

The logo for the British Occupational Hygiene Society (BOHS) features the letters 'BOHS' in a stylized white font on a blue background. The 'O' is replaced by a circle with a dot in the center.

British Occupational  
Hygiene Society



# Code of Ethics

Issue 5, May 2023

5/6 Melbourne Business Court, Millennium Way, Pride Park, Derby, DE24 8LZ, UK  
Tel: +44 (0)1332 298101 | Fax: +44 (0)1332 298099 | E-mail: [admin@bohs.org](mailto:admin@bohs.org) | [www.bohs.org](http://www.bohs.org)

BOHS Incorporated by Royal Charter No. RC000858. Registered Charity No. 1150455

## Contents

1. Introduction to the Code of Ethics .....	3
2. General Integrity of Behaviour .....	4
3. Professional Opinions Etc.....	5
4. Competence .....	6
5. Confidentiality .....	6
6. Conflicts of Interest.....	6

Appendix : Occupational Hygiene and Adult Safeguarding

## 1. Introduction to the Code of Ethics

One of the main aims of the Society is the promotion of good practice in Occupational Hygiene. The Board has delegated to the Faculty Committees the authority to:

- produce a Code of Ethics for practitioners of the profession and the specialisms within, including Faculty Members and non-Faculty registered practitioners
- make rules by which the following must abide:
  - Members of the Faculty of Occupational Hygiene
  - Members of the Faculty of Asbestos Assessment and Management
  - Registered Practitioners (whether or not Faculty Members) on any Register of practitioners for which BOHS is responsible.
- adjudicate on alleged breaches of the Code of Ethics and associated rules
- recommend to the Board appropriate outcomes where breaches have occurred and supervise the implementation of sanctions, development measures and remedial measures

1.1 The Code of Ethics aims to ensure that at all times Faculty members (referred to as members from here onwards) and registered practitioners observe their paramount responsibility to promote the protection of worker health in accordance with the law and best practice. The Board and the Faculty Committees consider that the profession requires standards of conduct, which are as rigorous as those required in other professions such as medicine and law, since the consequences of lapses may be equally serious. They also consider that confidence in members and registered practitioners is vital to:

- the recognition of Occupational Hygiene and specialisms within
- the further development of its application
- the protection and preservation of worker health
- the effective maintenance of the duties associated with professional registration and the regulation of professional practice

1.2. The Code of Ethics should be the primary reference point for members and registered practitioners when addressing competing pressures in the exercise of their duties and the discharge of their responsibilities. It outlines over-riding duties which are characteristic of the independence and integrity of a professional. By joining the Faculty or joining any register for which BOHS is responsible, members and/or registered practitioners commit to uphold and be bound by these ethical standards.

1.3 This Code outlines the standards that regulators, clients, employers, other professionals, and members of the general public can expect of a member or registered practitioner. Reference can be made to this Code when determining if there is a question as to whether a member or registered practitioner has conducted themselves in an appropriate manner. Where any person has material grounds for believing that a member or registered practitioner has acted in breach of this Code, they should inform BOHS of this breach. In subscribing to the Code of Ethics, members and registered practitioners agree to BOHS and the Faculty Committees or its delegates, processing data in pursuit of investigation of any alleged breach of the Code of Ethics, subject to safeguards in accordance with the law. BOHS and the Faculty Committees will act impartially and independently in the processing of any complaint and in the administration of any sanction or subsequent action, in line with published procedures and subject to a right to appeal. Following due process, the relevant Faculty Committee will make recommendations to the Board. The Board has the power to warn, admonish, reprimand,

suspend and/or to require professional development or supervision as directed by the relevant Faculty, or expel a member from any register for which BOHS is responsible and to remove the entitlement to postnominal designations. The Board retains the right to publish actions taken against members or registered practitioners under this Code and to communicate actions to third parties, where it is required to ensure the effectiveness of sanctions.

1.4 Continued compliance with this Code is a requirement for recognition as a member with postnominal Faculty designations or a registered practitioner. It is mandatory and directly applicable to all members and registered practitioners, irrespective of their membership grade or registration status.

1.5 The following sections provide standards for the ethical conduct of members and registered practitioners as they practise their profession. Risks to health may arise from exposure to chemical, biological and/or physical agents. Occupational hygienists, and specialists in particular aspects, may be employed by a variety of organisations and individuals, or they may be acting as self-employed professionals or be acting in a voluntary or advisory capacity, but there are common principles of conduct with which the Society expects them to comply.

## **2. General Integrity of Behaviour**

Members and registered practitioners shall act responsibly to uphold the integrity and dignity of the profession. They must:

2.1 Ensure that at all times their primary responsibility is to workers whose health may be at risk.

2.2 Avoid any conduct that is likely to cause harm to the health of individuals or groups, discredit the profession or deceive the public.

2.3 Avoid unlawful discrimination in their professional activities and be mindful to avoid enabling unfairly discriminatory outcomes in the protection of worker health.

2.4 Be honest and transparent in all aspects of their professional practice, including in record-keeping and reporting and in representations about their services including any limitations on their expertise or the products and services offered, particularly when advertising them.

2.5 Ensure that the information they have provided BOHS is accurate and kept up-to-date, for the purpose of publication of any Register for which BOHS is responsible, and bring to the attention of BOHS without undue delay and as soon as possible any matters which may have a bearing on the accuracy of any register for which BOHS is responsible.

2.6 Take all reasonable steps to ensure that they do not allow their professional competence to be misrepresented by other parties, including their employer or those who contract them, and to properly represent the competence of those they manage in all circumstances, including the provision of references.

2.7 Act to ensure their own compliance with applicable laws and standards, ensure appropriate insurance is in place where applicable, and to promote, so far as is possible, the compliance of clients, employers and fellow professionals relating to workplace health and safety.

2.8 Recognise and respect the role and expertise of other professionals and work in partnership to promote the most effective outcomes in relation to worker health protection.

2.9 Not maliciously or recklessly injure or attempt to injure the professional reputation of another member or registered practitioner. This specifically includes the misuse of the Code of Ethics itself by unjustifiable, malicious or reckless complaints, whether directly or through a third party.

2.10 Comply with any specific direction made by the relevant Faculty Committee in relation to the minimum standards of professional ethics.

2.11 Work cooperatively with relevant regulatory and professional bodies to promote the highest standards of occupational hygiene and report any breaches of standards to the appropriate body and to BOHS, including any breach they have been party to.

2.12 Ensure that they maintain current knowledge and not engage in professional work without ensuring that they are competent to do so, based upon current technical, scientific and professional guidelines and recognised good practice.

2.13 Work diligently and conscientiously, recognising the importance of accuracy and consistency for avoiding risks to worker health.

2.14 Be aware of the vulnerabilities of adults they may come into contact with in the course of carrying out their professional practice. Appendix A provides guidance on the key aspects of adult safeguarding which are relevant to those practicing Occupational Hygiene.

### **3. Professional Opinions Etc.**

Members and registered practitioners must:

3.1. Base opinions, judgements, interpretations of findings and recommendations on a rigorous and relevant evidence-base, informed by current good practice guidelines, principles and practices.

3.2 Ensure judgements are supported by honest, accurate, transparent and auditable evidence-bases, which are appropriately disclosed in order to justify the basis for decision-making and to inform the decision-making of others.

3.3 Make clear the distinction between objective factual findings and professional opinion.

3.4 Make all reasonable endeavours to ensure that information regarding risks to health and safety are derived from reliable sources and to make reasonable enquiries and checks to ensure that judgements are based on the fullest range of relevant facts available.

3.5 Provide reasoned and proportionate advice by:

- making clear what the health and safety law requires
- exercising professional judgement when deciding what action must be taken in a particular situation
- making clear what choices exist for achieving results and the consequences of choosing between options
- distinguishing clearly between legal requirements and best practice (i.e. 'must do', 'should do' and 'could do')

## **4. Competence**

Members and registered practitioners shall perform services only in their areas of competence. They must:

4.1 Only act within the scope of their competence and make reasonable endeavours to assure themselves of the competence of third parties upon whom they rely. Members and registered practitioners should base a judgement of competence upon up-to-date education, training, or independently validated practice in the specific technical fields involved.

4.2 Not address issues of public concern unless they confine themselves strictly to matters they can speak about with authority.

4.3 Keep themselves up-to-date with developments in any field beyond occupational hygiene with which they engage professionally and which may impact on their capability to work effectively as an occupational hygienist.

4.4 Bring to the attention of the Society any matter which may have a bearing on the accuracy of any register for which BOHS is responsible.

## **5. Confidentiality**

5.1 Members and registered practitioners shall take all reasonable care to maintain the confidentiality of personal data and managerial, technical, commercial or security information obtained as a result of the exercise of their professional functions, subject to the requirements of the law. Such data and information remains in the ownership of the relevant individuals, employers, clients, authorities, etc. Subject to the law, information and data may not be used or released by members or registered practitioners unless authorised to do so by the appropriate information owner.

5.2 Where the data or information, obtained as a result of the exercise of professional functions, relates directly to the health and safety of individuals, the same requirement specified in 5.1 applies. Members and registered practitioners shall endeavour to ensure that such information is communicated to the individuals concerned by working through the information owners.

5.3 Without prejudice to the need to recognise the duty of confidentiality to the information owner, where this duty is lawfully breached by the member or registered practitioner in the reasonable belief that this is necessary to protect the workforce from imminent and serious risks to health and safety, this shall not be deemed to be a breach of this Code of Ethics.

5.4 Where a member or registered practitioner becomes aware of a breach of this Code of Ethics by another member or registered practitioner, information about that breach may be communicated to the Society, as a professional body, in order to investigate that breach.

## **6. Conflicts of Interest**

Members and registered practitioners shall avoid circumstances where a compromise of professional judgement, or a conflict of interest, might arise. They must:

6.1 Disclose known or potential conflicts of interest promptly to parties who may be affected.

6.2 Not solicit or accept financial or other valuable consideration from any party that is directly or indirectly liable to influence their own or another's professional judgement.

6.3 Not offer any substantial gift, hospitality or other valuable consideration in order to secure work.

6.4 Advise clients or employers when they initially believe a project to improve health and safety is unlikely to be successful.

6.5 Not accept work that is likely to damage Occupational Hygiene as a profession or those to whom they owe an existing legal or ethical duty.

6.6 Consider primarily the health and safety of parties, where they are subject to other professional codes which appear to conflict with this Code of Ethics.

## **Appendix A - Occupational Hygiene and Adult Safeguarding**

### **1. Introduction**

- 1.1 “Adult safeguarding” is a term which most occupational hygienists may associate with other professions, such as the core health and social care sector. The notion of occupational hygienists being safeguarding professionals themselves is probably not at the forefront of hygienist thinking. The profession in some ways goes beyond thoughts of individual vulnerability, considering a precautionary approach to protect the health of all workers as effectively as possible. Moreover, occupational hygienists tend to think of providing a service for the benefit of a group of people and safeguarding tends to be associated with individual care.
- 1.2 However, at heart, occupational hygiene is a safeguarding profession. Adult safeguarding means working to protect their right to live in safety, free from abuse, harm and neglect and have their rights and choices respected.
- 1.3 In the occupational setting, the right not to be subjected to hazards or unnecessary risk is essential to the safeguarding of adults. The relationship of employment is defined as one of control and direction. An employer who has adults under their control and subjects them to unlawful or unnecessary health risks is creating as much of a safeguarding risk as a care home which fails to enable an adult to access medical treatment or sanitation.
- 1.4 Beyond this, occupational hygiene professionals may be in situations where they may be able to identify adult safeguarding risks, beyond those that relate directly to physical health. This guidance has been put together to provide basic information and steps that can be taken to enable occupational hygienists to act on safeguarding issues that they may encounter when visiting workplaces or undertaking activities such as fitting PPE or supporting personal monitoring.
- 1.5 One of the most important principles of safeguarding is that it is everyone’s responsibility. Each professional and organisation must do everything they can to ensure that adults at risk are protected from abuse, harm and neglect.
- 1.6 Many professions who deal with individual and collective health protection consider that a level of competence in safeguarding should inform:
  - a. developing and reviewing job/role descriptions
  - b. assessing practical competence for different levels of practitioner
  - c. developing personal goals
  - d. performance appraisal.
- 1.7 In reviewing this guidance, it may be appropriate to consider whether these may be desirable or necessary steps for you to take as an occupational hygiene professional or occupational hygiene manager.
- 1.8 It is acknowledged that some occupational hygiene practitioners may be brought into contact with other vulnerable individuals, such as children. For the purposes of this guidance, it is assumed that all OH professionals will be vigilant for such situations and seek to engage with the specific safeguarding duties and policies that are applicable to those settings, as laid out by the duty holder. However, in the rare circumstances where there is concern about the safeguarding of other vulnerable people, please contact our membership team and we will endeavour to support or signpost you.



## 2. Some basic concepts of adult safeguarding

### When is an adult “at risk”?

2.1 An adult at risk is any person who is aged 18 years or over and at risk of abuse, harm or neglect because of their needs for care and/or support and are unable to safeguard themselves. Often this is used in the context of someone who lacks mental capacity or who has additional social care needs. However, occupational hygienists need to be aware of “Situational capacity” issues.

These are considerations which relate to circumstances where:

- the adult is under constraint; or
- the adult is subject to coercion or undue influence; or
- for some other reason, the adult is “deprived of the capacity to make the relevant decision or disabled from making a free choice, or incapacitated or disabled from giving or expressing a real and genuine consent”.

### What is the point of “adult safeguarding”?

2.2 The objective of adult safeguarding activity is to enable the individual to live free from fear and harm and have their rights and choices respected

### Where do I find “the law” relating to safeguarding?

- The Care Act 2014 (England)
- The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007
- The Adult Support and Protection (Scotland) Act 2007
- Social Services and Well-being (Wales) Act 2014

## 3 Principles of Safeguarding

3.1 One of the most important principles of safeguarding is that it is everyone’s responsibility. Each professional and organisation must do everything they can to ensure that adults at risk are protected from abuse, harm and neglect.

3.2 There are six principles that underpin adult safeguarding and apply to all sectors and settings. The principles should inform the ways in which professionals engage with people at risk of abuse, harm or neglect.

### **Empowerment – Personalisation and the presumption of person-led decisions and informed consent.**

3.3 What does this mean in occupational hygiene terms? The implications are potentially far-reaching for occupational hygiene practice, but most fundamentally, individuals should be able to understand the nature of the health risks they are subjected to, the implications of the failure or neglect of controls and this should be in terms that the workers can comprehend so as to make an informed decision. This is of critical importance for the effective exercise of the right to refuse to work in unhealthy or unsafe conditions, or indeed the decision to assume work-place risk.

### **Prevention – It is better to take action before harm occurs.**

3.4 What does this mean in occupational hygiene terms? Our profession is all about prevention, but most often our relationship is with the duty-holder, rather than the individuals for whose benefit the service is being rendered – the worker. Critical to enabling prevention is to ensure that workers

who are adults at risk (in the safeguarding sense) are made aware of the steps that can prevent them from being put at risk.

***Proportionality – Making no more interference with personal rights and liberty as is needed to achieve the goal of health protection***

3.5 What does this mean in occupational hygiene terms? Occupational hygiene involves a balance of judgement in determining not only the most technically effective controls of workplace health risks, but also psychosocial considerations. Among these should figure consideration of the proportionate risk to individuals. For example, close-fitting RPE may be the cheapest control, but it does create an ethical risk of restricting someone for long periods of time and where at risk adults may choose not to continue wearing it. Similarly, administrative controls may be more practicable for a business, but may impose restrictions on individuals which may disproportionately increase risk for vulnerable adults. Regardless of issues relating to the hierarchy of controls, these are relevant considerations in making recommendations and will often also be supported by equality legal duties, where duty-holders point only to H & S duties.

***Protection – Support and representation for those in greatest need***

3.6 What does this mean in occupational hygiene terms? Occupational hygienists should stand ready to refer or signpost adults at risk, when they encounter them. While hygienists will recognise their limit in competence, they should also act to seek or enable protection of adults at risk when they encounter them.

***Partnership – We need the help of others to help us safeguard adults at risk***

3.7 What does this mean in occupational hygiene terms? Few occupational hygienists will feel confident or able to provide practical support when they encounter adults at risk. For this reason, occupational hygiene practitioners should be confident in identifying which professionals they should be working with or referring to when considering safeguarding issues, as well as the management of confidential information to achieve results for the adult at risk.

***Accountability – We need to be accountable for the actions that we take and don't take.***

3.8 What does this mean in occupational hygiene terms? Ultimately the decision to act or not act is one for which a professional is accountable for. In this context, we need to ensure that adults at risk know what we are or are not doing for or with them.

## **4 Identifying risk**

4.1 Adult safeguarding risks may take many forms. Occupational hygiene professionals should at least be confident in identifying major risks and know where to refer concerns to:

4.2 **Physical abuse** - Including assault, hitting, kicking, slapping, punching, pushing, misuse of medication, inappropriate restraint or inappropriate physical sanctions.

4.3 **Sexual abuse** - Including rape and sexual assault, sexual harassment or sexual acts to which the adult has not consented or was pressured into consenting. This can include “non-contact” sexual acts such as indecent exposure, online abuse, non-consensual pornographic activities.

4.4 **Psychological abuse** - Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

- 4.5 **Financial or material abuse** - Including theft, fraud and exploitation, coercion in relation to an adult's financial affairs or arrangements, including pressure in connection with financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- 4.6 **Neglect and acts of omission** - Including wilfully ignoring medical or physical care needs, failure to provide access to appropriate health and social care, including not supporting a person to access clinical appointments and support, the withholding of the necessities of life, such as medication, adequate nutrition and heating or depriving someone of stimulation or company, adaptations, equipment or aids to communication.
- 4.7 **Self-neglect** - This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and can include behaviour such as non-attendance at necessary health/dental appointments.
- 4.8 **Domestic abuse** - The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, honour based violence, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality
- 4.9 **Discriminatory abuse** - Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act (2010)).
- 4.10 **Organisational abuse** – An incident or as a series of incidents involving ongoing ill treatment. It can be through neglect or from poor professional practice resulting from inadequate structure, policies, processes and practices within an organisation, eg, this may range from isolated incidents to continuing ill-treatment in an institution.
- 4.11 **Modern slavery** -The Modern Slavery Act 2015 encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. Trafficking is the movement of people by means such as force, fraud, coercion or deception with the aim of exploiting them. It is a form of Modern Slavery. People can be trafficked for many different forms of exploitation such as forced prostitution, forced labour, forced begging, and forced criminality, forced marriage, domestic servitude, forced organ removal. Trafficking can occur within the UK as well as countries outside the UK.