



# NEWSLETTER

Volume 9, Issue 2

May 2011



The Dean, Dr Martin Hogan, hosted the fifth Annual Past Deans Lunch in the College on 15<sup>th</sup> February and all living Deans were able to attend. Pictured, from left to right are Dr David Courtney, Dr Paul Guéret, Dr Martin Hogan, current Dean of the Faculty, Dr Christopher Dick, Dr John Gallagher, Dr Ian Eustace, Dr Arthur Eakins, Dr John Malone and Dr Ken Addley.

## PSNI pay £62,500 in settlement of discrimination cases

A PSNI Inspector, Hazel Brady, who complained she was subject to discriminatory treatment on her return to work after treatment for cancer, has been paid £55,000 in a settlement made without admission of liability by the PSNI. Her husband, David Brady, who is a Chief Inspector in the PSNI, was paid £7,500, also without admission of liability, in a

settlement of his complaint of victimisation. Both cases were supported by the Equality Commission.

Inspector Brady was diagnosed with breast cancer in 2006 and returned to work in January 2008. She subsequently complained of discriminatory treatment, including her belief that the PSNI failed to

make reasonable adjustments to accommodate her medical condition. She felt that undue demands were made of her in terms of her workload which did not take her health into account, after further investigative cancer-related surgery, and that she was faced with unfounded criticism of her work. She also alleged that she was denied training opportunities available to her male colleagues. After she lodged complaints about these issues both she and her husband complained that they were victimised by the bringing against them of allegations of misconduct, which subsequently were not progressed. She also alleged that she herself was victimised by the way in which her sickness absence for cancer related surgery was managed.

The PSNI, in agreeing to pay Mrs Brady £55,000 without admission of liability, acknowledged the upset and distress she had

experienced and reaffirmed its commitment to equality of opportunity in the workplace. The PSNI also confirmed that, as with all officers, account will be taken of her health and any disability when decisions are made as to what functions she will be required to fulfil and where she will be stationed.

Inspector Brady said "This was an extremely stressful time for me, especially whilst still recovering from cancer. I was very shocked, saddened and disappointed that the treatment I received during the 2 ½ years after my return to work made an already difficult situation much worse for me. I am relieved that the PSNI have acknowledged the upset and distress I suffered. Although this has been a horrendous experience for me, it is my sincere hope that other officers and PSNI staff with a disability will be treated better by the organisation in future."

"All employers have a responsibility to make reasonable adjustments for employees who have a disability," Eileen Lavery, Head of Strategic Enforcement with the Equality Commission, said. "Coping with an illness such as cancer and its aftermath can be a very difficult experience for anyone. It is particularly important at such a time that employers make whatever arrangements are necessary. It is good that in this case the PSNI has confirmed that they will take account of the health and any disability of an officer when making decisions affecting their work. No-one facing the challenges of ill-health, or dealing with a disability, should have to confront additional difficulties which can be avoided by the application of common sense and sensitivity."

The Equality Commission provides advice to everyone who seeks it regarding possible instances of unlawful discrimination, and will provide legal assistance to some individuals to pursue complaints in the tribunals or courts. If anyone feels they have been discriminated against, they should ring the Commission's advice line on 028 9089 0890.

## **Former Irish Rail worker awarded damages over back injury**

A retired railway coach builder who had injured his back while fitting seats in a carriage has been awarded damages against Irish Rail.

John Fogarty (59), who spent more than 40 years in Irish Rail's workshop at Inchicore, Dublin, also settled a hearing loss claim against the rail company for an undisclosed sum.

The keen golfer and walker, of Ballyneety Road, Ballyfermot, Dublin, brought both claims in the Circuit Civil Court. Irish Rail settled the hearing loss proceedings after a judge awarded Fogarty €15,000 in the back injury case.

Circuit Court president Mr Justice Matthew Deery said there was "a degree of negligence" by the defendant.



**Ms Anne-Marie Howard, Dr Peter Noone, Dr Collette MacDonagh White and Ms Mairead Lane at the Faculty's Spring Conference held in RCPI No6 Kildare Street, Dublin**

## **Inhalation of Prion Protein Can Cause Variant CJD**

Airborne prions are infectious and can induce mad cow disease or Creutzfeldt-Jakob disorder. This is the surprising conclusion of researchers at the University of Zurich, the University Hospital Zurich and the University of

Tübingen. They recommend precautionary measures for scientific labs, slaughterhouses and animal feed plants.

It is known that prions can be transmitted through contaminated surgical instruments and, more rarely, through blood transfusions. The consumption of food products made from BSE-infected cows can also induce the disease that is responsible for the death of almost 300 people. However, prions are not generally considered to be airborne – in contrast to many viruses including influenza and chicken pox.

Prof. Adriano Aguzzi's team of scientists at the universities of Zurich and Tübingen and the University Hospital Zurich have now challenged the notion that airborne prions are innocuous. In a study, mice were housed in special inhalation chambers and exposed to aerosols containing prions. Unexpectedly, it was found that inhalation of prion-tainted aerosols induced disease with frightening efficiency. Just a single minute of exposure to the aerosols was sufficient to infect 100% of the mice, according to Prof. Aguzzi who published the findings in the Open-Access-Journal "PLoS Pathogens." The longer exposure lasted, the shorter the time of incubation in the recipient mice and the sooner clinical signs of a prion disease occurred. Prof. Aguzzi says the findings are entirely unexpected and appear to contra-dict the widely held view that prions are not airborne. The prions appear to transfer from the airways and colonize the brain directly because immune system defects – known to prevent the passage of prions from the digestive tract to the brain – did not prevent infection.

Protecting humans and animals  
Precautionary measures against prion infections in scientific laboratories, slaughterhouses and animal feed plants do not typically include stringent protection against aerosols. The new findings suggest that it may be advisable to reconsider regulations in light

of a possible airborne transmission of prions. Prof. Aguzzi recommends precautionary measures to minimize the risk of a prion infection in humans and animals. He does, however, emphasize that the findings stem from the production of aerosols in laboratory conditions and that Creutzfeldt-Jakob patients do not exhale prions.



**Dr David McConaghy, Dr John McDermott, Dr Lorraine Brennan and Dr Shane Farrelly at the Spring Conference held in RCPI No6 Kildare Street, Dublin**

### **Suspended Sentence for Van Driver (85) over Collision**

Irish Times Wednesday 30<sup>th</sup> March  
AN 85-year-old man whose van collided with a moped, causing a doctor serious injury, has been given a suspended sentence and disqualified from driving for 10 years.

Laurence Farrelly accepted that he had been driving the van when gardaí stopped him later but said he was unaware there had been a collision. Farrelly of Eagle Hill Avenue, Terenure Road North, pleaded guilty at Dublin Circuit Criminal Court to dangerous driving causing serious bodily harm to Dr Edward Moloney (41) and failing to stop at the occurrence of an injury on Templeogue Road on June 27<sup>th</sup>, 2010.

Judge Yvonne Murphy imposed a one-year sentence which she suspended for one year

and disqualified Farrelly from driving for 10 years.

Sgt Patrick Slattery told Tara Burns, prosecuting, that at about 1.50pm on a sunny day, Farrelly was driving a white Hiace van and was stopped at traffic lights. A witness driving two cars behind beeped when Farrelly failed to move off as the lights turned green, and the van then took off. The witness could also see Dr Moloney on a moped ahead of the van, on his way to Tallaght hospital.

The witness saw the white van veering twice to the left of the road and when the van veered a third time he could no longer see the moped driver and became concerned he had been hit. Sgt Slattery agreed with Ms Burns the moped had been knocked down.

Dr Moloney, who was dragged for 35m (120ft), has no recollection of the incident.

Farrelly drove on to visit his sister in a nursing home. A Garda setting up a roadblock later noticed a van with damage to the bonnet. He followed and tried to stop the driver who was initially oblivious to the attempts to stop him. Tests for alcohol proved negative.

Farrelly made a voluntary statement accepting he had driven the van but said he had no knowledge of the incident. Sgt Slattery said Farrelly had been advised to wear glasses while driving. When the gardaí later managed to stop him on his return journey, he was not wearing glasses but there were three pairs on the dashboard.

Dr Moloney sustained life-threatening injuries including losing eight litres of blood, a collapsed lung, fractures, soft tissue injuries and road-burn to about 20 per cent of his body. He required surgery and was in intensive care until the beginning of July. He has returned to work on restricted hours. Dr Moloney told Ms Burns it had been a very difficult period and he still has pain, is unable to walk long distances, or run and play with his children.

Sgt Slattery said Farrelly was a bachelor who lived alone. He had worked casually in the construction industry through the years. He has no previous convictions.

Sgt Slattery agreed with Jonathan Kilfeather SC, defending, there was strong sunshine on the day.

Sgt Slattery agreed the gardaí trying to stop Farrelly later had turned on their lights and siren without effect. They approached him at traffic lights but it was only when a garda banged on the van that he looked and seemed surprised to see them.

Sgt Slattery said age and hearing difficulties seemed to stand out as factors. He said that although Farrelly had been certified as fit to drive, he had promised him he would not drive again and he has kept to that. Farrelly was fully insured at the time



**Dr Tom O'Connell, Vice-Dean, Dr Oghenovo Oghuvbu, Dr Lynda Sisson, Dr Martin Hogan, Dean of the Faculty, and Dr Paul Gannon, at the Spring Conference held on 8<sup>th</sup> April**

### **DART worker had heart attack while driving train**

Irish Independent Wednesday March 30 2011  
A MAN had a heart attack while he was the lone driver of a DART train containing up to 500 passengers, Dublin County Coroner's Court was told yesterday.

CIE employee John O'Neill (50) died just hours after he managed to stop at a station before being rushed to St Michael's Hospital in Dun Laoghaire, Dublin, on December 22, 2010.

The court heard that CIE doctors gave Mr O'Neill the all-clear just two months before the incident, despite a history of serious heart problems.

Questioning Dr Declan Whelan, the company's chief medical officer, coroner Dr Kieran Geraghty repeatedly raised the safety of CIE policy to have only one train driver on journeys. He said Mr O'Neill could have been unable to bring the train to a station or could have died while it was in motion.

Dr Whelan said it was normal policy across the EU to have just one train driver on short journeys. He added that there was a safety mechanism on DART lines which would stop a train if the driver did not pull a switch every 30 seconds.

But Dr Geraghty said that if the safety mechanism failed, this could leave a train hurtling down the tracks, full of passengers, with no driver.

## New Zealand Meeting March 2011

The RCPI Interest Group of New Zealand met in Wellington on 29 March.

The half day scientific meeting was well attended by RCPI members and fellows and other doctors with an interest in occupational medicine.



RCPI attendees included Dr Edwin Whiteside, Dr John Kerr, Dr Bill Glass, Dr Simon Ryder-Lewis, Dr David Waite, Dr Michael Anderson, Dr Mozzam Zaidi and Dr Michael Short.

Presentations included:

- Lessons from the recent Christchurch earthquake.
- A review of the cost to society of sleep disorders.
- Health and safety and the occupational physician in New Zealand business.
- A review of a legionella outbreak on offshore oil installation.
- New concepts in the teaching of occupational medicine to undergraduates.
- A review of current thinking in the prevention of needlestick injuries for healthcare workers.
- A review of the role of the frontal lobe in mediating chronic pain and an update on the identification and screening for sleep disorders including obstructive sleep apnoea.

### Volunteers Wanted

Dr Deirdre Gleeson is collating material for a short book that will be published later this year in which volunteers workers are asked to write a piece about their work. This is the year of the volunteer and the book will be called "Volunteer Voices". The focus is on the volunteer's personal experience.

If you have volunteered in any way (Vincent de Paul, Care and Repair, the Samaritans, Girl Guides, Scouts, mini marathon....) and would like to share your experiences please put your thoughts to paper (less than 1,000 words) and send to Dr Gleeson with one or two photographs. Any funds from the book will be donated to charity. <mailto:gleesondc@eircom.net>



The meeting was followed by a formal dinner at the Wellington Club combined with the Australian and New Zealand Society of Occupational Medicine (ANZSOM). Dinner was attended by our special guest, Dame Carol Black who was in Wellington for the launch of a consensus statement on the role of work, healthcare and rehabilitation.

**Dr Simon Ryder-Lewis, MFOM**

### **Fit for Work Seminar ,Dublin Castle, 19 April 2011.**

Professor Dame Carol Black, the UK National Director for Health and Work, addressed an audience of Healthcare Providers, Employer and Employee groups and representatives of State bodies, Pharmaceutical industry and insurance service providers at a Seminar in Dublin Castle recently. The Fit for Work programme is based on a Pan-European study, conducted across 25 countries, which examined the impact of musculoskeletal disorders (MSDs) on an individual's ability to work along with the wider economic and societal effects.

The forum was opened by Mr. John Church CEO Arthritis who introduced Kathleen Lynch, Minister of State with responsibility for Disability, Equality and Mental Health. The seminar was told that MSDs are the most commonly reported cause of work related ill

health in Ireland. MSDs are responsible for 50% of lost working days each year at an estimated cost of €750 million to the Irish economy. Professor Dame Black referred to the previous findings of the Black Review (2008) which highlighted the poor retention in work of those with disabilities or chronic disease. She stressed that this was an avoidable waste of human capital and productive capacity which affects national competitiveness, social and community cohesion and family stability. She identified wider availability of OH services with early intervention and good vocational rehabilitation along with management training and education as initiatives to address a problem that is likely to increase as the working population ages. Professor Dame Black referred to the Workplace Wellbeing Tool (a free online resource to support employers) and presented some encouraging early results from UK initiatives including the GP 'Fit' note and the Occupational Health Advice Helpline.



**Professor Dame Carol Black**

Dr Steve Boorman, Chief Medical advisor to the Royal Mail Group and editor of the Boorman review 2009 on the Health & wellbeing in the NHS workforce, presented compelling evidence in support of the positive impact of better vocational rehabilitation and the 'business case' for the retention of ill or injured employees in the workplace. Mr. Richard Wynne, Director of the Work Research Centre, presented a paper on 'Transforming workplace health' which stressed the importance of good workplace policies to

maintain the health of working populations and support job rehabilitation and retention. Each presentation was followed by a lively panel discussion with contributions from varied academics and advocates. The **Fit for Work Charter** recognises the role that policy makers, employers, healthcare providers and other stakeholders can play in creating a legal framework for a working environment that is inclusive of people with rheumatic diseases and MSDs.

### SpR Work Site Visit to Slaney Meats

On Tuesday 8<sup>th</sup> February the Specialist Registrars went on a work site visit to Slaney meats, Bunclody, Co Wexford, along with members of the Kildare Occupational Health CME group kindly organised by Dr Deirdre Gleeson. We were shown around by Gavin Dooley, Health and Safety Officer.

Slaney Meats is a meat processing factory that employs approximately 270 people in its various departments. The main departments/processes are slaughtering, skinning, quartering, boning, trimming, packing, forklift driving, live animal work and administration. The work site consisted of elevated walkways, work platforms, conveyor belts and workstations, pneumatic mobile platforms, refrigerated and freezer storage, as well as the usual office space.

The main hazards included physical hazards such as manual handling risks, cold environments and sharp knives/potentially hazardous equipment used in boning and quartering. Chemical hazards included repeated hand washing on entering and exiting the factory floor. The main biological hazard was the risk of BSE or other animal borne diseases. Psychological hazards would include repetitive, non-stimulating work and shift work. Finally ergonomic hazards would include prolonged standing and repetitive strain/musculoskeletal disorders.

Control measures included PPE such as chain mail to protect against knife injuries, gloves, boots and hard hats. Engineering controls included safety mechanisms on potentially hazardous machinery, handrails on the walkways, elevated workstations to optimise standing positions and job rotation to minimise RSI etc.



**SpR site visit to Slaney Meats on 18 February; pictured left to right are Gavin Dooley (Slaney Meats), Dr Haji Muhammad, Dr Deirdre FitzGerald, Dr Deirdre Gleeson (Consultant), Dr Sharon Lim, Dr Miriam Deneher and Dr Fiona Kevitt.**

#### WRULD:

This is a term used to encompass musculoskeletal disorders of the hand wrist and shoulder caused by work, and includes RSI, De Quervain's Tenosynovitis, Carpal Tunnel Syndrome and many others. Upper limb disorders cause considerable work loss and can be very challenging to diagnose and manage. There are often differences in diagnostic criteria which make classification difficult, and evidence shows that there are significant psychosocial factors involved when it comes to persistence of the condition, sickness absence etc.

In the context of a meat factory, the repetitive nature of many of the tasks could potentially increase the risk of ULDs. The main control measures to prevent such conditions are job

rotation, along with adequate training in use of equipment and elevated/adjustable workstations/platforms to optimise standing positions.

Management of ULDs is best using a multidisciplinary approach involving Occupational Health Physician, GP, Physio, Surgeon where necessary. Pain management programmes with a CBT component can reduce sickness absence in the longer term, with early intervention yielding better outcomes. As with LBP, resting of the injured area delays recovery, and early activity improves pain and stiffness and speed up return to work.<sup>1</sup>

1. Burton A et al; Occup Med (Lond) (2009) 59 (1):44-52

**Dr Fiona Kevitt, SpR**

## 2011 Faculty Dates for your diary

**7 October** Autumn Scientific Meeting  
RCPI No.6 Kildare Street

**2 December**  
AGM, Smiley Lecture,  
Admission Ceremony &  
Annual Dinner, to be held in  
RCPI No.6 Kildare Street

See [www.rcpi.ie](http://www.rcpi.ie) for further  
information, nearer the dates

Dates for remaining 2011 Board  
meetings

May	Wednesday	11
June	Wednesday	08
September	Wednesday	14
October	Wednesday	12
November	Wednesday	09

### Society of Occupational Medicine

The Annual Scientific Meeting of the Society of Occupational Medicine (SOM) will take place in Belfast from 13<sup>th</sup> to 16<sup>th</sup> June 2011 on the theme "Psyche, Science and Medicine".

Further information is available at

<http://www.som-asm.org.uk/>

### Irish Society of Occupational Medicine (ISOM) 2011 meetings

- 13/14 May Spring Weekend. Commences with site visit to Custume Bks (military), Accommodation in Glasson Golf and Country Club Hotel. Academic presentations 09.00 - 13.00hrs Sat 19.30hrs, Aviva Stadium.
- 10 June 19.30 Meeting, Stephen's Green  
02 Sept Hibernian Club.
- 16/17 Sept Autumn Meeting, Berlin. Visits to Occupational Medicine and Environmental Health Institute of the German Armed Forces and to Head Offices of Bayer Healthcare (tbc).
- Oct Annual Dinner, *date & location tba.*  
17 Nov AGM, Stephen's Green Hibernian Club.

[www.isomirl.com](http://www.isomirl.com)



Faculty of Occupational Medicine  
Royal College of Physicians of Ireland  
Frederick House  
19 South Frederick Street, Dublin 2

#### EDITORIAL TEAM

Dr Tom Donnelly (Editor)

Dr Muiris Houston

Dr Tom O'Connell

Dr Oghenovo Oghuvbu

Dr John McDermott

Dr Delia Skan

Dr Deirdre Fitzgerald – SpR Representative

E-mail: [fom@rcpi.ie](mailto:fom@rcpi.ie)

© Royal College of Physicians of Ireland, 2011