

NursingDirect

POLICY NUMBER: **33**

POLICY TITLE: **OCCUPATIONAL HEALTH POLICY AND PROCEDURES**

WHO MUST ABIDE BY THIS POLICY? **ALL TEMPORARY WORKERS**



POLICY STATEMENT:

PROCEDURES FOR OCCUPATIONAL HEALTH:

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POLICY STATEMENT

1. Introduction

1.1 Occupational health is the applied science concerned with the effects of work on health. It is also concerned with how an employee's state of health influences his/her ability to work. Individuals can have an influence on their own and other people's health at work, and Nursing Direct will ensure they do all that is reasonable to protect the health of all individuals who work at Nursing Direct and at any of our clients. The benefits of incorporating health issues into mainstream management functions are becoming increasingly apparent. Improved efficiency, reduced costs and increased employee morale are amongst those benefits. Therefore:

1.1.1 Nursing Direct is committed to ensuring that the potential for ill health or injury arising from activities or premises is minimised at source to the lowest level that is reasonably practicable. The policy of Nursing Direct will be to strive to maintain the highest possible standard of occupational health and wellbeing for all employees and temporary workers.

1.1.2 Nursing Direct recognises the importance of integrating the continuous improvement of health and wellbeing into the organisational activities and will aim to ensure early identification and management of occupational ill health ranking this equal with other operational considerations.

1.1.3 Nursing Direct will provide competent specialist occupational health advice and services to staff and managers.

1.1.4 The purpose of this policy and supporting procedures is to describe the framework and responsibilities for the management of occupational health at Nursing Direct.

2. Aims

The aims of this policy are to:

- Assist in the prevention of ill health in the workplace
- Promote good health and wellbeing in the workplace
- Assist in the maintenance of good health in the workplace
- Ensure the effective management of occupational health and wellbeing.

3. Purpose

The purpose of this policy is to provide:

- Line Managers with information on their responsibilities in regard to the management of occupational health and wellbeing, and the services available to them in support of this.
- Staff and agency workers with information of occupational health procedures, protocols and services available to them.

4. Scope

This policy applies to all line managers, employees and agency workers.

5. Policy Responsibilities

5.1 In line with the Health & Safety at Work Act, and associated legislation, and other Health & Safety Policies and procedures, line management will, in conjunction with the Health & Safety Adviser and the Occupational Health Practitioners, take all reasonable steps to provide a working environment which is safe and healthy. They will strive to continuously improve Nursing Direct's management systems in order to protect employees, agency workers and visitors from risks to their health, safety and welfare whilst engaged in work-related activities of Nursing Direct.

5.2 The Occupational Health and Safety section will at all times work closely with Human Resources in trying to continuously improve the health and well-being of all staff and agency workers at Nursing Direct.

5.3 The Occupational Health and Safety section will advise and recommend action to be taken in order to help line management and individual employees discharge their statutory duties with regard to occupational health. In particular, but not exclusively, assistance will be available in respect of:

- The Health and Safety at Work Act 1974
- First Aid at Work Health and Safety (First Aid) Regulations 1981 and Revised Approved Code of Practice 1997)
- The Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 1996
- Workplace Regulations 1992
- Management of Health and Safety Regulations 1992
- Display Screen Equipment Regulations 1992
- Personal Protection Equipment Regulations 1992

- Manual Handling Regulations 1992
- Work Equipment Regulations 1992
- New and Expectant Mothers at Work, Health and Safety Executive Guidance 1995
- Disability Discrimination Act 1995
- Special Educational Needs and Disability Act 2001
- Ionising Radiation Regulations 1985
- Control of Substances Hazardous to Health (Amendment) Regulations 1998
- Control of Carcinogens Substance Approved Code of Practice.
- Noise at Work Regulations
- Access to medical records
- Access to health records 5.4 The Occupational Health and Safety section offers advice on all matters relating to the effect of work on health and wellbeing.

6. Disability Discrimination

Under the Disability Discrimination Act 1995 it is unlawful to treat disabled people less favourably than other people, without objective justification.

The act defines disability as a physical impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities.

Where a manager knows or suspects that a staff member may be disabled within the meaning of the Act, advice can be sought from the Occupational Health and Safety section via the Human Resources Service.

The Occupational Health and Safety section will at all times do all that is reasonably practicable to comply with all aspects of the Disability Discrimination Act 1995, and will treat all information about the medical history of an individual in the strictest confidence.

7. Data Protection Act 1998

In implementing this policy, Nursing Direct will ensure that any personal data relating to an individual's medical history or sickness absence is obtained, processed and destroyed in line with the requirements of the Data Protection Act 1998.

8. The Organisation

8.1 The Occupational Health and Safety section will work closely with all interested parties including Human Resources, Line Managers, and Trade Unions.

8.2 All Line Managers must ensure that the health of their staff is not adversely affected by their work, and should wherever possible try to be aware of ill health in their staff without being intrusive about sensitive personnel information.

8.3 Staff and agency workers have personal responsibilities for their own health and wellbeing and for taking advantage of the occupational health support provided by Nursing Direct.

PROCEDURES FOR OCCUPATIONAL HEALTH

9. Health Surveillance

9.1 Pre-Employment Health Questionnaire

9.1.1 Pre-employment health screening is a procedure which evaluates the fitness of an applicant's declared health in relation to the hazards and risks of the job, environment or activities.

9.1.2 All prospective employees must complete a pre-employment health questionnaire before being interviewed for a job vacancy at Nursing Direct.

9.1.3 Upon being offered a job at Nursing Direct, the successful candidate's completed medical questionnaire will be sent by the Human Resources Service to the Occupational Health and Safety section in a sealed envelope for assessment.

9.1.4 Information contained in the health questionnaire is deemed "confidential" and will only be viewed and assessed by suitably qualified Occupational Health personnel.

9.1.5 This information enables the Occupational Health and Safety section to assess the suitability of fitness to carry out the specific work employees have been appointed to carry out and to map out any health surveillance which may be required under specific health and safety legislation, especially if employees are working with the following substances and equipment:

- radiation source
- noise

- blood and body fluids
- heavy machinery, oils
- slurry, sludge
- chemicals, carcinogens
- food (catering)
- soil (gardeners)
- display screen equipment

9.1.6 Managers only need to know whether a job candidate is fit for the job or fit with certain modifications for the job. In some cases, it is helpful that the manager knows about an illness/condition (such as epilepsy) so they can be aware of any consequences or any recognisable adjustments (such as frequent breaks or regular periods of time off for treatment). However, unless the individual consents to any medically confidential information being disclosed, the manager has no right to know and will not be informed.

9.1.7 Following initial screening of pre-employment questionnaires, the Occupational Health and Safety section will provide a response to Human Resources regarding the outcome of the assessment.

9.1.8 If medical clearance is granted, Human Resources will confirm medical clearance to the employee.

9.1.9 If medical clearance is not granted, the Occupational Health and Safety section will provide further information/explanation to Human Resources, and arrange to meet with Human Resources and the prospective employee to ascertain more information. Human Resources will be kept suitably informed at all stages of consultation, as appropriate.

9.1.10 If, following further consultation with external organisations, e.g. hospitals, GPs, an appointment is not to be confirmed due to medical reasons, further consultation may be required involving the Head of Human Resources, Nursing Direct Solicitors.

At all times, Nursing Direct will consider the implementation of reasonable adjustments to accommodate the illness/condition or consider redeployment, if available.

FITNESS FOR WORK – PRE-EMPLOYMENT HEALTH ASSESSMENT

Please note that all the above information/documentation will be dealt with in the strictest confidence and in accordance with current data protection legislation

10. Health/Sickness Referrals to the Occupational Health and Safety Section

Ill health, of whatever nature, can affect work performance if it is not properly diagnosed or treated. The Occupational Health and Safety section is available to give individual employees, line managers and the Human Resources Service help and advice on all issues pertaining to a healthy work/life balance.

11. Self Referral

11.1 Employees who are suffering from ill health and feel they cannot discuss the issue with their line manager or supervisor may wish to contact the Occupational Health and Safety section either directly or via the Human Resources Service.

11.2 Nursing Direct referral form should be completed whenever possible. The Human Resources Service will be informed of the issues unless the individual specifically requests otherwise.

11.3 Following initial discussions and having received consent from the individual employee, the Occupational Health Practitioner will feed back any relevant information to the Human Resources Service and line manager as appropriate.

11.4 If following discussions with an employee who self refers, there arises serious health and safety implications or concerns which may compromise the working environment in Nursing Direct, the Occupational Health Practitioner may be required to disclose this information to the Head of Human Resources.

11.5 Line managers, in consultation with the Human Resources Service and the Occupational Health and Safety section should take appropriate action.

12. Referral by Line Manager/Human Resources

12.1 Management referrals to the Occupational Health and Safety section will where-ever possible will be made with the full consent of the employee concerned, encouraging open exchanges of information.

12.2 If a manager has concerns about the effects of work on an employee's health, or the effects of a health problem on an employee's performance or attendance, referral to the Occupational Health and Safety section must be discussed fully with appropriate Human Resources personnel.

12.3 It is important that the Occupational Health and Safety section is made aware of all relevant facts about a case to ensure objective advice is given, based on a full understanding of all the issues of concern.

12.4 Referrals should be made using Nursing Direct referral form which has been designed to help managers provide sufficient information and specify the type of advice they are seeking when making a referral.

12.5 The referral form must be completed in conjunction with Human Resources, who will forward the final version to the Occupational Health and Safety section for further action. Human Resources must ensure they clarify to Occupational Health any specific information they may require from a GP/Occupational Health Physician in order to make an informed decision on any health issues.

12.6 On receipt of the referral form, the Occupational Health and Safety section will determine the most appropriate way forward. This may include:

12.6.1 Specific advice to employee, followed by feedback to the Human Resources Service, and line managers if appropriate.

- Referral to a specialist Occupational Health GP
- Referral to employee's GP to obtain further information.

12.6.2 Home Visits: If an employee cannot attend Nursing Direct's Occupational Health Centre or Treatment Rooms because of poor health or other associated issues, a home visit can be arranged by Occupational Health.

13. Consent for Medical Reports

13.1 In line with the Access to Medical Reports Act 1988, a manager, following discussions with the employee, and Human Resources and Occupational Health, may wish to obtain a medical report from the employee's GP or hospital doctor. Employees should be made aware of the reason for the request for consent in the same way as they would be made aware of the reasons for referral to Occupational Health. The signed consent form should be sent to the Occupational Health and Safety section along with the completed referral form.

13.2 If an employee refuses to give permission to obtain information from their GP or specialist GP, a further appraisal of their ability to carry out their work duties may be undertaken by their manager and the Human Resources Service.

HEALTH/SICKNESS REFERRALS – STAFF

14. Long Term Sickness Absence

14.1 Obtaining advice from Employees GP or Occupational Health Physician

14.2 Under certain circumstances and in line with Nursing Direct's Absence Policy, if a member of staff is off work for an extended period, (normally 4 weeks absence or 4 weeks in rolling 12 months period), it may be appropriate to request from an employee's GP or specialist physician information which will enable Nursing Direct to assess a return to work, fitness for work or the need to refrain from their usual duties.

14.3 Human Resources in liaison with Occupational Health will complete a GP report form clarifying what information is required from the employees GP.

14.4 Occupational Health will seek advice as requested from employees GP and once in receipt of the information will formally feed back in writing to Human Resources the appropriate information required in order for an informed decision to be made.

14.5 Human Resources and the line manager will take appropriate action following consultation with the employee and Occupational Health. This action may include formal long term sickness absence hearing or other course of action as appropriate.

14.6 A formal confidential record of all appropriate action will be kept confidentially by Human Resources

14.7 In line with sickness absences procedures, Occupational Health will attend any formal hearings to answer questions and give specific advice as appropriate and necessary.

14.8 A formal record of the above meetings and any actions taken will be kept by Human Resources.

15. Short Term Sickness Absence

15.1 Nursing Direct defines persistent short term absence as: intermittent absences normally attributable to minor and often unconnected ailments.

15.2 In most cases, Human Resources/line managers should consider referral to Occupational Health in the first instance.

15.3 Occupational Health may choose to refer an employee to their GP for advice/help, or refer to Nursing Direct Occupational Health GP, but will formally advise Human Resources of any action following consent from the employee.

15.4 Upon receiving a report from the GP, Occupational Health will feed back all relevant information to Human Resources/line manager. This will only be done following consent from the employee.

15.5 Human Resources/line manager will take appropriate action, record details, and update Occupational Health on any outstanding issues.

15.6 If an employee confirms illness while on annual leave, the HR Service/line manager following consultation with the Attendance Management Policy may seek formal advice from Occupational Health before a decision is made regarding recrediting leave.

16. Probationary Period

16.1 Where unsatisfactory performance during the probationary period is or may be related to an attendance or health related issue, a line manager, following consultation with the Human Resources Service, can make a formal referral to Occupational Health using an appropriate form.

16.2 Occupational Health will feed back all relevant information to the Human Resources Service/line manager using formal correspondence.

16.3 The information will be considered by Human Resources/line manager who will, if necessary, arrange a formal probationary hearing, or other course of action as appropriate, keeping Occupational Health informed.

16.4 Occupational health staff will attend the formal hearing if required to do so and give appropriate advice.

17. Risk Assessment

17.1 Nursing Direct has a legally defined requirement to carry out risk assessments to identify the hazards and risks associated with the working environment. Additionally, where there are concerns that a specific employee or agency worker may be at risk from a hazard or risk it is good practice for Nursing Direct to carry out a risk assessment. The aim of a risk assessment is to make sure that no-one gets hurt or becomes ill as a result of working at Nursing Direct or any of our clients.

17.2 There are a number of accepted ways in which risk assessments can be carried out to identify hazards in the workforce and Nursing Direct will use the following methods:

- safety audits
- review of ill-health and accidents statistics
- referrals to Occupational Health Practitioner/Physician
- education of work force/agency workers as to what is hazardous or dangerous.

17.3 Staff and agency workers should, wherever possible, inform the Occupational Health and Safety section of any hazards or risks which they feel could affect their health or safety to work.

17.4 Any member of staff returning from long term sickness absence or maternity leave should undergo a task based risk assessment to ensure they are fit to return to their duties.

18. Medical Surveillance

18.1 The Occupational Health and Safety section will carry out statutory medical surveillance, non-statutory surveillance and vaccinations as required.

18.2 Nursing Direct will identify all staff/agency workers that require health surveillance and ensure the appropriate assessments are carried out to identify any health and safety risks.

18.3 All occupational health records relating to medical surveillance will be maintained by the Occupational Health and Safety section for as long as is legally necessary and in line with data protection legislation and Access to Health and Medical Records.

19. Ill Reporting

19.1 Ill health due to working conditions should be reported via your line manager/Human Resources department or to the Occupational Health and Safety section.

19.2 Catering staff/food handlers should report to their line manager/ Human Resources Service any illness involving gastrointestinal upsets (vomiting/diarrhoea) on the first day of illness.

19.3 All needle stick injuries must be reported and staff must ensure they are up to date with anti-tetanus and Hepatitis B vaccinations.

19.4 Accident/Incident report forms must be filled in following an accident, occupational illness, incident or dangerous occurrence.

19.5 Potential and actual long term ill health must be reported to the Human Resources Service and the Occupational Health and Safety section by the line manager as soon as possible following notification by member of staff.

20. Sickness Absence Management

The Occupational Health Practitioner will follow the guidelines found in the Absence Policy and will perform home visits if required by management or Human Resources and with the agreement of the member of staff/agency worker.

21. Post Sickness Absence Assessment

Staff returning to work or on a phased return following an extended period of absence should meet with the Occupational Health and Safety section to ensure they are fit to carry out their duties. The Occupational Health and Safety section will follow the procedures in the Attendance Management Policy.

22. Occupational Health of Agency Workers

22.1 Nursing Direct has a responsibility for ensuring the health, safety, wellbeing and educational progress of all agency workers.

22.2 All prospective agency workers must complete the health questionnaire in the Nursing Direct application form.

22.3 All agency staff have a responsibility to notify Nursing Direct if their health changes in any way that could affect their ability to carry out an assignment.

22.4 Nursing Direct has an additional responsibility to ensure agency workers are physically and medically fit to practice in their chosen professions, in order to ensure the health, safety and welfare of those they care for.

22.5 Nursing Direct is also responsible for ensuring appropriate immunisations have been carried out on agency workers before they begin any assignments.

23. Fitness Criteria

23.1 To be able to undertake agency work and effectively, it is essential that individual agency workers:

- have the health and wellbeing necessary to deal with the specific types of duties in which they are engaged
- are able to communicate effectively with patients and colleagues
- possess sound judgement and insight
- remain alert at all times
- can respond to patients' needs rapidly and effectively
- do not constitute any risk to the health, safety or well-being of children in their care
- can, where disabilities exist, be enabled by reasonable adjustments to meet their criteria.

24. Disabled Employees and Agency Workers

Advice should be sought from the Occupational Health and Safety section before disabled personnel are employed or agency workers arrive at Nursing Direct. Occupational Health will liaise closely with Nursing Direct Disability Officer.

25. Sickness Absence Management

The Occupational Health Practitioner will follow the guidelines found in Nursing Direct's Absence policy. In addition to the requirements of the policy, the Occupational Health Practitioner may perform home visits on the grounds of welfare and concern in certain circumstances.

26. Other Policies and Guidelines

26.1 Nursing Direct, through the Human Resources Service and the Occupational Health and Safety section will, from time to time, develop guidelines for the implementation of this policy and will also develop supporting policies and procedures, addressing key risks, issues and programs related to occupational health, safety, welfare, sickness absence management and rehabilitation.

26.2 All of these supporting policies (and where appropriate, the supporting guidelines and procedures) should be developed in consultation and should be suitably endorsed by the Nursing Direct Health & Safety Committee and other interested bodies.

27. Welfare Programmes

27.1 Nursing Direct believes a healthy workforce is essential for the wellbeing of the organisation, and the appropriate investment in the health of staff not only enhances the performance of individuals but also the performance and effectiveness of the organisation.

27.2 Nursing Direct will continue to promote occupational health through a number of initiatives which will be led by the Occupational Health and Safety section and will include:

- coronary heart disease
- alcohol
- drug abuse
- wellbeing/stress
- cancer
- mental health and stress
- HIV/Aids and sexual health
- Smoking
- diet and obesity
- exercise
- back care/manual handling

28. Review

The policy will normally be reviewed annually or in the event of major changes to legislation or the structure of Nursing Direct or if deemed necessary by Nursing Direct Health & Safety Committee.

The procedures information in this document will be amended as necessary to reflect any changes in other procedural or policy documents of Nursing Direct.

OCCUPATIONAL HEALTH AND SAFETY SERVICE – STAFF REFERRAL FORM

Instructions to managers and staff on how to complete this form.

This form should whenever possible be completed by the line manager in full consultation with the member of staff who is being referred to the Occupational Health Service (OHSS). Alternatively an individual member of staff may complete this form and self refer direct to the OHS, but Nursing Direct's policy is to encourage all staff wherever possible to consult with their line manager and/or Human Resources (HR) in the first instance.

Once the form has been completed and signed by the line manager, it should be forwarded to the HR Manager/Senior HR Adviser, who supports your Department.

This form should be completed for the following reasons;

- A member of staff has been off work on long term sickness absence
- A member of staff has persistent short term sickness absence problems
- The manager has concerns with the effects of work on a member of staff's health
- The manager has concerns with how a member of staff's health is influencing their health and safety or the safety of others.

In order for the OHSS to provide the appropriate advice, it is important that as much information as possible is included in the following 3 sections of the referral form.

SECTION 1

About the Job

This section should contain any relevant information which may help the OHS to identify hazards which may be associated with the employee's ill health.

This may include:

- Physical or environmental demands, such as night or shift work, stairs/climbing/working at heights, manual handling, food handling or handling clinical waste or chemicals.
- Hours of work
- Use of Display Screen Equipment
- Driving light vehicles, vans or HGV, PSV or minibuses

- Noisy environments
- Dusty environments
- Dangerous machinery
- Others, please specify

SECTION 2

Reason for Referral

This section should contain information which relates to any ill-health condition or injury arising from Nursing Direct activities or premises.

Information may include;

- Are there any indications that the reason for the absence is work related?
- Are you aware of matters outside of work which may affect their health or capacity for work?
- Are there specific concerns about the employee's work performance?
- Are there other issues you believe the OHSS should be made aware of to enable them to reach an opinion or advise you?
- How much time has the employee lost to ill-health during the last 12 months?
- What action if any has already been taken, for example meetings, home visits, advice from management, letters etc?

SECTION 3

Advice being requested from OHS

This section should contain specific questions/requests which will help managers/supervisors to manage particular cases of sickness absence or ill health.

It may include;

- Is there an underlying health condition which has caused the absence?
- What reasonable adjustments should be considered by Nursing Direct?
- If so, when is it likely to be resolved?
- If and when an employee returns to work, to what extent will any residual health condition limit and affect?
- Their attendance at work, and
- The duties they can carry out?
- If there is an underlying health condition, is there any evidence that work related factors contribute to this?
- In your medical opinion, is the employee disabled under the Disability Discrimination Act?
- Would a gradual or phased return to work, work place or working arrangements facilitate either, a full or partial return to work or an improved attendance?
- Is the employee permanently unfit and can they therefore be considered for ill-health retirement or a capability hearing under the Absence Policy?
- Are there other matters which you may wish to set out?

SELF REFERRAL

Employees who are suffering from ill health and feel they cannot discuss the issue with their line manager can contact the OHSS directly or via HR. The role of the OHSS in relation to staff referrals is to give appropriate advice on an employees health and wellbeing and any appropriate action to address work related health issues. Referral to Occupational Health

Employee Name

Job Title

Contact Number

Department

Full/Part Time

Hours Worked Per Week

Manager's Name

Job Title

Contact Number

Has referral been agreed with the individual(tick)

Yes No

SECTION 1: About the Job

(Please give general details of the type of work carried out by employee, i.e. sedentary, manual work, highly pressured, long hours etc)

SECTION 2: Reason for Referral (Please tick)

- Changing Job Requirements Following Sickness Absence Following accident/incident
- Other reasons (please state)
-

SECTION 3: Information Required from this Referral (Please tick)

- Is employee fit to carry out their full range of duties
 Will employee be able to offer a regular and efficient service
If employee is not fit at present to carry out full range of duties please advise on:
 Probable date of fitness to resume workplace normal duties
 Whether restricted duties are required to facilitate a return to work. If so please give details
 Is employee permanently unfit for their current job, please comment on
 Whether re-deployment would allow a return to work
 If return to work is not possible, is retirement on ill health grounds required
 Other adjustments advised on health grounds

Managers signature/date

Date / /

or Employers signature /date (if self referring)

Date / /

HR Manager/Advisor signature

Date / /

Continue on a blank piece of paper if necessary.

All matters relating to the occupational health of an individual will be dealt with in the strictest confidence, and any advice, recommendations by OHSS will, in the first instance be returned to the appropriate HR Manager/Adviser, or in the case of a self referral, advice will be given to the individual concerned.

NursingDirect