

# LINE MANAGERS GUIDE TO OCCUPATIONAL HEALTH SERVICES

 01224 047 232  [AberdeenCityCouncil.gbr@iqarus.com](mailto:AberdeenCityCouncil.gbr@iqarus.com)

## INTRODUCTION

Dear Colleague

As part of our commitment to improving health, safety and wellbeing we have secured the services of Iqarus to provide a proactive Occupational Health Service.

The aim of the service is to assist you in:

**Assessing, preventing and removing risks to employees' health arising from the workplace environment through:**

- A range of risk assessments including workplace assessments, fitness assessments and shift worker assessments to help meet legislative requirements
- Immunisation to reduce the risk of staff acquiring or passing on work-related infectious diseases.

**Determining the actual effects of the working environment on an employee's health through screening and surveillance for early signs of health related issues through:**

- Pre-placement health screening to ensure new staff are fit to perform the job and to detect and document any health issues acquired through previous employment
- Health screening for a range of jobs including food handlers, environmental and roads operatives and technicians
- Workplace protection screening programmes to help meet legislative responsibilities, for example for staff exposed to noise, respiratory sensitisers, vibrating tools, lead and asbestos

**The interaction of employees' health with the working environment with specific reference to sickness absence and performance issues through:**

- Assessment by specialist nurses and doctors to determine the health of staff following long-term or short-term intermittent sickness absence
- Provision of expert written health reports following referral to help manage absent staff, including advice around rehabilitation and adjustments to the job or workplace to help staff return to work
- Advice on the disability provisions of the Equality Act, reasonable adjustments, redeployment and ill health retirement
- Review of individuals with health problems which may affect their ability to perform their jobs satisfactorily but which do not necessarily lead to sickness absence

**Encouraging employees to take responsibility for their own health through health promotion and health education activities through:**

- Well-person health screening and other work-related health promotion initiatives

## IQARUS LTD

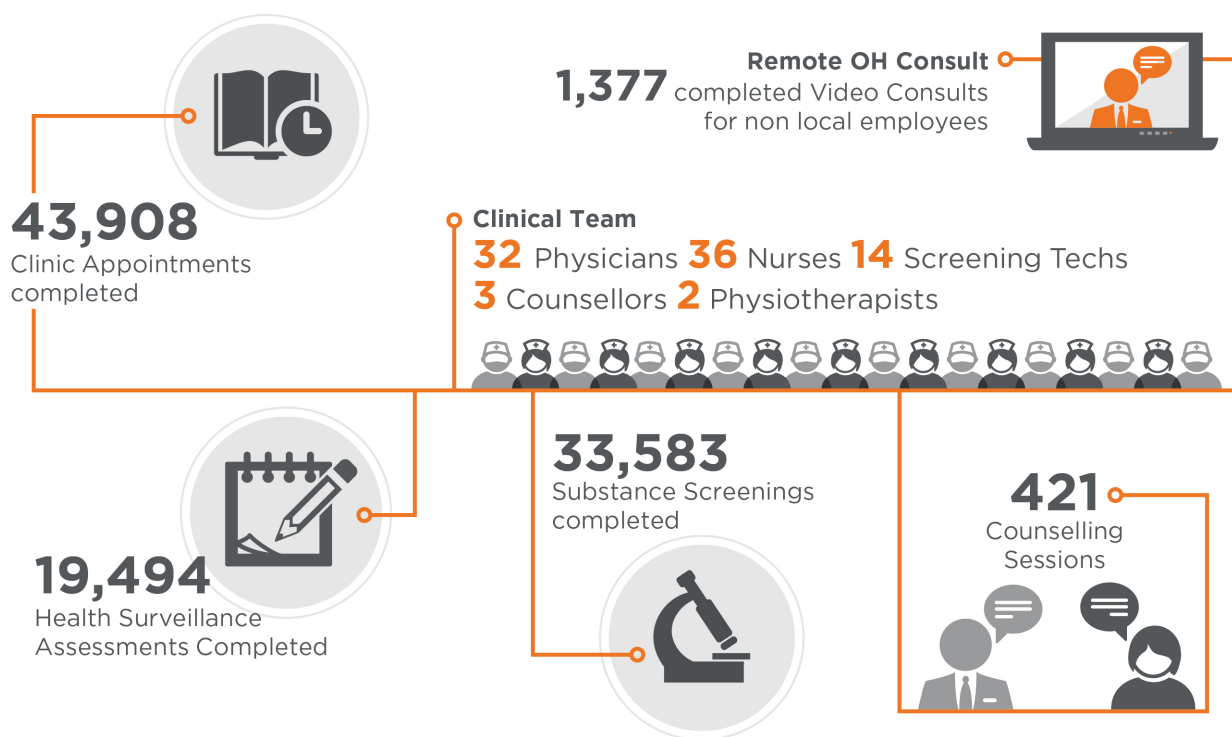
Iqarus was incorporated in 2015, following the acquisition of Capita's Energy Medical Service division, the longest standing occupational health provider to the North Sea market and having originally been established in Aberdeen 40 years ago to support clients in the North Sea.

Now headquartered in Dubai, Iqarus is a leading provider of health, hygiene and training services. In 2016 further acquisitions were made, including C-Chec, a leading provider of occupational hygiene services and RS Occupational Health, a reputable Aberdeen based OH provider. The Occupational Health Division of Iqarus is headquartered in Aberdeen at our Centre of Excellence for Occupational Health located at Foresterhill Road, Aberdeen, AB25 2ZP

In 2017, Iqarus formed a Joint Venture with International SOS, a global provider of occupational health and medical services, who had a similar sized occupational health and medical services business in the UK.

Iqarus has 600 employees globally, of which 225 are permanently based in UK and a further 200 deployed on client sites across UK.

A snapshot of the scale of our UK business in 2017 is as follows:



OIL&GASUK

ROSPA  
accidents don't have to happen

energy  
institute

SEQOHS

BOHS  
The Chartered Society for  
Worker Health Protection

01224 047 232 AberdeenCityCouncil.gbr@iqarus.com

## What is Occupational Health?

Occupational Health is a specialist field of medicine concerned with the prevention of ill health in employed populations and looks at the interaction between the job role and the job holder's health. This may be how the individual's health affects the role or how their role affects their health.

It is this primary role which makes it different from the general health service provided by general practitioners.

Occupational health nurses and physicians work within the ethical guidelines of their respective professional bodies, which are the Nursing and Midwifery Council (NMC) and the General Medical Council (GMC) respectively. Most occupational health clinicians have taken additional qualifications in occupational health, either a degree, masters or a qualification through their professional body.

Occupational health professionals are appointed to advise employers on the employee's health status and their ability to perform their role, so the employer can make informed decisions regarding that employee, or to carry out certain procedures, for example, health surveillance. Occupational health does not provide treatment and diagnosis of individuals and such a role remains with the individual's GP.

Numerous scientific studies have now shown the beneficial effects of work on an individual's overall health and wellbeing and it is now generally accepted that "work is good for you". Occupational health provides advice to managers on how to most effectively and safely rehabilitate employees back to their full working potential; however, the management of this process does remain with the manager.

## Occupational Health and General Practitioner (GP) Roles

The role of occupational health is fundamentally different from that of the GP. Whilst a GP is the patient's advocate and provides diagnosis and treatment based on what the patient tells them, the primary role of occupational health is the prevention of ill health in the workplace. This involves balancing information from the employer, employee and specialist knowledge of the role.

The GP's focus is on diagnosing and treating the individual, while the focus of occupational health is to assess the individual's health and its impact on their work capability. One result of this differing focus is sometimes a differing assessment of an individual's capability to work. A GP, basing their opinion on their treatment of the patient, may sign the individual as being unfit for work, while the occupational health professional, with their specialist knowledge of the working environment may offer a different opinion and find the individual fit for work, sometimes with some adaptation to the role they perform. This is not a challenge to the GP's role and opinion but a different opinion from a differing perspective and the employer is able to choose which opinion they act upon, as they only need to demonstrate that they have taken independent specialist advice.

Therefore, for example, if an employee is signed off absent from work by their GP and occupational health advises an immediate return on a phased working pattern, the employer is entitled to follow the latter advice. Although occupational health does, where possible, communicate all decisions to the GP in order to gain their support, it is not always possible from a GP's perspective to enter into a dialogue which is regarded as conflicting with the role of patient's advocate.

## Occupational Health Services

The following provides a list of the services that Iqarus will be delivering to

- Post Offer (Pre-placement) Medical Assessment – by questionnaire and face to face
- Statutory Medical Examinations
  - LGV Driver Medical
  - Asbestos Medical
- Vocational Health Screening
  - Fork Lift Truck Drivers
  - School Crossing Patrollers
  - Taxi driver medicals
- Health Surveillance
  - Audiometry
  - Spirometry
  - Hand Arm Vibration
  - Shift Workers
- Drug and alcohol screening
- Occupational Health Assessment – Sickness absence
- Case Conferences
- Immunisations and Vaccinations
- Well-being Health Checks
- Physiotherapy Service

## Health screening questionnaire

For some posts it is necessary to ensure that the prospective employee is fit and able to undertake the duties of the post. This will normally take the form of a health screening questionnaire to be returned by the employee who may be required to undergo a pre-placement health assessment with an occupational health specialist.

## Statutory and Vocational Medical assessments

For some posts a face to face medical is required and would be conducted by Iqarus OH Nurses or Physicians primarily at our Aberdeen clinic. A range of medicals can also be delivered at Client sites



## Health surveillance

Health surveillance entails systematically looking for early signs of work-related ill health in employees exposed to certain health risks. It means putting in place certain procedures to achieve this. These procedures include:

- simple methods, such as looking for skin damage on hands from using certain chemicals
- technical checks on employees such as hearing and respiratory tests
- more involved medical examinations.

It is important not to confuse this type of health surveillance with health promotion or general health checks.

In determining if health surveillance is required the starting point is normally a risk assessment which identifies the health hazards in the workplace, determines who is at risk and measures taken to control the risk. Health surveillance then determines the efficacy of the control measures and assesses any residual risk to health.

Although health surveillance may be required in a wide variety of circumstances, particular attention should be paid to the following common areas where legislation places specific duties on the employer:

- noise or hand-arm vibration. If so, health surveillance may be needed under the Management of Health and Safety at Work Regulations 1999;
- solvents, fumes, dusts, biological agents and other substances hazardous to health. If so, health surveillance may be needed under the Control of Substances Hazardous to Health Regulations 2002;
- asbestos, lead or work in compressed air. If so, medical examinations may be needed under specific regulations;

For other health risks, such as manual handling, work-related upper limb disorders and work that might give rise to stress-related diseases there are no specific legal requirements for health surveillance. In these cases, we can advise on the most appropriate methods to monitor the health of employees exposed to these risks, such as encouraging symptom reporting and checking sickness records.

## Work-related ill health

The Iqarus service is available to assist managers in the management of sickness absence, prevention of work related ill health and in the assessment of individuals being considered for ill health retirement. For such support to be of optimum benefit to the manager, the quality of communication between managers and the Occupational Health Service is crucial, not only in terms of feedback from the doctor following assessment of employees but also in relation to information provided by the referring manager when initially referring employees. These guidelines are intended to help ensure that managers gain the most appropriate assistance following referral to the service. This guidance should be read in conjunction with the leaflet that is available for employees being referred to the Occupational Health Service.

## Reasons for Referral

Managers may decide to refer individual to the Occupational Health Service in a number of circumstances which may include:

- Long term sickness absence.
- Recurrent short term sickness absence.
- Employee request for consideration for ill health retirement.
- Concerns regarding work performance and fitness for duties.
- Alcohol and drug related problems.
- Concerns that employee health may be being affected by hazards to which they are exposed at work.

In all cases of referral, the quality of information provided to the Occupational Physician will have an impact upon the quality of the guidance subsequently given. It is important therefore that the following information is provided in writing using the referral proforma attached.

- Employee personal details - name, DOB, home address, date of appointment to post.
- Employee job title, job description and any particularly significant aspects of the post which it is felt that the OH Nurse or Physician should be aware of.
- Employee sickness absence record for at least the preceding twelve months, and any other relevant time periods.
- The reason for which the manager is making the referral and the questions they are seeking to have answered.
- Any information regarding the employee's performance in their duties which may be considered relevant.
- Confirmation that the employee is aware of the reason for referral. It is particularly important that the employee fully understand why they are being referred to the Occupational Health Clinic.

Where a manager has more information than can be encompassed within the referral proforma then a covering letter or supplementary information sheet would be a helpful addition. In circumstances where the manager feels there is further information which they do not wish to commit to paper but which they would like to convey to the OH Nurse or Physician, then a telephone call prior to the referral or to the appointment, again, would be helpful.

## Assessment at the Occupational Health Service

Following receipt of a request from a manager, the Occupational Health Service will confirm to the manager the date of an appointment for a consultation with the OH Nurse or Physician and it is the manager's responsibility to ensure that the employee is advised accordingly and is given the information leaflet designed to convey to employees information about their referral and what will happen to them when they attend at the Occupational Health Service. At the time of the appointment, the employee will be seen by the OH Nurse or Physician who will:

Review the information provided on the referral proforma and any additional information provided by the manager.

Elicit further information from the employee.

- Carry out any appropriate examination relevant to the employee's health problems. It is unlikely that a full examination will be carried out in most cases and indeed in some cases, no physical examination will be necessary.
- Subject to the employee's written consent, obtain if necessary, further medical information from the employee's own General Practitioner or hospital specialist.
- Determine the advice that will be offered to the manager and advise the employee of this.
- Arrange any follow-up appointment with the employee.

## Confidentiality

OH Nurse or Physician are bound by the same rules on medical confidentiality as all other doctors. These rules are designed to protect an individual from the release of personal confidential information to non-medical personnel without the individual's express written permission. The Occupational Health Service adheres to those principals and this is considered vital to protect the professional integrity of the service and to maintain confidence in those that have been referred to the service. Patient confidentiality will be maintained at all times.

A report to the referring manager will therefore only include the amount of medical detail allowed by the referred individual. Generally such a report will include no medical detail, but rather general information on the practical implications of the health problem in question. A line manager will therefore have enough information to take the appropriate action required.

This system conforms to accepted best practice in occupational medicine and conforms with relevant UK legislation regarding access to medical records and medical reports.

## Reports to the Referring Manager

Having assessed the employee and obtained any additional medical information, the OH Nurse or Physician will prepare and send to the referring manager a report which will not contain any medical detail for reasons of medical confidentiality but will endeavour to offer the following guidance.

- Whether or not the employee is suffering from a health problem which will have an impact upon their fitness to carry out their duties. Where the OH Nurse or Physician is unable to identify any medical problem to account for an employee's absence record then this will be clearly stated.
- The likely duration of any period of absence or, if it is not possible to be precise about this, the minimum period for which they are likely to be absent.
- When they do become fit to return to work, whether they will be fit to return to their full duties or whether limitations will apply.
- If limitations will apply, whether these limitations are likely to be temporary or permanent.
- What steps could be taken to assist with an individual's return to work, eg. a period of part time work.
- If an individual will not be fit again for their normal duties, the nature of other duties which they might be fit for, to allow managers to consider opportunities for redeployment.
- That retirement on the ground of ill health is recommended, or that it is likely that this will be the recommendation, and when such recommendation is likely to be made.
- The likelihood of ongoing episodes of sickness absence, whether such episodes may be of long or short duration and the period of time during which such absences are likely to occur.
- Whether the employee's health problem may in any way be related to their duties and any suggestions as to how further problems may be prevented.
- Arrangements which have been made for further review of the employee.
- Any additional information required from the manager either to assist the OH Nurse or Physician in making a recommendation or prior to a subsequent review.
- Whether the OH Nurse or Physician feels that a meeting with the referring manager may be helpful.
- Whether a worksite visit may be of benefit in assisting the OH Nurse or Physician assess the problem.



### Further Advice

Where a manager is uncertain about referral of an employee they should consider an initial informal telephone discussion with the OH Nurse or Physician in order that the matter can be discussed and a plan of action agreed.

 **01224 047 232**    **AberdeenCityCouncil.gbr@iqarus.com**