



**PEN Y LÔN.co.uk**  
**Occupational Health**

Director  
Construction company

Pen Y Lôn Occupational Health  
66 New Street  
Mold  
Flintshire  
CH7 1NZ

**Tel:** 01352 752444  
**Fax:** 0844 391 6919  
**eMail:** oh@penylon.co.uk

28<sup>th</sup> January 2016

**PRIVATE & CONFIDENTIAL**  
**OH Physician Report**

**Ref:** Mr X  
**DOB:** 00-00-61  
**Employer:** Construction

Dear Director,

Thank you for your referral I can confirm I assessed Mr X at Pen y Lôn Occupational Health on 28<sup>th</sup> January 2016. Mr X is currently at work in his role as a Construction Project Manager. He was referred in relation to ongoing respiratory symptoms and a possible relationship to his current working environment. Mr X understood the nature and purpose of the assessment and consented to proceed. He has requested to receive a copy of this report the same time it is sent to you.

**Background and Current Situation**

Mr X reports he has been employed as a Construction Project Manager at ..... for approximately 3 1/2 years on a full-time basis. Since the June 2015 he has been working on a construction project at a specific site in ..... He tells me this has involved daily attendance at the site and his office is an office pod which is in an elevated position over the Logistics department. I understand from Mr X the department does use battery powered forklift truck in the delivery of goods and components into the factory environment. I understand there is no manufacturing that takes place in the immediate environment and there appear to be no obvious chemical use or potential exposures.



In the autumn of 2015 Mr X reports that he began to notice nasal symptoms in that his nose began running and he was sniffing frequently. He also reports the development of small sores around and just inside his nostrils. Associated with this appeared to be a sore throat and a dry cough. He does not report any chest symptoms or shortness of breath.

It is not entirely clear if Mr X symptoms entirely resolved away from the workplace during this time. He reports that over the weekends he felt his sore throat might have eased somewhat however by Christmas time he reports his symptoms progressed and were occurring every day. Mr X does report however that he feels his symptoms have been more troublesome when he was in the office working environment at the client site. Mr X has supplied a number of pictures with regards to a black dust which he informs me has settled in certain parts of the logistics department and Mr X tells me he feels that this dust has been in the atmosphere before settling. Indeed he brought with him today a sample example of the reported dust from the logistics department to show me.

Mr X reports no previous history of similar symptoms prior to the autumn of 2015 or with working on previous construction project site work. He reports no history of work-related ill-health in the past. He does have a history of hay fever but he reports this has appeared to have eased off in recent years. There is no history of respiratory difficulties or asthma or sinus conditions in the past. He does take medication intermittently for acid reflux type symptoms.

At present he reports ongoing symptoms as described above. There appear to be no other physical symptoms. He is not reporting any significant tiredness and fatigue or joint pains. His weight and appetite appear stable and he is not declaring any skin problems. He is carrying out normal activities. On examination today his eyes appeared normal with no obvious conjunctivitis. On examining his nose there were no polyps observable in his nasal passages. There was some clear rhinorrhoea in his left nostril however there appeared to be a large dry crusted area over his right nasal septum. His sinuses were non tender to



palpation and his throat appeared normal on inspection and there was no wheezing heard on listening to his chest.

### **Occupational Health Advice**

Therefore Mr X appears to be describing ongoing upper respiratory symptoms. These appear to have started after commencing work in his current project location and certainly he has concerns with regards to reported visible black particulate matter / dust which he tells me has settled and collected significantly in different areas of his working environment and which he has concerns therefore may be present in the atmosphere at work. It is not clear if his symptoms did improve outside of the workplace but they are reported to be worse whilst at work. On examination today some abnormalities were seen in his right nostril.

I have advised Mr X to make an appointment to see his General Practitioner for a further review examination to confirm my findings and to see if topical nasal antibiotic treatment is required with follow up or if a further ENT opinion is indicated to clarify the underlying diagnosis.

In terms of the relationship of his symptoms to his current working environment I have advised him that I would not be in the best position to accurately advise him further with regards to this. I have no clear way of being able to identify the nature and composition of the dust he describes and has collected, however I would recommend that because as far as I understand as there would be vicarious obligations in terms of health and safety with working on the client site that Mr X and his employers raise their concerns with the client and in particular that the clients Health and Safety department become involved so a workplace investigation can be undertaken and a suitable and sufficient risk assessment carried out. This may including an analysis of the reported dust to see if the dust may contain any known respiratory irritants or sensitisers. Based on this risk assessment which may also include hygiene measurements a management plan can then be formulated as necessary, to ensure that any potential relevant exposures identified are controlled as far as is reasonably



practicable. This process will also reassure Mr X that if any medical condition or symptoms is identified that may have a potential relationship to his working environment that these can then be controlled as far as is reasonably practicable going forwards.

It would be helpful as part of this assessment if Mr X could keep a symptom diary both in and out of work for at least four weeks. This would involve recording his symptoms on a daily basis, including the degree of severity of the symptoms and the times of occurrence or of any change in the severity of symptoms. This will help to try and clarify what the relationship of the symptoms is to his workplace. If practicable the clients occupational health department should also be involved with his further ongoing health surveillance and this would be required in relation to the current health situation and work. If this is not practicable in the clients site then further Occupational Health review and monitoring would still be required.

Any recommendations made regarding adjustments or modifications are recommendations only for management to consider. It is a management responsibility to decide what is and what is not a reasonable adjustment or modification to implement.

I hope this is helpful to you. If you require any further clarification please feel free to contact me.

Yours Sincerely,

Dr Michael Coolican MRCGP MFOM  
Accredited Specialist Occupational Physician  
GMC No 3357884

cc. Mr X