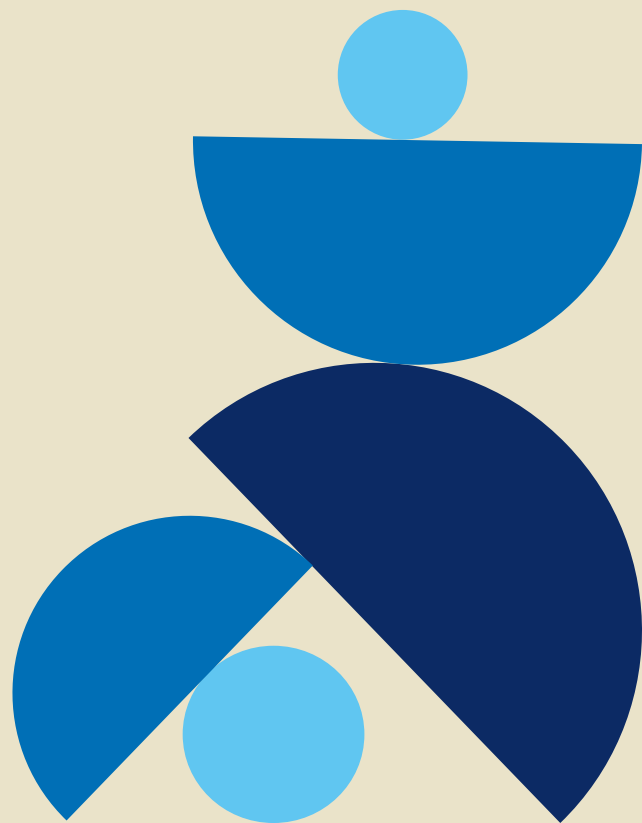


How to get the best out of Occupational Health Services



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Introduction

At Zurich Corporate Risk, we have an experienced and medically qualified rehabilitation team. We can advise and support our customers and their employees on aspects of health and wellbeing, enable presenteeism support, early intervention and case management and of course effective support for successful graded return to work plans and activities. Often Occupational Health services may not need to be involved as we can fully support the return to work.

However, we will work in collaboration with all treatment providers and Occupational Health services where there is a need or an opportunity to do so. The support we can provide complements these services, however it doesn't replace them.

We are often asked by employers to recommend Occupational Health providers who can assist them in determining the actions they can take to support their employee in performing their role or aspects of their role.

Frequently we do help Human Resources personnel by suggesting questions they can ask their Occupational Health provider, to ensure they get the fullest and most pertinent Occupational Health review and report on an employee.

This guide aims to help with some of the most commonly asked questions.

What is Occupational Health?

Put very simply, Occupational Health is about measuring and managing the effects of work on a person's health, and of a person's health on their ability to work. It is focused on the **interaction between work and health, and health and work**. Its aims and focus are to keep people well at work – physically and mentally - as ideally work should be comfortable when we are well and accommodating when we are ill.





Work and health - this is the impact that a person's work can have on their health, this may be a pre-existing health condition or disability that is aggravated by a work activity.

Occupational disease - a disease arising out of, or during, the course of employment, and caused by the work a person does; for example, occupational asthma, repetitive strain injuries and noise induced hearing loss.

Work-related disease - conditions that aren't caused by work but are aggravated by the work a person does. An example of this would be an employee with asthma may find their symptoms are aggravated by their working environment.

Health and work - traditionally, occupational health has been focused on protecting employees from work-related ill health but there is now an increasing focus on wellbeing interventions. Preventing ill health in the workforce and dealing with all potential causes of ill health, not just work. So, whilst sickness absence levels can be a measure of the success of Occupational Health services, there are many other factors that should be considered, such as general levels of physical and mental health and wellbeing.



“Occupational health is the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations by preventing departures from health, controlling risks and the adaptation of work to people, and people to their jobs.”

(International Labour Organization (ILO) and World Health Organization (WHO), 1950)

A brief history of Occupational Health

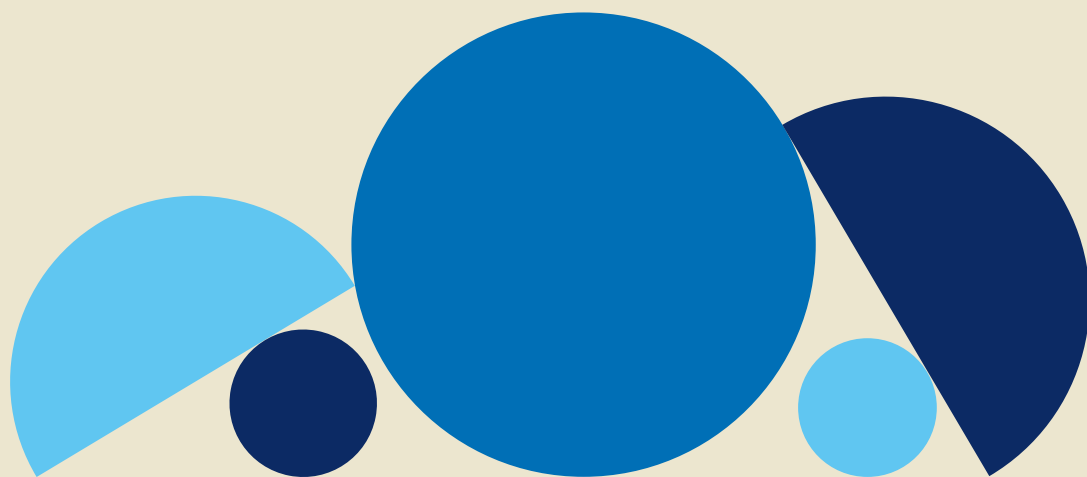
Occupational health can be traced back as far as ancient Greece when Hippocrates, a Greek physician and the father of medicine (the Hippocratic oath) observed lead poisoning among miners.

Modern occupational health can be traced back to the Industrial Revolution. During the British Industrial Revolution of 1760 to 1840 there was a rapid transformation of Britain from an artisan, agricultural economy into a manufacturing powerhouse which brought with it an increase in the number of untrained workers (including children) handling new machinery. This led to a rapid rise in work-related accidents and illness*.

Over time, certain progressive thinkers began to challenge the risk and danger to which workers were subjected in the pursuit of rapid manufacturing output.

The first Factory Act came into force in 1833, an attempt to improve working conditions, and through this was seen the appointments of the very first factory inspectors.

Occupational Health services and Occupational Health professionals have grown in force and necessity with the introduction of health and safety legislation over the years and are specialists in workplace health management.



Roles and responsibilities within Occupational Health

Occupational Health practitioners are in a unique place in terms of their practice. They are based in the workplace, between the medical profession on the one hand and employers on the other, they are trained to understand the unique interaction between work and health.

Fundamentally Occupational Health practitioners can advise on an individual's fitness for role and can also advise employers on any reasonable adjustments that could be facilitated to support an individual in their role.

Occupational Health Physician (OHP)

The only doctors who should use the title Occupational Health Physician are those who have a relevant higher postgraduate qualification in Occupational Medicine, which is recognised by the Faculty of Occupational Medicine.

Occupational Health Nurse Advisor

All Occupational Health Nurse Advisors are first and foremost registered general nurses, some of which, have gone on to specialize in Occupational Health and have obtained a recognised qualification in the specialty. All will be registered, and have an individual pin number, to practice under the Nursing & Midwifery Council.

The role of the Occupational Health Nurse Advisor incorporates the following;

- Advises on the effects of work on health and health on work
- Contributes to workplace policy development
- Visit workplaces to advise on health
- Assess the fitness of employees to undertake specific tasks
- Recommends relevant adjustments that may be required in the workplace to support people with disabilities to undertake their job role
- Monitors the health of employees by undertaking ongoing health surveillance and health monitoring, particularly for employees who work with certain chemicals, materials and could be exposed to noise or vibration as a result of work processes
- Assesses individual cases of injuries and illnesses and develops return to work strategies
- Provides training to organisations and their managers on how to make the best from Occupational Health services
- Engages with organisations to assess the effectiveness of delivery of Occupational Health services and look for ways to bridge gaps between business needs and Occupational Health provision.



What to expect from an Occupational Health provider and where to find them

Choosing an occupational health provider should involve two main steps:

Step 1

- First, be clear about what tasks need addressing, who else will be involved, and what you expect the Occupational Health physician or nurse advisor to do.
- The task could be about the medical assessment of an individual starting work or returning to work, or possibly leaving work. You need to be clear about your approach as it's not just the medical assessment but also the legal implications to be considered.
- A suitably qualified and experienced Occupational Health practitioner can bring a wealth of practical knowledge and experience of the broader context in which such medical assessments take place, as well as the experience to assess fitness for work.
- The task could however, be about health and ill health issues in the workplace. Do you have other health and safety advisers that can contribute? What added value do you expect from the Occupational Health referral?
- Occupational Health practitioners will be familiar with workplace risk assessment for health risks, and with the introduction of necessary controls. They will be experienced in health and medical surveillance of workers and maintaining health and surveillance records.
- Consider what medical and psychological issues you experience with your employees and seek a provider that can match this need. For example, many Occupational Health providers will have specialisms in Mental Health which may be more appropriate if you have a higher incidence of those issues rather than perhaps musculo-skeletal conditions or risks.

One of the main reasons employers refer an employee to Occupational Health is to help a manager resolve a situation where an employee's health situation might be affecting their fitness to carry out their job, or their job may be adversely affecting their health in some way.

Step 2

- Having established what you need from the referral to Occupational Health, choose an Occupational Health service provider to work with you. You can do this by seeking tenders, or by direct recruitment. You may want to take advice from other employers in your field of business. However, if you decide to recruit an in-house Occupational Health practitioner, be clear on the specific skills and competencies you require.
- You may want to engage a firm offering the full remit of Occupational Health support. This can bring a range of skills and individual competencies to bear.
- Alternatively, especially for narrowly defined tasks, such as sickness absence referrals and fitness for work assessments you may want to engage an individual Occupational Health practitioner or small consultancy service on a case by case basis. It is advisable to source an Occupational Health practitioner who has the relevant qualifications, experience and knowledge. There is a list of practitioners and their specialities available on the Society of Occupational Medicine website <https://www.som.org.uk/find-an-oh-professional>
- And remember, when requesting a review or a report, the more background information you can share with the Occupational Health practitioner, the better. Sharing any potential issues such as grievances, disciplinaries, disputes, and performance issues, will enable them to have a more rounded picture of the situation and facilitate a more useful and constructive report to be delivered. You may not be comfortable putting this information on a formal referral form, so this information can be shared verbally and confidentially.

What should an employer ask during an Occupational Health referral?

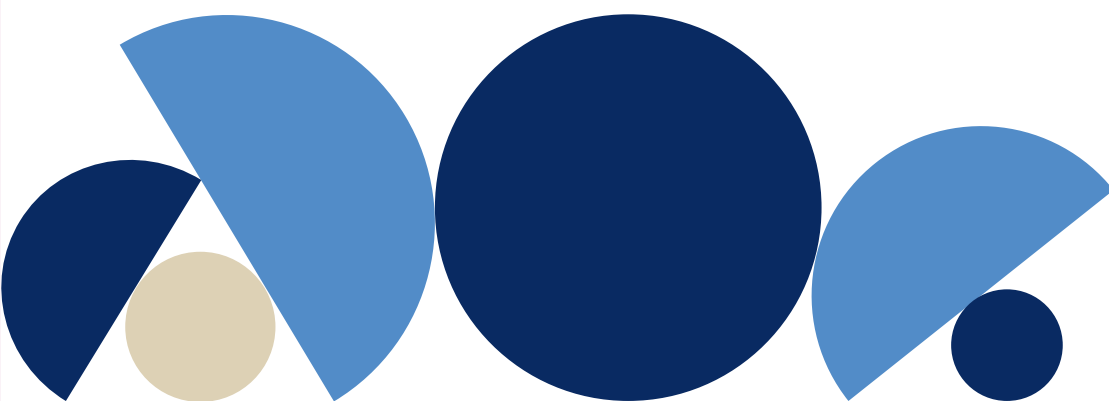
Here are some suggestions of questions you might like to ask, when referring to Occupational Health:

The most important part of the referral to Occupational Health is for the referring manager/human resources, to be clear about the reason for the referral and, consequently, prepare the right questions to ask the Occupational Health practitioner. The more specific the questions, the more likely they are to get answers that help them move the situation forward. Details should be included about the employee's job, their length of service, absence record (if appropriate), date of birth, and any conflicting interests at the workplace, such as grievances or complaints.

Prior to any Occupational Health referral, the requesting manager will need to explain to the employee the purpose and procedure for the referral and obtain their consent to be referred. Unless it is in the employee's contract of employment, employees are not obligated to engage with Occupational Health. The best approach to encourage engagement from the employee is to reassure the employee that the process is to provide support and understanding of how the company can help, and to also reassure them that it is confidential service and no information will be released by the Occupational Health provider without their full consent.

Some useful and valid questions to ask when seeking an Occupational Health opinion include the following:

- Is this employee medically fit to work in this role? If not, why and is this likely to change? In what time frame? Is this dependent on any actions being taken?
- When, if absent, are they likely to be able to return to work?
- Is a phased return recommended? If so, over what duration and can you suggest a plan of what this could look like?
- Is a review appointment recommended? If so when?
- Would the employee's condition be covered by the disability provisions of the Equality Act (2010)? <https://www.legislation.gov.uk/ukpga/2010/15/contents>
- Are any adjustments needed to help the employee in their work?
- Are there any restrictions in what the employee can do in their role? Are these likely to be short term or permanent?
- Is the employee receiving the appropriate medical care and support? If not do you have any recommendations to enable this?
- Is the employee's illness caused or exacerbated by their work?
- If the employee is taking prescribed medication, is it likely to impair their ability to do their job safely and effectively?
- If they drive as part of their role or in their commute are, they likely to be safe to drive?



What an employer should expect from Occupational Health following a referral and how you can use that information

Please remember that employees are primarily the patients of their own GP, and Occupational Health practitioners must not stray into areas that are the GP's responsibility. The Occupational Health practitioner is not usually able to carry out investigations, make further referrals or treat employees. However, it is worth exploring what other resources you may have access to via your insurance policies, such as an Employee Assistance Programme (EAP), which is (or will become) available as part of your Group Income Protection arrangement with Zurich*.

The report prepared by the Occupational Health practitioner requires written and informed consent from the employee, and the General Medical Council guidance recommends that the employee has the right to see the report before it is sent to their manager. The employee also has the right to request that any part of the report they consider to be inaccurate or misleading is amended.

However, sometimes an employee will disagree with an opinion in the report (perhaps, for example, in relation to when they could return to work) but the Occupational Health practitioner is not obliged to change the opinion. However, they may point out in the report that their opinion differs from that of the employee. In some cases, the employee will refuse to consent for the report to be released at all.

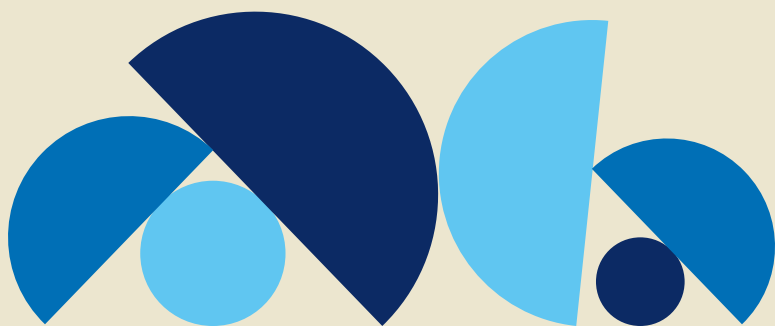
Typically, an employee will be given two to five days in which to comment on the report before it is sent to the person who has instructed Occupational Health.

The report itself should address the main reason for the referral as clearly as possible and answer the specific questions, in order to help resolve the situation in a way that will benefit both employee and manager.

Key points to remember

- The clearer and more relevant the reasons are for the referral, the better the outcome from the referral.
- Managers have the right to ask certain questions about their employee's fitness to work, but do not have the right to enquire about all medical details, including diagnosis.
- The report from Occupational Health services should help the employer to move the situation forward, and ideally, resolve it entirely.
- Not all Occupational Health practitioners know everything about every medical condition, and at times it may be necessary to seek further information.
- Occupational Health provides advice, but the decisions going forward are made by the employer, based on the advice from Occupational Health and guidance from human resources (HR). It is up to the employer to decide if any recommended adjustments or restrictions can be accommodated. However, they would need to be able to justify their decision should they be required to defend their position at an employment tribunal.
- If in doubt, a discussion with the Occupational Health practitioner is often the best way forward. Clarity about your aims and intentions will help the Occupational Health practitioner have a clearer picture of the situation.

* Your policy documentation will provide details of this service where it is provided



Frequently asked questions?

Can an employer, with the aid of Occupational Health, challenge and potentially overrule a GP's fit note?

In April 2010 the government launched the 'fit note' to replace the sick note. Within the fit note guidance, the government has indicated that employers may, in principle, be able to overrule a GP's advice in a fit note as to whether a person is potentially fit to return to work.

Consequently, an employer can potentially give precedence to the views of an Occupational Health practitioner over those of a GP.

What can an employer do if the employee refuses to engage with Occupational Health and refuses to consent for any medical reports to be obtained?

If the employee is not contractually obliged to attend an Occupational Health appointment, then the employer can't insist on this. In the absence of any medical information, the employer can only act on the information they have to date and follow the absence procedure.

However, it is important to explain to the employee that engagement with Occupational Health is a supportive measure and that the employee will have the opportunity to see the report before you do.

I have a one-off external Occupational Health report, what other support can I get for support going forward?

Whether the Occupational Health report has indicated a further review would be beneficial or not, if you feel further support is required going forward, then consider referring back to Occupational Health with any specific questions you may have or request a call with them to discuss and clarify the report. Plus the Zurich Corporate Risk team are also here to support you and may be able to offer further guidance.

What are the differences between Occupational Health support and Group Income Protection rehabilitation?

Our Zurich Corporate Risk rehabilitation team are medically qualified and vocationally experienced professionals, here to support you and your employees to aid an effective and sustainable return to work. We work collaboratively with the employee, HR, Line Managers and any third-party providers including treating professionals, Occupational Health and any other involved clinicians. We can also provide effective presentism support and early intervention services.

We cannot, however, offer a medical opinion on an individual's fitness to work or arrange health screenings, those areas are the remit of Occupational Health and treating clinicians. However, we do consider, based on the information available to us, whether an individual meets the definition of incapacity under our Group Income Protection policy.

Useful websites for further information

Standards for OH services;

SEQOHS (Safe Effective Quality Occupational Health Service) is a voluntary accreditation system for occupational health services. Its purpose is to help to raise the overall standard of care provided by occupational health services, thus helping to make a meaningful difference to the health of people of working age. The scheme is managed by the Faculty of Occupational Medicine. There are currently over 150 accredited occupational health services with a further 150 working towards SEQOHS accreditation. A full list is available on the SEQOHS website.

Find an Occupational Health professional at Society of Occupational Medicine at;
<https://www.som.org.uk/find-an-oh-professional>

The fit note – guide for patients and employers
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/464395/fit-note-patients-employees-guidance-sept-2015.pdf

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