agents), and byssinosis (an asthma-like disease in which the air passages become constricted in reaction to exposure to cotton dust).

Most of these diseases (not occupational asthma and other allergic respiratory disease) are long latency diseases in which symptoms typically start to become apparent many years after the time of first exposure to the agents that caused them. Latency periods for occupational asthma and other allergic respiratory disease may vary considerably and can be relatively short in some cases. Currently occurring cases of long latency diseases like occupational COPD and cancer will tend to reflect the effects of past working conditions, although, many of the causative agents can still be present in many workplaces and thus constitute a potential ongoing hazard.

# The GPF presentation

The presentation 'Lungs at Work' was given in four insightful sessions by Professor Paul Cullinan and Dr Joanna Szram of the Brompton/Imperial College London:

**1.** Introduction to UK occupational lung diseases

**2.** Spirometry – hints and tips

**3.** Workplace respiratory surveillance of short and long latency diseases

**4.** Cases from the clinic. Q&As.

To find out more about Lungs at Work please see their website *http://www.lungsatwork.org.uk/* and watch their video *https://vimeo.com/171595752/*

Lungs at Work accept referrals from any healthcare professional including:

- Occupational health advisers, nurses and physicians
- Primary care nurses and general practitioners
- Secondary care physicians, nurse specialists/consultants, physiotherapists and occupational therapists
- Private physicians.

They aim to see referred patients within a month of receiving a referral.

**How do you make a referral?**

You need a referral letter from a healthcare professional, addressed to Professor Paul Cullinan or Dr Joanna Szram, Occupational Lung Disease Clinic.

Their clinics are available on 'Choose and Book' for appointments at the Royal Brompton Hospital (Monday afternoons every week) and Harefield Hospital (Thursday mornings twice a month).

Please include the patient's full name, DOB, NHS number, current address, telephone number and GP details in the letter.

Feel free to send a referral, make enquiries or ask for advice using the following contact details:

**Email:** Clinical Secretary *a.mittu@rbht.nhs.uk*
**Postal address:** Department of Occupational and Environmental Medicine, Emmanuel Kaye Building, 1b Manresa Road, London SW3 6LR.
**Telephone** (direct dial): 020 7351 8341.
**Fax:** 020 7351 8336.

**Training opportunities**

Lungs at Work are proud of their department's reputation as a centre for training and education in Occupational and Environmental Lung Diseases.

They particularly welcome:

- Occupational health nurses and advisers
- Trainee doctors in allergy, occupational and respiratory medicine.

Lungs at Work run courses and workshops to support health professionals involved in the care of individuals and workforces at risk of occupational lung disease (further details via their website).

## Further information

The slides form the Lungs at Work presentation are now available for download from the GPF page of the website: *http://aohnp.co.uk/agm-gpf/*

# RESEARCH ROUNDUP

**Carol J. Sanders looks at recently published papers and assesses their possible effects on OH practice**

## Avoiding hearing loss

Tikka C, Verbeek JH, Kateman E, Morata TC, Dreschler WA, Ferrite S. Interventions to prevent occupational noise-induced hearing loss. *Cochrane Database of Systematic Reviews 2017*, Issue 7. Art. No.: CD006396. DOI: 10.1002/14651858.CD006396.pub4.

The aim of this Cochrane Review was to find out if hearing loss caused by noise at work can be prevented. Cochrane researchers collected and analysed all relevant studies to answer this question. They found 29 studies that studied the effect of preventive measures. Stricter legislation might reduce noise levels. At the personal level, earmuffs and earplugs can reduce noise exposure to safe levels. However, instruction on how to put plugs into the ears is needed. Without instruction, earplugs probably do not protect enough.

Providing feedback to workers on noise exposure probably does not decrease noise. Engineering solutions such as better maintenance might lead to similar noise reduction as hearing protection. Better evaluation of these engineering solutions is needed. The effects of hearing loss prevention programmes (HLPP) are unclear. Better use of hearing protection as part of a programme probably helps but does not fully protect against hearing loss. Improved implementation might provide better protection.

There is very low-quality evidence that the better use of hearing protection devices as part of HLPPs reduces the risk of hearing loss, whereas for other programme components of HLPPs no such effect was found. The absence of conclusive evidence should not be interpreted as evidence of lack of effectiveness. Rather, it means that further research is very likely to have an important impact.

## Screening for depression

Macy, G. Watkins, C. Lartey, G., & Golla, V. (2017) Depression screening, education, and treatment at the workplace: A pilot study utilizing the CDC Health Scorecard. *Journal of Workplace Behavioral Health* 32(1).

Depression is a significant health issue for many Americans, ranking among the top worksite issues resulting in referrals to Employee Assistance Programs (EAPs) with prevalence rates in the working population of more than 6%. This study was part of a larger statewide assessment conducted using the Centers for Disease Control and Prevention (CDC) Worksite Health Scorecard.

The purpose of this study was to examine the number of Kentucky workplaces currently offering screening, education, and treatment related to depression. The study also aimed to compare the number of Kentucky workplaces offering these elements by size and industry type. The one-time, cross-sectional assessment surveyed a random sample of 1,200 worksites to examine worksite offerings of screening, education, counselling, management training, and health insurance coverage related to depression.

Results showed that the majority of worksites do not provide employee depression screening, education and counselling, management training on identifying warning signs of depression, or comprehensive treatment and follow-up for employees with depression.

Smaller worksites (<250 employees) were even less likely than larger companies to provide screening, education, counselling, training, and insurance coverage for depression. Increasing the provision of these wellness components at the worksite has potential to improve the quality of life for employees and reduce the financial burden to employers.

# RESEARCH (cont)

## Impacts of CBSM and YBSM compared

Riley, K.E., Park, C.L. *et al* (2017) Improving physical and mental health in frontline mental health care providers: Yoga-based stress management versus cognitive behavioural stress management. *Journal of Workplace Behavioral Health*. 32(1).

The need for brief, low-cost, easily disseminable, and effective interventions to promote healthy lifestyles is high. This is especially true for mental health providers. The authors developed two studies to compare the impacts of Cognitive Behavioural Stress Management (CBSM) and Yoga-Based Stress Management (YBSM) interventions for health care professionals.

Study 1 offered an 8-week YBSM intervention to 37 mental health care participants and collected health data pre and post. Study 2 offered YBSM and CBSM classes to 40 randomly assigned mental health care providers and collected mental and physical health data at four time points.

In Study 1, using t tests, the YBSM intervention affected a number of mental and physical well-being indices pre to post. In Study 2, using linear mixed modelling, YBSM and CBSM groups both improved significantly ($p < .05$) in fruit and vegetable intake, heart rate, alcohol consumption, relaxation and awareness, professional quality of life, compassion satisfaction, burnout, depression, and stress levels.

There was a group by time effect for coping confidence (CBSM increased more, $p < .05$, $F = 4.34$), physical activity (YBSM increased more, $p < .05$, $F = 3.47$), overall mental health (YBSM increased more, $p < .10$, $F = 5.32$), and secondary traumatic stress (YBSM decreased more, $p < .10$, $F = 4.89$). YBSM and CBSM appear to be useful for health care professionals' mental and physical health.

YBSM demonstrates some benefit above and beyond the extremely well-studied and empirically supported CBSM, including increased physical activity, overall mental health, and decreased secondary traumatic stress benefits.

## Job-specific examinations

Boschman, J.S., Hulshof, C.T.J., Frings-Dresen, M. H.W. and Sluiter, J. K. (2017) Job-specific mandatory medical examinations for the police force. *Occupational Medicine,* (67)6, Pages 469–476.

Mandatory medical examinations (MMEs) of workers should be based on the health and safety requirements that are needed for effectively performing the relevant work. For police personnel in the Netherlands, no job-specific MME exists that takes the specific tasks and duties into account. Authors aimed to provide the Dutch National Police with a knowledge base for job-specific MMEs for police personnel that will lead to equitable decisions from an occupational health perspective about who can perform police duties.

A stepwise mixed-methods approach was used, which included interviews with employees and experts and a review of the national and international literature. Authors determined the job demands for the various police jobs, determined which were regarded as specific job demands and formulated the matching health requirements as specific as possible for each occupation.

A total of 21 specific job demands were considered relevant in different police jobs. These included biomechanical, physiological, physical, emotional, psychological/cognitive and sensory job demands. Authors formulated both police-generic and job-specific health requirements based on the specific job demands. Two examples are presented: bike patrol and criminal investigation.

This study substantiated the need for job-specific MMEs for police personnel. Authors found specific job demands that differed substantially for various police jobs. The corresponding health requirements were partly police-generic, and partly job-specific.

## Effects of long working hours

Afonso, P., Fonseca, M. and Pires J. F. Impact of working hours on sleep and mental health *Occupational Medicine*, Volume 67, Issue 5, 1 July 2017, Pages 377–382.

The number of hours people are required to work has a pervasive influence on both physical

and mental health. Excessive working hours can also negatively affect sleep quality. The impact at work of mental health problems can have serious consequences for individuals' as well as for organisations' productivity. Authors aimed evaluate differences in sleep quality and anxiety and depression symptoms between longer working hours group (LWHG) and regular working hours group (RWHG).

To examine factors influencing weekly working hours, sleep quality and anxiety and depressive symptoms, participants were divided into two groups, RWHG and LWHG, based on working hours, with a cut-off of 48 hours per week. The Hospital Anxiety and Depression Scale (HADS) was used to assess anxiety and depression symptoms and the Pittsburgh Sleep Quality Index (PSQI) to measure the quality and patterns of sleep. The response rate was 23%. Among the 429 study participants, those in the LWHG group (n = 256, 53%) had significantly more depressive and anxiety symptoms and worse sleep quality than those in RWHG (n = 223, 47%).

Working time was significantly positively correlated with higher corporate position and HADS scores. Moreover, HADS scores were positively correlated with PSQI scores and negatively correlated with age. Authors found that longer working hours are associated with poorer mental health status and increasing levels of anxiety and depression symptoms. There was a positive correlation between these symptoms and sleep disturbances.

## Managing employee stress

Richardson, K.M. (2017) Managing Employee Stress and Wellness in the New Millennium. *Journal of Occupational Health Psychology,* 22(3) pages 423–428.

Stress continues to be a concern for individuals and organisations alike. This paper serves as an accompaniment to the meta-analysis of the effects of occupational stress management intervention programmes by Richardson and Rothstein (2008). Richardson (2017) seeks to provide a brief retrospective look at the topics of stress management and mental health wellness, and assesses current challenges to the field where future studies are needed.

Long working hours are not the only factor contributing to workplace stress. Even in European countries such as Germany—where employees typically spend less time at their jobs than their US counterparts and receive a minimum four weeks of vacation a year – stress is on the rise. Workers complain of unrealistic expectations and increased job demands. Recent research has shown a trend toward incorporating stress management as a component of workplace wellness programmes.

Much of what we know about employee health and well-being has been built over 40 plus years of research. Yet the last 10 years, in particular, has seen a significant shift in employee work and communication patterns. Mobile work practices, fuelled by the use of information and communications technology have altered worker and organisational demands, norms, and preferences. In addition, globalisation and the fierce competitive nature of business has created more lean organisations that reward employees who work exceptionally hard and are connected to the organisation 24/7 via technology. Workforces are becoming more diverse, particularly with respect to age as the proportion of older employees increases.

Combined with these developments is an increased use of social media (eg, Facebook and Twitter) among employees to communicate with each other both inside and outside work, which can have implications for workplace incivility. As another decade passes, additional primary studies and meta-analytic reviews are needed to expand research of workplace stress management interventions and employee wellness programmes, especially to encompass issues of technostress, generational changes in work habits, cyber incivility and bullying, and better integration with other health protection and prevention strategies.

## Carol Sanders OH Bookshelf

**I am often asked what OH textbooks I refer to. On the next page I am listing my favourite top 15.**

**1.** Aw, T. C., Gardiner, K. and Harrington, J. M. (2007) *Occupational health*. 5th ed. Malden, Mass: Blackwell Pub.

**2.** Baxter, P. J., Aw, T.-C., Cockcroft, A., Durrington, P. and Harrington, J. M. (2010) *Hunter's Diseases of Occupations,* Tenth Edition. 10th ed. Hoboken: CRC Press.

**3.** Black, C.M. (2011). *The Management of Health and Well-being in the Workplace: Essential Guide for Those Involved in Health and Well-being in the Workplace*. Paperback. London. RMS Publishing.

**4.** Cooper, C.L. and Leiter, M.P. (2017) *The Routledge Companion to Wellbeing at Work* (Routledge Companions in Business, Management and Accounting). London. Routledge

**5.** Cherrie, John Semple, Sean (2010) *Monitoring for Health Hazards at Work*. 4th Ed. London: Wiley-Blackwell.

**6.** Gardiner, K. and Harrington, J. M. (2005) *Occupational hygiene*. 3rd ed. Malden, Mass: Blackwell Publishing.

**7.** Hathaway, G. J., Hughes, J. P. and Proctor, N. H. (2004) *Proctor & Hughes' chemical hazards of the workplace*. 5th ed., Gloria J. Hathaway. New York: Wiley.

**8.** Kloss, D. (2010) *Occupational Health Law*. 5th ed. London: Wiley-Blackwell.

**9.** LaDou, J. and Harrison, R. (2014) *Current occupational & environmental medicine*. 5th ed. New York: McGraw-Hill.

**10.** Palmer, K., Brown, I., Hobson, J. and Royal College of Physicians of London. Faculty of Occupational Medicine (2013) *Fitness for work: the medical aspects*. 5th ed. Oxford: Oxford University Press.

**11.** Sadhra, S.S. and Rampal, K.G. (1999) *Occupational Health. Risk assessment and management*. London. Blackwell Science.

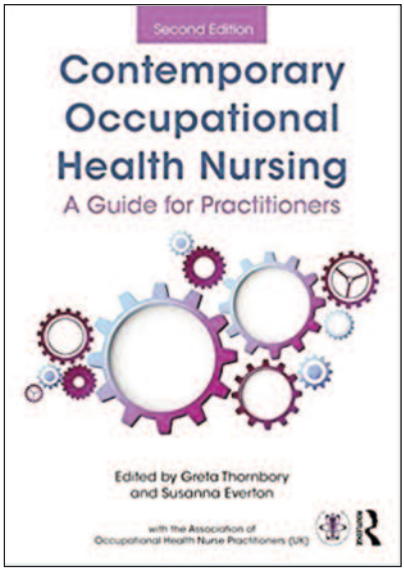
**12.** Smedley, J., Dick, F. and Sadhra, S. S. (2013) *Oxford handbook of occupational health*. 2nd ed. Oxford: Oxford University Press.

**13.** Snashall, D. and Patel, D. (2012) *ABC of occupational and environmental medicine*. 3rd ed. Chicester: Wiley.

**14.** Steptoe-Warren, G. (2013) *Occupational psychology: an applied approach*. Harlow, England: Pearson.

**15.** Timbrell, J. A. (2002) *Introduction to toxicology*. 3rd ed. London: Taylor & Francis.

# NEW EDITION




The new edition of this invaluable textbook, written by and on behalf of the AOHNP and edited by Greta Thornbory and Susanna Everton, is due for publication on 27 October, and available to order from Amazon.

Now thoroughly revised and updated, this book provides a practical guide for those in training, or practising within, OH nursing. Concerned with the health of people at work and the effects of work on health and health on work, this distinctive branch of public health nursing requires specific knowledge and skills.

*Contemporary Occupational Health Nursing* includes chapters on: public health, leadership, health promotion and protection, health surveillance, health assessment, case management and rehabilitation, mental health, management of OH services and epidemiology and research, quality assurance and audit. The second edition includes additional content on health risk assessment and the Fit for Work Service, OH management systems, psychosocial factors and mindfulness.

Discussion of ethical issues is woven throughout and each chapter is written by an experienced OH nurse practitioner and includes features such as case studies, activities, learning objectives and chapter summaries. This book can be used as a text by those undertaking specialist community public health nursing qualifications and as an important resource for all nurses working in occupational health practice.

# An epilepsy sufferer on the night shift

Kay Hillman, Occupational Health Adviser at PAM OH Solutions, offers a case study of an employee on long-term absence from her night shift job at a major retail store after epileptic seizures resulting in injury.

A referral to OH was made for an employee due to long-term absence. This colleague worked at night doing shelf replenishment in a major retail store, which is physical work including the need to use ladders and in a pressured environment with staff shortages a common occurrence. Management reported that the colleague was a known sufferer from epilepsy on prescribed medication and had been having seizures, which often resulted in a head injury and an ambulance being called. Adjustments had been made to avoid lone working or ladder work; however, subsequently the colleague became absent with a fit note stating 'unfit for work due to unexplained blackouts'.

During the consultation, the colleague reported that on average she was having a weekly seizure, which caused her to have injuries including head injuries. She showed photos, on her mobile phone, of her bitten tongue. She advised that she had noted the workplace seizures occurred after her second break on night shift and these had manifested in her falling to the floor and fitting, with it taking up to 15 minutes for her to recover.

She reported that when the ambulance had been called to work, the paramedics had generally checked her blood sugar level and then given a glucose drink which aided her recovery. She advised that since her absence, she had commenced investigations due to the instability of her condition but that she had been advised the seizures could be triggered by stress. Investigations planned included a three-month heart monitor; blood sugar monitoring and neurological testing. No indications of stress were apparent upon discussion.

The colleague was keen to return to her substantive role. However, the number of seizures she was having at work, and their continuation when absent, plus the injuries she continued to sustain, indicated on-going health issues that would impact on her ability to work safely and effectively. Night shift is pressured within a supermarket and the ability to work alongside other colleagues is difficult. Although day shift may enable more support; the impact on customers could be significant. On both shifts there would be an impact on colleagues and management when dealing with the situation during seizures.

**No return until condition stabilised**

I advised her that until her seizures were stabilised, I could not suggest a return to night shift working. This was because of the implications of safety for her with the type of work she undertook and for the strain on colleagues with whom she was working. She did not react well and her perception was that OH were trying to 'get rid' of her. The colleague became verbally confrontational and we mutually agreed to terminate the consultation. The management advice given was that the colleague was not fit to work due to health and safety issues and that further medical information should be obtained in order to facilitate a safe return to work.

Sometimes colleagues may, through denial and a fear of losing their employment, become unrealistic with regard their work capability and safety and OH need to understand this. It can cause conflict within the consultation but OH need to maintain objectivity.

# 8,500 people with mental ill health helped since 2010

Remploy

Putting ability first

One in four people will experience a mental health problem during their lifetime.

Since 2010, more than 8,500 people struggling with mental ill health have accessed bespoke, tailored support from Remploy, the disability specialist, to help them find work or to stay in their jobs.

The Access to Work Workplace Mental Health Support Service provides free and confidential support to anyone with mental health problems that are threatening their job. A support service for apprentices who find that their mental health is a barrier is also offered by Remploy, the provider of specialist employment and skills support for people with disabilities or health conditions

Gareth Parry, Remploy Chief Executive, said: 'We continue to see an increase in the number of people accessing our mental health services, so it is clear that people are becoming more comfortable talking about their challenges. We need to build on this and make sure mental health support is available for all UK businesses and their employees.'

The Access to Work Workplace Mental Health Support Service is delivered by a team of trained and experienced professionals and has achieved over 93% success rate of people retaining their employment six months after joining the programme.

Support is personalised and can include: work-focused mental health support over a period of six months, an opportunity to identify coping strategies and a tailored work plan detailing the steps needed to remain in, or return to work.

The programme also provides advice and guidance to enable employers to fully understand mental health issues in the workplace and how they can better support employees who are experiencing poor mental health. Employers are, however, only engaged with the permission of the individual.

Individuals and employers can apply for support from the Workplace Mental Health Support Service by contacting Remploy on 0300 456 8114 or by visiting *www.remploy.co.uk/mentalhealth/*

# CRUISE TO BRUGES

## Booking information

Announcing AOHNP Cruise to Bruges 24 November for three nights, in time for the Christmas Market. There will be some CPD arranged for the evenings. Prices are based on two people sharing a cabin. Full payment is required when you call to book and they will need the names on the passports, DOB and addresses of those travelling .Ask for Sally Bartles or Pam Simpson, Mention customer number 234507, part of Woodward group. Phone 01246 819 819 (after 12 Weds/Thurs/Fri). Prices may change so book ASAP.

Select fare – you can chose cabin and dining time (so we can eat together).
Inside code PE £299 per person. Obstructed window code NB £354 pp you get £30 on board spending. Window Code LF £384pp £30 obs. Balcony Code HD £414pp £45 obs.

Late saver: cheaper but no guarantee of cabin number or dining with group (but we can get together at other times). Inside code PC £219 pp. Obstructed Code NF £229 pp. Window Code LF £249pp.

# CONSULTATION

bsi. ...making excellence a habit™

The British Standards Institute (BSI) is issuing a code of practice for consultation on Improving the Health and Wellbeing within an Organisation.

Comments on the code, designated PAS 3002, need to be in by 14 November.

To review the draft go to *http://drafts.bsigroup.com/Home/Details/59719* Comments should initially be sent to *admin@aohnp.co.uk/*

# The Editors

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Deadline for copy: Please e-mail any contributions for the next issue of *OH Today* to one of the Editors (see addresses above) by November 30, 2017

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