FOCUS ON... OCCUPATIONAL HEALTH MATTERS

Occupational Health and Safety Issues in Military Field Hospitals

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ABSTRACT

This paper considers the occupational health and safety issues that apply within a military field hospital. It considers NHS occupational health and safety activities and examines how these might be applied within an Army Medical Services unit. Areas that are unique to field hospitals are highlighted in comparison with a static NHS hospital. Some issues for future work are also considered.

Introduction

This paper is part of a series that focuses on the practice of occupational health within the British Army. It will discuss occupational medicine, occupational health and health and safety issues as they apply within a deployable field hospital. The author is currently employed as a Commanding Officer of a field hospital and so the paper will concentrate on the issues as they affect the responsibility of the Commanding Officer rather than as they might affect an occupational physician. This paper will identify some areas where further work will improve concordance between the Army Medical Services (AMS) and NHS practice. It will make some proposals as to how this might be achieved.

A previous paper provided a detailed description of the organisation of field hospitals (1). In summary, Regular field hospitals have an in-barracks strength of approximately 100 personnel (cadre staff). The unit maintains its field equipment in barracks in order to be prepared for a military task. Once warned for deployment, the unit would be reinforced with clinical personnel to bring it up to the strength necessary to meet the size of field hospital required. The unit is organised into 3 basic building blocks: headquarters, clinical complex, support squadron and accommodation. The paper will discuss issues around personnel and these 3 building blocks.

Issues

Personnel

Readers of the Journal will be familiar with the well-rehearsed scheme to ensure that general occupational health issues are managed for Army personnel. This includes

pre-employment medical examinations and periodic medical screening, routine and pre-deployment immunisations and occupational health overview of episodes of ill-health. Guidance on these matters is contained in a variety of Joint Service and Army Publications. Interim policy is issued in the form of Surgeon General Policy Letters or Director General Army Medical Services Policy Letters. The unit medical officer should coordinate these activities for cadre staff. Reinforcements should receive the same package of occupational health support from their local medical centre.

There are a number of occupational health issues specific to working in a clinical environment. Many NHS Trusts provide an occupational health department for their staff in order to meet this requirement. Military clinical staff should also receive specific occupational health support tailored to their needs as healthcare workers in addition to routine military occupational health activities. The Association of National Health Occupational Physicians (ANHOPS) provides a forum for these occupational issues in the NHS. It is important that occupational health support to military healthcare staff meets similar standards.

Most NHS Trusts have a pre-employment health screening process. In addition to general health issues, the screening system is likely to specifically assess musculoskeletal fitness for those involved in direct patient care (particularly the risk of low back problems) and psychological suitability. This second assessment is a result of recommendations from the Clothier Report after the deaths of children in the care of Beverly Allitt (2). All NHS Trusts are required to have a programme to manage the risks of transmission of blood-borne diseases (3). This includes Hepatitis B immunisation and antibody testing. Other infectious diseases that have an implication for work in a clinical environment include HIV, other types of viral hepatitis, rubella, tuberculosis, diphtheria, meningococcal meningitis and methicillin-resistant staphylococcus aureus. It is important that the Defence Medical Services (DMS) provides standards for policy and delivery of occupational health surveillance for its healthcare workers similar to those just described for the NHS. There may be scope for sharing the management of occupational health issues for clinical staff with NHS departments for those members (both

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with Joint Service Publication 375, the Ministry of Defence Health and Safety Handbook. The Commanding Officer should ensure that a health and safety committee is established that reviews the health and safety issues across all aspects of the unit's activities as described in the previous section.

Many aspects of occupational medicine support to a field hospital are outside the control of the Commanding Officer. The medical aspects of the recruiting process for health care personnel within the Defence Medical Services should conform to NHS practice, for example, the review of psychological history. Unit medical centres should use their medical IT systems to ensure that the immunisation of health care personnel meets NHS standards. Commanding Officers need to be supported by a system of occupational health support to potential DSCA and TA reinforcements that ensures these personnel have been provided with the same level of occupational health support and screening as provided to NHS staff. This might be provided by generic regional services or a specific focus for occupational health standards for military health care workers. The procurement process for equipment for field hospitals should ensure that the units are provided with the proper equipment to meet health and safety legislation.

Conclusions

This paper has described the occupational health and health and safety issues that arise

through the operation of field hospitals within the Army Medical Services. It describes areas where NHS practice should be mirrored and challenges that are unique to the military environment. It is the responsibility of the Commanding Officer of a field hospital to ensure that these issues are addressed. There may be scope for increasing the linkage between the DMS and the NHS to ensure high quality occupational health care is provided to both Regular and Territorial Army personnel who work in NHS Trusts.

References

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