Committee

Joint Committee on Enterprise, Trade and Employment

OPENING STATEMENT

Nicholas Parkinson

Head of National Health and Safety Function

30th/ March /2021

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Introduction

Good m o r n i n g Chairman and members. Thank you for the invitation to meet with the Committee on the issue of the General Scheme of the Safety, Health and Welfare at Work (Amendment) Bill – Pre-legislative scrutiny. I am joined by my colleagues, Dr. Lynda Sisson and Professor Martin Cormican.

As you will be aware the HSE made a submission to the Committee and we will be happy to take questions on it. I will therefore confine my opening statement to some general points.

At the outset we would like to emphasise that the Health Service Executive views the health, safety and welfare of its staff and service users with the utmost importance. Our position on, and dedication to, securing safety, health and welfare at work is demonstrated through our Corporate Safety Statement and suite of supporting policies.

The last 12 months has been a particularly challenging time for the health service in particular, as a frontline service. It has brought new health and safety management challenges and the Organisation, its managers and staff have been required to adapt to a very rapid pace of change. We have worked hard to manage the health and safety issues and we would like to strongly acknowledge the support and dedication of all the staff of the HSE in meeting the best possible standards under the unique circumstances presented by the pandemic. We would also like to acknowledge the support and assistance received through our collaborative relationships with key stakeholders, such as our Union colleagues, the Health and Safety Authority and the State Claims Agency.

One of the areas in which we have adapted, is that of COVID incident reporting. We have strongly encouraged and seen a high level of reporting via three channels:

- Firstly, via Public health and the CIDR[1] system,
- Secondly, internally, via the National Incident Management System (NIMS),
- And finally externally, to the HSA under the Safety, Health and Welfare at Work (Biological Agents) Regulations 2013 (as amended). Following changes to the Biological Agents Code of Practice, external reporting to the HSA of cases of the disease considered to have arisen from occupational exposure commenced in November last year.

[1] Computerised Infection Disease Reporting

The information gleaned through these approaches is regularly analysed in the HSE and action is taken, as necessary, to respond to any significant findings and trends.

The public health CIDR system takes a broad approach, and records all cases including those affecting healthcare workers, regardless of whether they are in active HSE service. It does not collect specific information to differentiate occupational causality.

NIMS collects cases relating to active HSE staff and seeks information on whether there is an occupational or workplace link. Similarly, the current external HSA reporting requirements apply to cases that are work-related, that is, resulting from occupational exposure. In both cases the relevant manager, potentially with medical, occupational health and contact tracing or public health assistance makes an analysis as to whether the case is work related. We have developed documentation to support managers in the decision process.

The current reporting structure provides for a nuanced approach to COVID incident reporting, which aligns well with the systems already in place for the statutory reporting of other incident types.

Potential issues with a broad-brush reporting requirement, arise from categorising COVID-19 as an occupational illness, when potentially:

- COVID-19 is significantly, perhaps predominantly, transmitted in the community, with a consequent impact upon people who work. Observed patterns in reported incidents suggest that cases within the Organization follow community trends.
- Healthcare consists of many professions and work activities and cannot be considered homogenous in terms of exposure to COVID. Whilst a causal relationship may be demonstrable in some situations (for example, unprotected exposure during laboratory work with the live, infectious agent), this would not be the case across all areas of the Organization.
- The requirement could lead to the extensive and unfiltered reporting of cases (many thousands across a workforce the size of the HSE). Hence the “pool” of cases received by the HSA may be clouded by community transmitted cases, potentially making it harder for the enforcement authority to target action.

It is often very difficult to identify where and when a person acquired an infection, such as COVID-19. This is because at the point in time when infection occurs, the person catching infection is generally not aware that anything has happened.

If the person develops symptoms it is usually 5 to 6 days after they became infected, but the symptoms can develop after one a day and it can take up to 14 days. This means that a person who develops COVID-19 could have become infected in any of their interactions with another person anytime during the previous 14 days in any setting.

For people, including healthcare workers, who move between different settings (such as home and work), it is difficult to say where they acquired infection. It is sometimes possible to link a healthcare worker infection to their workplace with reasonable confidence based on all the circumstances. Sometimes it is possible to link a healthcare worker infection with the workplace with great confidence, based on sequencing of the genes of the virus from the worker and others linked to the same workplace.

The circumstances of infection also make it very clear that healthcare workers do become infected outside the workplace, because healthcare workers have become infected during periods of leave and in other circumstances in which their infection was linked to an outbreak in a non-healthcare setting.

It is noted that occupational illnesses or diseases are specifically excluded from the reporting requirements under the SHWW General Application Regulations[2] as amended (Part 14). Potentially due to the clear reporting requirements for specific ***cases or circumstances*** arising under the Social Welfare (Occupational Injuries)(Prescribed Diseases) legislation.

This legislation lists or prescribes specific examples of Occupational Injuries and Diseases and, in the case of the latter, the industries or activities they are associated with, and the circumstances under which a case may be considered to have been work-related.

The ethos underpinning this legislation is essentially echoed in the approach taken by the Biological Agents Regulations and associated HSA Code of Practice – that is, occupational injuries and Diseases are reportable where there is a clear, demonstrable and epidemiologically sound association with a given type of work or workplace (that is, it can clearly be differentiated from cases where there are other, additional or alternative causes or contributing factors).

The HSE is enthusiastic about, and embraces any new and enhanced legislation that furthers the safety, health and wellbeing of our staff and service users.

[2] 227, application of Part 14. 227(2) - This Part does not apply to an accident which occurs at a place of work or as a result of a work activity in relation to which a person suffers any disease, occupational illness or any impairment of mental condition

Assuming robust application, the current systems should provide quality, targeted data upon which the HSE can review its approach to COVID OSH risk management, whilst also allowing the enforcement authority to respond to cases or clusters of occupationally acquired COVID-19 infection in a focused manner.

In addition to considering potential further legislation perhaps the committee would consider the role further guidance and instruction might play.

That concludes my statement. I would like to thank the members of the Joint Committee for the opportunity to present the HSE's views on this important Bill.

Thank you.