Position Paper

HSE Workplace Health Expert Committee (WHEC)

Statement on Coronavirus Disease (COVID-19)

WHEC-15 (2020)
WHEC Report

WHEC
Workplace Health Expert Comittee

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This report, its contents, including any opinions and/or conclusions expressed, are those of the committee members alone and do not necessarily reflect HSE policy.

Completed April 2020

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The development of policy in HSE needs to be informed by the best available contemporary scientific evidence. In 2015, HSE formed the Workplace Health Expert Committee (WHEC) to provide independent expert advice to them on:

- New and emerging workplace health issues
- New and emerging evidence relating to existing workplace health issues
- The quality and relevance of the evidence base on workplace health issues

Questions about workplace health issues come to WHEC from many sources, which include HSE, trade unions, employers, interested individuals and members of WHEC. WHEC's responses to these questions are published online as reports to HSE, as position papers following investigation, or as a briefer response where the current evidence is insufficient to warrant further investigation. In cases where the evidence-base is limited WHEC will maintain a watching brief and undertake further investigation if new and sufficient evidence emerges.

In its formal considerations, WHEC aims to provide answers to the questions asked based on the available evidence. This will generally include review of the relevant scientific literature, identifying the sources of evidence relied on in coming to its conclusions, and the quality and limitations of these sources of evidence.

The purpose of WHEC reports is to analyse the relevant evidence to provide HSE with an informed opinion on which to base policy. Where there are gaps in the evidence, which mean that this is not possible, WHEC will identify these and, if appropriate, recommend how the gaps might be filled.

The threat to humankind presented by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and the resultant Coronavirus Disease 2019 (COVID-19) is unprecedented in living memory. Healthcare workers, and many others in essential occupations, are facing a biological hazard which is as yet poorly understood and against which control measures are largely empirical. In tandem, work demands have increased substantially for those in key roles raising the risk of a range of physical and psychological hazards. Workers not engaged in the "front line" response are having to adapt to radically different ways of working or have found themselves furloughed or laid off with a consequential negative impact on their finances, social contacts and sense of purpose.

Researchers around the world have responded swiftly and effectively to try and find answers to the many unknowns of this virus and the disease it causes. Understandably, much of the early effort has been directed towards unravelling the basic science of the illness and how its impact might be mitigated. Attention is now also turning to the wider effects of the pandemic including the health impact on the workforce. As yet, little work appears to have been directed towards the longer-term effects, physical and psychological, on those in employment, especially in relation to the compound effects with other occupational hazards.

HSE has set three priorities for its work on occupational health – occupational lung disease, musculoskeletal disorders and work-related stress. All three areas are likely to be impacted by the effects of COVID-19, as are wider issues of people management and occupational health practice.

WHEC therefore calls on governments, funding bodies, employers and researchers to give consideration now to the means whereby important questions about the longer-term workplace impact of COVID-19, and society's response to it, may be answered. Identifying cohorts and establishing databases now will ensure that vital information is not lost and will facilitate high quality research in the future. That in turn will allow interventions to be put in place so as to ameliorate negative health effects as quickly as is practicable. Research must be afforded sufficient priority, even though the returns may not be immediate, because of the potential longer-term harm to individual workers and the economy as a whole. Areas that WHEC has identified as being likely candidates for research include:

Occupational lung disease

- The impact of COVID-19 on long-term lung function and exercise tolerance
- Changes in air quality in city centres and the effect on respiratory function of essential workers
- Whether SARS-CoV-2 infection and/or the altered use of respiratory protection affects susceptibility to or severity of occupational asthma
- The nature of the relationship between COVID-19 exposure and occupational agents causing lung fibrosis

Musculoskeletal disorders (MSDs)

- The effect of widespread homeworking on the incidence of work-related upper limb disorders (WRULD)
- The risk of increased incidence of MSDs given the physical effects of relative inactivity during lockdown
- The impact of the relaxation in drivers' hours rules on exposure to whole body vibration and MSDs
- Any changes in the prevalence of MSDs among warehouse operatives working longer hours and more intensively

Work-related stress (WRS)

- The mental health implications of remote working and managing virtual teams
- The relative health impact of job retention, furloughing and job loss
- The health implications of job insecurity and business insecurity on employees, freelancers and the self employed
- Any differential impact on resilience to younger and older workers given the marked age gradient in the severity of COVID-19 infections.
- The psychological consequences of pandemic related underemployment as well as unemployment
- Comparative levels of WRS in people from different ethnic backgrounds given the apparent differences in susceptibility to / severity of COVID-19
- The impact of continuous bereavement, trauma and vicarious trauma on front line workers
- The immediate and longer-term effects of workplace moral injury (e.g. perceived injustice, whistleblowing, etc.)
- Any additive effects of living through a pandemic on each of the HSE Management Standards (Demands, Control, Support, Relationships, Role and Change)

Leadership and people management

- The effect of different leadership styles and people management behaviour on the health of workers while living through, and in the recovery phase following, a pandemic (e.g. levels of work-related stress, sickness absence, management of health conditions)
- The contribution of communications processes, people management practices and support interventions to maintaining workplace health during work disruptions due to COVID-19 (e.g. home-working, major changes to work demands, furlough)
- The impact of leadership and management style on successful return to work following COVID-19 related absence (due to ill health or furlough)

Occupational health practice

- The pathways of occupational exposure to SARS-CoV-2 in order to improve risk assessment and control measures
- Effective channels for knowledge dissemination with a new workplace hazard
- Translating risk stratification from a community to a workplace setting
- Factors influencing success in return to work following self-isolation and/or ill-health
- Methods for scaling up provision in a fragmented market largely external to the NHS

These and other research questions need to be answered if we are to minimise the longer-term impact of the current pandemic, future-proof the system against further novel infectious agents and maintain a healthy workforce.

What is WHEC?

The Workplace Health Expert Committee (WHEC) provides independent expert opinion to HSE by identifying and assessing new and emerging issues in workplace health. Working under an independent Chair, WHEC gives HSE access to independent, authoritative, impartial and timely expertise on workplace health.

https://webcommunities.hse.gov.uk/connect.ti/WHEC/view?objectId=235408&exp=c1

WHEC membership

Professor Sir Anthony Newman Taylor (Chairperson)
Professor Peter Buckle
Professor John Cherrie
Professor Paul Cullinan
Dr Emma Donaldson Feilder
Professor Len Levy
Dr Paul Litchfield
Professor Martie van Tongeren
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