Visit the workplace? What’s wrong with it?

It was the human resources (HR) lady on the phone. I was at the clinic room in a factory, ‘doing a list’ for hand-arm vibration syndrome. I got the uneasy feeling that by making the request, I was seeking to break a local tradition of clinician insulation from the workplace. ‘I am required to visit the workplace and see the workers at work’, I explained, ‘... it’s part of health surveillance’. A short write up and a binary ruling of ‘fit’ or ‘unfit’ was really what management was after. There were not meant to be any twists to the oft told tale ... and surely no role for an Oliver asking for more. What the Dickens was I trying to do?

Only a few minutes previously, I was taking the worker’s work history and making little progress with my understanding of what he actually did that exposed his hands to vibration effects. ‘I don’t know why I am here’, summarized the man. That almost made two of us. ‘I do pressure testing’, he continued ... ‘that doesn’t have any vibration! And I wear gloves’. Parroting Ramazzini’s ‘and what job do you do’ just wouldn’t suffice. Boots on the ground (and other PPE), it would have to be.

The marketing department of the occupational health provider with whom I was contracting had set up the clinic. Needless to add, I could not get my mitts on a risk assessment of the worker’s duties. I was supposed ‘to (just) do the clinic’ and send in a report. Causation of consternation (to workers, managers or HR) was off the script.

Workers do like to be left alone. The workload of the day would still await the worker after his clinical consultation with me. There was no one available to take me around, said the HR lady ringing back. Sensing my unease, my worker offered to take me round himself and the HR lady allowed this.

The unofficial tour proved worthwhile. Back in his workplace, the worker was more forthcoming. On some days, he was assigned to polishing pipe fittings using a pneumatic rotary grinder. His regular duties of pressure testing involved dipping metal parts in a water bath looking for bubbles of leaking air as the pressure was raised to the designated psi. The gloves he was wearing as he demonstrated his tasks were thin nitrile. ‘The water becomes very cold especially in winter. I’ve told them to do something about it’, he sighed. His symptoms now made sense. I gave him advice and made my recommendations to management.

In the course of our duties, as we walk the walk, we must also talk the talk (and document this). Our involvement must go beyond marvelling at the wonders of the workplace (‘And what big eyes you have grandma!’) on a guided tour. It pays to be ever watchful and wary of the wolf of workplace peril. As occupational physicians, we do have a lot riding on what’s in the ‘hood (and also, under it)!

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