

Occupational Health: Guidance for Manager and HR



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What is Occupational Health?

Occupational Health(OH) promotes and assists in maintaining the highest degree of physical and mental health of our employees, across the authority.

We are here to assist employees to remain in work, return to work sooner and prevent departures from the workplace due to ill health.

OH is specifically involved in assessing the impact of health on work and work on health
Our clinicians provide high quality medical advice to ensure that you as managers are informed and advised on the best ways to support your staff. This may include recommendations or adaptations required in the workplace or even an onward referral to one of our other services; such as Wellbeing Support, Physiotherapy and fast tracking initial consultation?

What Occupational Health is not/cannot do?

Occupational Health is not a first response service and therefore should your employee require immediate first aid, or mental health support we would urge them to attend their GP or A&E.

OH practitioners are not General Practitioners (GP's) and will not be able to treat employees or carry out investigations. To include administering medication.

OH cannot refer to clinics or fast track treatment or scans

OH cannot refer straight to consultants, GP needs to do this, we can only fast track.

OH cannot manage sickness absence or performance for managers

OH practitioners do not tell managers what to do - we only provide appropriate recommendations – it is for the manager to decide whether these are suitable to implement.

OH practitioners cannot predict sickness absence or how many days should be tolerated

OH practitioners cannot disclose medical information that is not relevant

OH practitioners cannot provide a diagnosis

OH practitioners cannot act without informed consent of the patient

OH cannot resolve work related issues these can only be addressed via management input and discussion with the employee.

OH cannot provide long term specialist mental health support, only short-term interventions to assist with learning coping strategies and resilience.

What Services do we provide?

- Mandatory Health Surveillance (Deemed appropriate following risk assessment of role)
- New Employment// Night worker Screening
- DSE Advice and guidance
- Fitness for work assessments (OHA/OHP) to include onward referrals to:
 - Physiotherapy
 - Fast tracking for an initial consultation
- Wellbeing Support Service (Provision of short interventions to assist with learning coping strategies and resilience.
 - 1:1 Sessions
 - Group Sessions

Why should a referral be made?

- To assist in resolving a situation where an employees' health may be affecting the way they do their role
- To identify whether their role could be impacting on their health
- Duty of care to ensure an employee is medically fit to undertake their role
- To ensure work conditions do not cause adverse effects on employees such as an Occupational Illnesses. E.g Hand Arm Vibration Syndrome/ Occupational Asthma/ Musculoskeletal disorders
- To assess if adjustments are required for a new medical diagnosis

When should a referral be made?

Before making a referral, managers should also speak to HR to discuss the case and explore whether other steps may be more appropriate.

Managers should also consider the below to determine whether an employee needs a referral, or whether you as their manager can support them sufficiently.

As the manager have you:

- Undertaken the Individual Stress Assessment and agreed an action plan?
- Implemented all practical solutions to support the employee from a managerial perspective?
 - Altered hours (e.g., later starts, earlier finishes) work from home, hybrid working
 - Decreased workload
 - Childcare support
 - Training
- Trialled all/any possible temporary adjustments to support the employee? E.g.,
 - Shift pattern change
 - Refraining from certain tasks
 - Colleague support/or supervision

*Advice on temporary adjustments on the Management of Stress and Mental Health can be found on the following link - [Managing Stress & Mental Health in the Workplace \(Toolkit for Managers\)](#)

- Provided the employee with links to [external support agencies](#) and the [Help & Support Health & Wellbeing intranet pages](#)

As the employee have you:

- Contacted the GP to discuss your health concerns?
- Contacted the GP to request an onward referral for support?

Its important to note that there is **NO** need for the employee to absent due to sickness to refer.

Managers should refer:

- When medical advice is needed to support employees.
- To assist employees to maintain work
- To help employees return to work sooner.
- To be proactive – early referral = early intervention and support where required.

Other:

- Long term absence
- Medical condition impacting on role
- Short term absence
- Ill-Health that may be due to work
- Ill-Health Retirement
- General Health Concerns impacting on work

Completing the E-referral:

Things to consider:

Have you discussed the Occupational Health referral with the employee?

It is imperative that the referral is discussed with the employee prior to submitting. This to ensure they are happy to proceed and also to ensure that you as the manager have discussed the reasons for referral in detail and have all relevant details required.

Do you have all employee details to ensure you are able to complete the form?

Address and Job details will automatically populate.

You will require:

- Employee Number
- Sickness Absence History

- Email address *(Please ensure that the employee provides you with the most appropriate email address for them – this is particularly important when an employee is absent from work)*
- Telephone *(Please ensure that the employee provides you with the most appropriate email contact number for them – this is particularly important when an employee is absent from work)*

Is the referral for medical advice relating to an employee’s condition or is it a request for support?

Medical Advice – Where medical advice is required, the referral will be triaged to one of our occupational health clinicians (Occupational Health Advisor/ Physician/ Consultant). They will undertake an assessment with the employee and, following consent, provide a medical report to support the health of the employee and provide you with the valuable information to best support the employee return to or maintain work.

Support – Where support is required, the referral will be triaged to our Wellbeing Support Practitioners who will undertake an initial assessment to deem whether the support is appropriate and if so, provide further sessions of support.

Is the reason Home/ Work or Health related?

It is important to understand the reason for referral and ensure you have all relevant details to complete the referral form. The form will ask for a background and about adjustments. Below are some tips on ensuring you are including all appropriate information:

Background:

- Diagnosis
- Symptoms
- Treatment
- Impact of work on health/ health on work
- Has the absence been managed e.g. what stage is the employee on?
- Has the employee previously been to OH?

- What assistance/support has been offered or arranged to date? Tell us about any adjustments that have been put in place to date with timescales as well as any that can be accommodated moving forward.
- Phased return
- Light duties

Additional for re-referrals/updates:

- All necessary information regarding the employee since the last appointment.
- Any adjustments that have been put in place, and their timescales and any further adjustments you can/cannot accommodate.
- Information regarding to any additional support that has been put in place.
- Ensure that the consultation questions are relevant to the information that you wish to receive from the report and input any additional questions that you wish to have answered

What not to include?

The referral will form part of the employee's medical record and is therefore a legal document. It is therefore, imperative that you consider all information included carefully.

- Avoid generic request to review, please ensure you provide details/ updates on condition that may have changed since they were seen previously
- Do not request specific details on medical condition. Please only request details on how the condition may affect the role or vice versa
- Is the employee likely to be in regular attendance in the future? – this is impossible to predict as attendance depends on so many variable factors.
- Please do not refer employees for a fitness to work assessment if they are off work, awaiting significant surgery e.g. heart and lung transplant.) However, employees can be referred for advice on adjustments if in work or Emotional support from the Wellbeing Support Service.
- Do not copy and paste the outcome of absence management letters/ WSS interim report. Please summarise these if the information is relevant

- Please ensure any additional questions inputted are not inappropriate (If you are unsure, then we would advise discussing this with your HR officer.
- Please refrain from inputting other individual names into the referral

What to do when you receive the medical report?

When you receive the medical report, it is important to check your understanding the information. If you have any queries on the report, or do not understand medical terms or advice in the content please contact Occupational Health via email as soon as possible.

Appropriate queries relating to the report will be passed to the clinician for a response.

PLEASE NOTE, that opinions expressed in the report are based on specialist clinical knowledge and experience and are, therefore, not subject to negotiation or amendment.

The advice given by the OH Practitioner is advice. You, as the manager, have to consider whether the advice given to you is practical to implement, taking into account organisational factors. However, you would also need to be able to justify why you cannot implement the advice, having sought it. We would recommend that you should liaise with HR in this instance should the situation end up as an employment tribunal case.

When a medical report is received, we would advise that a conversation be had between yourself and the employee on how best to move forward based on the recommendations made within the report. The discussions should cover how these can be implemented. Although you have received the advice from OH, should you require assistance undertaking these meetings or managing sickness absence we would encourage you to contact your HR representative. HR can advise on policy, employment law and how to support and signpost employees to the relevant services i.e. financial/ flexible working etc...

When to have a case conference?

Before a case conference is requested, we would urge managers to request clarification on the advice given within a medical report via email in the first instance.

At times there may be conflicts between the report outcomes, the employee's opinion and the needs of the service which need to be addressed, these can often be resolved with a meeting with Manager and HR.

A case conference is a supportive, informal meeting which is not part of the sickness absence policy. A case conference is used in the most complex cases but is simply a meeting to provide further medical clarification on recommendations outlined in the report. The meeting is held with the employee, manager, Clinician, HR Advisor and a trade union representative// Family member where required.

The manager would usually lead the meeting with HR and the OH practitioner there to provide their input where required.

When to re-refer?

A re-referral may be required if your employee has been away from the workplace for a prolonged period and you require further medical advice to assist you in supporting them and their absence.

A re-referral may also be recommended if a person is deemed Currently unfit for work but could return in the near future.

A re-referral may also be required if a new medical diagnosis is made during an absence for another condition.

Good referral examples:

M. Mouse went off sick due to pain in her back and legs. M.MOUSE advised she has paid privately and has been attending physiotherapy for some time. M.MOUSE visited her G.P. and they advised her that she has sciatica and that she is unfit for work for 2 weeks.

When M. MOUSE brought her GP paper in she was extremely tearful and said she was feeling very low, M. MOUSE was experiencing difficulty walking and getting on and off the chair. M.MOUSE informed me that she has private healthcare and is hoping to have an MRI scan in the very near future. M.MOUSE also advised that she would not be able to drive to Carmarthen in her present state. We are able to support M Mouse with home working for a couple of weeks on her return. However, as her role does require working in the community this could not be a permanent adjustment.

R. Reynolds had a recent period of absence due to recurring Shoulder pain, they have received a steroid injection to their shoulder. This injury was sustained previously and a previous referral to Occ health was made. At that time he was referred to physiotherapy and his neck area was treated. However since R. Reynolds has had a CT scan and this diagnosed a torn ligament in the left shoulder and he has seen a consultant.

R Reynolds is back in work and has resumed all duties, However continues to have pain in his shoulder and is due to see the consultant in 8 weeks, As R. Reynolds has not felt this has improved, as discussed with R Reynolds we do have concerns at present due to the nature of the role and manual handling duties of elderly clients in his care. We would therefore like advice on whether the role impacts on his wellbeing and possible future recovery. Further advice is sought via Occ health of how he can be further supported in the role and can any other support be offered to aid her recovery.

J. Bloggs has suffered with post natal depression and was hospitalised for a few months. J. Bloggs went to see her GP and by then it had left her with a build-up of anxiety, she was diagnosed with depression and she has been prescribed medication for this. J. Bloggs returned to work after a period of maternity leave and appeared fine and her sickness record has been good. However, J. Bloggs has had a recent period of sickness absence due to anxiety and after discussions with her GP the strength of her medication was increased.

J. Bloggs has recently been through a marital break- up and as a result of this suffered panic attacks which have disrupted her attendance at work. She is constantly feeling under pressure and finds it hard to concentrate in work. Following discussions with J. Bloggs she has asked to be referred for support and feels that this might benefit her to cope with her current situation.

Helpful Links:

[Occupational Health](#)

[Wellbeing Support Service](#)

[Request a Referral](#)

[Individual Stress Assessment](#)

[Eye tests](#)

[Workstation Assessment](#)

