

### OCCUPATIONAL HEALTH

References:

- A. Health and Safety at Work Act 1974.
- B. Management of Health and Safety at Work Regulations (as amended).
- C. Control of Substances Hazardous to Health (COSHH) Regulations (as amended)

#### Introduction

27.1 The aim of the Council's Occupational Health Service is to promote and maintain the optimum state of mental and physical well-being of employees by managing health risks at work and providing proactive health strategies, this includes:

- Identifying what can cause and contribute to ill health in the workplace;
- Determining the action required to prevent people being made ill by work, based on risk assessment; and
- Introducing control measures to prevent ill health arising from working conditions and practices, such as manual handling procedures and display screen equipment awareness.

As well as ensuring that:

- People with health problems or disabilities are not unreasonably prevented from taking up job opportunities;
- People at work are medically fit to perform the required tasks, by adapting work practices where necessary (the obligation is for reasonable adjustment rather than necessary change);
- People are supported during a period of sickness absence and are rehabilitated back into the workplace.

#### Functions of the Occupational Health Service

27.2 The Council's Occupational Health Service has several functions, including:

- Pre-employment and pre-registration health checks;
- Health surveillance of employees;
- Assistance and advice on the management of sickness absence;
- Advice regarding ill health retirement;
- Advice on rehabilitation following a period of sickness absence;
- Life style screening; and
- Health promotion.

#### Accessing the Occupational Health Service

27.3 The Council undertakes occupational health surveillance on all employees exposed in high risk work tasks. These tasks have been identified and employees at risk are automatically included in the Council's health surveillance programme.

#### Self Referral

27.4 Employees who wish to self refer can make an appointment by contacting HR.

27.5 The Occupational Health Adviser (OHA) will undertake an initial consultation with the employee. The OHA may recommend at this stage that the employee is referred to the Occupational Health Physician (OHP) and/or their own General Practitioner (GP).

27.6 A workplace visit may be required and/or consultation with the employee's line manager, the health and safety manager or other specialist agencies. These will be instigated only after a full discussion with, and at the consent of, the individual.

### **Management Referral**

27.7 Employees may be referred to the Occupational Health Service by management or Human Resources (HR). There are various mechanisms that can trigger a referral, these covered in the Council's sickness, absence and ill health policy.

### **Referral Procedure**

27.8 A referral request is initially made to HR, who will complete referral form, which will normally include:

- The reasons for referral, as discussed between the individual and their line manager or HR;
- Any other supporting documents such as job description and sickness record;
- Signature of referred giving their written consent to the referral and agree to the Council requesting an occupational health report;
- Counter-signature by a member of HR; this is then sent under confidential cover to the occupational health provider.

27.9 An appointment is arranged with OHA, following the first appointment, the OHA will send a written report advising on the individual's fitness to work to both the individual and HR, advice may include:

- Any reasonable adjustments to facilitate a return to work or continued work;
- Referral to other specialists;
- To request information from a General Practitioner;
- Whether further consultations are required with the OHA and at what frequency.

### **Treatment**

27.10 The Occupational Health Service is essentially a preventative and advisory service and will not duplicate treatment services available from a General Practitioner and/or accident and emergency department of a hospital.

### **Confidentiality of Records**

27.11 The records system within the Occupational Health Service is designed so that the confidential aspects of clinical information will only be accessible to the relevant staff within the Service. Such clinical information will not be released to anyone without the written consent of the employee concerned.

### **Refusal to see Occupational Health**

27.12 An individual may refuse to give consent to be referred to the Occupational Health Service. This refusal may lead to a decision being made about future employment without the opinion of an occupational health specialist.