

Occupational Health Policy

VERSION 1.3

8 JANUARY 2007

1 Statement of intent

Occupational health is the study and treatment of the effects of work on people's health. NERC embraces the principle that staff should go home as healthy as they set out. As part of its commitment to achieving and maintaining a high standard of health & safety at work (see NERC Health & Safety policy statement):

<http://www.nerc.ac.uk/about/work/policy/safety/procedures.asp> NERC will provide effective occupational health services for its entire staff. If a member of NERC staff has a work-related health problem, it is in both the employee's and employer's interest to resolve it and get the employee back to work as quickly as possible, and to maintain them at work without sick leave. Individual members of staff will benefit from help in identifying and managing their occupational health problems at an early stage. The importance of dealing with occupational health as part of our day-to-day operations is emphasised by the Health & Safety Executive's "Securing health together" strategy. Occupational health problems are usually a combination of work-related and other factors. The NERC scheme will concentrate on work-related problems but will also offer help with other problems where it would benefit the individual and the business.

Many aspects of occupational health are already dealt with by local schemes in NERC Research and Collaborative Centres. The aim of this policy is not to replace existing arrangements, but to ensure that they all meet a common standard, based on existing best practice. Early retirement on medical grounds will continue to be dealt with under the existing arrangements to satisfy Joint Superannuation Service criteria – see the JSS web page <http://jsspensions.nerc.ac.uk>

NERC policy is that all staff and volunteers should have access to the occupational health service through either management referral or self-referral. Management referral will result from administering the NERC policy on absence management (advised in the Staff Notices detailed in Section 5) and also in discussions with employees where health concerns are identified. Staff will also be able to obtain OH appointments for self-referrals on a confidential basis. Staff will be advised that if they have a work related health concern the employer would require a report from the OH provider before they could offer assistance. The use of professional occupational health providers will guarantee the confidentiality of information provided by members of staff to doctors and nurses. NERC will only have access to detailed medical information if the individual concerned has given his/her informed consent in writing. The occupational health providers will work with the NERC welfare service in areas such as dealing with mental health issues. See the MIND publication 'Line Managers toolkit' at

<http://www.nimhe.csip.org.uk/publications-and-other-resources/publications/social-inclusion-citizenship-.html>

2 Roles and Responsibilities

NERC has defined the roles and responsibilities of those involved in occupational health issues. These are detailed in Appendix 1

2.1 Role of the Personnel Sections

There should be a formal mechanism to ensure that action is taken in NERC to deal with any issues raised by OH staff. This should be the duty of the individual Research Centre personnel staff in consultation with local Health and Safety Advisors. The occupational health provider will not be expected to notify NERC of issues such as a line manager who may be causing stress to staff, although they may report that the condition is the result of work related stress. It is not appropriate to expect consultant medical professionals to tackle such problems on NERC's behalf. NERC should use its existing systems for identifying and resolving work related stress and difficult people. NERC is producing a Pressure Management Strategy that will address this issue.

As well as encouraging OH providers to put on health promotion events, personnel staff may be able to arrange events and knowledge transfer activities with other local agencies.

3 Organisational Arrangements

3.1 Occupational Health Service Models

There are various models for occupational health services, including:

- Direct contract services from local providers
- Services from university providers for sites co-located with universities
- Services from existing providers on shared non-university sites.

Whichever model is chosen, research centres must require the providers to demonstrate their competence. The standards of competence for occupational doctors and nurses are not available to the general public, so we can do no more than list providers who have given a satisfactory service to NERC research centres:

BAS – Derriford Hospital, Plymouth
 BGS Keyworth – Queen's Medical Centre, Nottingham
 BGS Edinburgh – Institute of Occupational Medicine, Edinburgh
 CEH Lancaster – Salus, Lanark
 POL - University of Liverpool Occupational Health Service

A detailed list of the services to be supplied is given in appendix 2 and section 3.4. Arrangements for regular statutory or advisory medical checks for the following staff will continue as at present:

Divers (must be carried out by HSE-approved medic)
 Pilots
 Staff working in the Antarctic
 Staff working at sea on research vessels
 Forklift truck drivers
 Animal technicians and workers
 HGV drivers

3.2 Competence of Occupational Health Providers

One of the criteria for selecting an occupational health provider will be competence. Under regulation 7 (“Health & safety assistance”) of the *Management of Health & Safety at Work Regulations 1999*, an occupational health provider will be deemed competent following enquiries as part of the contract tendering procedure. Any member of NERC staff who plays a part in any occupational health procedure must be appropriately trained and competent; they should consult the service provider if in doubt about any issue. Part of this training should be how to ensure, when seeking advice from an OH doctor, that you get the information you need. You may need to ask very specific questions, and it may be an iterative rather than a single-stage process.

3.3 Confidentiality

Under the rules of medical confidentiality the occupational health provider can only give limited information about a member of staff to NERC, unless the individual concerned gives written permission for more detailed disclosure, or a court orders disclosure. For example, in the case of a pre-employment check the provider can only tell us that a candidate is suitable, suitable subject to special provisions being made, or unsuitable. In the case of health surveillance they can only tell us that:

- There are no health concerns that require assistance from the organisation
- The health condition requires reasonable adjustments or interventions from the organisation
- The employee needs to be considered for a change of role to resolve or alleviate the health condition

NERC personnel staff will not have access to any information classified “Medical in confidence”; it will all be dealt with by our occupational health provider. This is because of the risk of untrained staff taking decisions, which they are not competent to take. In the past they may have done this unwittingly by applying standard or checklist-based actions to answers given on health declarations without reference to OH. In the event of a legal case this could render them liable for any adverse health effects or Disability Discrimination Act (DDA) claims. Our role will be limited to passing on confidential information in sealed envelopes. It will be a disciplinary offence to ignore this rule and could lay the individual open to civil action for breach of medical confidentiality. We will commission the occupational health provider to archive confidential information. When an individual leaves NERC employment, their medical records should be archived by the provider for the necessary length of time – up to 40 years for COSHH-related records.

3.4 Contract with an Occupational Health Provider

A specification for a model contract for occupational health services is attached at Appendix 2. The appendix also details the mandatory and discretionary services that should be included. In this section the services are explained in more detail and also the reasons for their inclusion.

- Pre-employment medical checks, which should cover “justified discrimination”, should be arranged for all new appointees. This will also include follow-up checks, where indicated, once new starters have begun work.

- Baseline checks for existing staff. Notification of any issues that are raised as health concerns.
- Return to work interviews after sick absences to determine whether there is an underlying problem. This would be considered after the line manager had discussed the return to work if it was felt that medical advice would be beneficial.
- Rehabilitation after sick absence – see Appendix 3 for a detailed procedural checklist. Other external organisations can also be approached to identify any other assistance that is available. i.e. Disability Employment Advisors, Remploy etc.
- Disability assessments to assist with making reasonable adjustments to enable recruitment or retention of people with disabilities and compliance with the Disability Discrimination Act.
- Health surveillance – to include:
 - Regular checks (e.g. lung function for staff working with dust, lung & heart function for staff doing strenuous work on mudflats/mountains, those exposed to vibration or suffering upper limb disorder)
 - Option for statutory or advisory checks (e.g. diving – but only if there are no existing local arrangements)
 - Post-employment checks where there is long-term risk (e.g. dust, noise)
 - One-off checks for unplanned/uncontrolled exposures.
- Occupational health aspects of risk assessment & risk control – where assessments identify occupational health issues
- Occupational health aspects of accidents. To assist in the review of procedures following an accident.
- Training for personnel & management – to help them understand the issues and the law
- Access to an agreed external mediator to help resolve internal conflicts that may arise – for example, health issues can lead to serious disagreements, e.g. if people will not admit to having a condition or to its effects.
- Access to an agreed external mediator to help resolve demands made by management which conflict with the rules of medical confidentiality, Disability Discrimination Act, Freedom of Information Act or Data Protection Act.
- General overseas travel advice – based on advice from the Medical Advisory Service for Travellers Abroad. To include a check for fitness to work overseas, provision of treatments where appropriate or referral to GPs or consultants.
- Medicals for staff returning from overseas following long-term assignments or where there may be a health concern – details to be specified in the "Safety when working overseas procedure".
- Advice on ergonomics and where necessary workplace assessments.
- Face-to-face consultations either on-site or at a local office.
- Site visits by OH staff so that they can understand the nature of the work and working conditions
- Where possible, to provide regular OH staff (i.e. the same doctor or nurse each time) so that the individuals can look around the workplace to get a feel for the types of work carried out there, to help them understand the work and issues that arise, and provide continuity of care.
- Health promotion events providing checks for blood pressure, diabetes, cholesterol, with advice and guidance.

3.5 Optional Occupational Health Services

There are also optional services that we may provide if circumstances justify it. The issues could be raised by managers or individuals and then referred to OH. Recommendations for assistance or treatment would be made by the OH professional, and will normally not be readily or quickly available on the NHS. These are detailed in Appendix 4 but include the following health issues:

- Alcohol or drug treatment.
- Mental health treatment.
- Counselling.
- Rehabilitation after sick absence.
- Physical therapy (chiropractic or physiotherapy)

4 Additional Health issues

4.1 Pressure Management (Stress)

NERC is in the process of drafting a ‘Pressure Management Strategy’ that will cover this issue in greater detail. The strategy will integrate with the OH Policy and provide practical support to staff.

4.2 Management of Display Screen Equipment

This area has clear guidance to ensure the safe working and health of employees and covers the Management of Display Screen Equipment Regulations. The NERC guidance is detailed in Appendix 5.

4.3 Optical Tests

NERC has a policy on eyesight test that is listed in the additional documents. NERC will pay for an appropriate eye and eyesight test if you often spend more than one hour a day working on your VDU. Your manager should support your request. See Staff Notice 98/02 for further information. Eyesight tests in Scotland are now provided free of charge.

5 Procedures and relevant documents

There are other policy documents, procedures and guidance that have a bearing on occupational health and these are detailed below.

5.1 Other NERC health and safety procedures are: – <http://www.nerc.ac.uk/about/work/policy/safety/procedures>

No	Name	Web site link
2	Use of display screen equipment	
8	Safe handling, lifting & moving of loads	
9	High potential risk groups in risk assessment	

18	Safety when working overseas	
20	Accident reporting & investigation	
27	Noise	
19	Control of substances hazardous to health	Currently in draft
31	Biological safety	With SMG
32	Contaminated land	(?) Not yet started
35	Ionising radiation	(?) Not yet started
36	Stress management	(?) Not yet started
40	Non-ionising radiation	(?) Not yet started

5.2 Relevant NERC Management Notices are: – <http://net.nerc.ac.uk/policy/>
(password protected)

SMPN 07 Accidents and other incidents involving official vehicles – note 1

SMPN 30 Personal protective equipment (including protective clothing) – note 2

SMPN 43 Qualified first aiders (i) formal notification of appointment (ii) indemnities –note 3

SMPN 81 Guidance on mental health issues

SMPN 83 A guide to the employment of children & young people (young workers) in NERC

Note 1 – will be included in transport policy when completed.

Note 2 – will be replaced.

Note 3 – will be replaced by new procedure.

5.3 Relevant NERC Staff Notices– <http://net.nerc.ac.uk/policy/notices/>
(not password protected)

90/02 Medical Advice

92/09 Access to Health Records held by NERC on members of staff

93/19 Smoking in the workplace

95/06 Alcohol and Drug Misuse

95/03 A Stress Management Policy for NERC – see note 1

95/07 Sick Absence in NERC

98/02 Eyesight tests for staff

98/03 Attendance

99/09 Stress Management – see note 1

Note 1 – to be reviewed as part of the NERC Pressure Management Strategy

6 List of Appendices

Appendix 1 sets out roles and responsibilities of staff at all levels for implementing this policy.

Appendix 2 gives the specification for a model contract for occupational health services.

Appendix 3 is a checklist for staff returning to work after sickness absence

Appendix 4 lists the discretionary services that can be offered

Appendix 5. is the NERC guidance on the management of the Display Screen Equipment Regulations.

Roles and Responsibilities

Director Centre/Survey/Laboratory: responsible for.....

- Supporting positive action by all management levels.
- Campaigns to encourage managers to act on priority areas.
- Delegating responsibility to sites/divisions.
- Auditing.
- Annual assurance on safety performance to NERC.

Site Director/ Head of Administration: responsible for.....

- Acting to deal with major problems identified by OH professionals
- Delegating specific responsibilities to line managers.
- Deciding the level of line management responsibility for record holding
- Monitoring the effectiveness of the system.
- Cooperation with auditing.
- Annual reports/assurance to C/S/L Director on health & safety performance.
- Monitoring reports of symptoms and taking action to deal with them.

Division/ Section/ Group/ Unit heads: responsible for.....

- Completing risk assessments (with assistance from OH professionals)
- Providing Safe Systems of Work (where appropriate) and their authorisation.
- Record keeping and monitoring the effectiveness of safety systems.
- Enforcing safety instructions and encouraging a positive safety culture.
- Annual reports to Site Director/senior managers.

NB. All levels of line management are involved in health and safety management.

Staff: responsible for.....

- Following management instructions
- Minimising risk to themselves and others
- Cooperating in the production of risk assessments
- Asking their GPs to pass relevant information to the OH professionals
- Reporting symptoms in the Accident Book.

Specification for model contract for occupational health services

The specification should be generic; we are not sufficiently knowledgeable or experienced to write a detailed specification. Major OH providers should already have staff and procedures in place to meet our requirements. It should be for the tenderers to propose to us how they would provide the specified services for NERC staff, and how they would provide the following internal rules and controls;

- Cost-benefit analysis of occupational health
- Pre-employment health checks – how they will fit with NERC procedures
- Procedures for handling confidential information, including archiving
- Policy on communication with NERC staff and management
- Provision of training for NERC personnel & management staff so that they can understand the limitations of what OH can tell them and how to ask appropriate questions
- Monitoring efficacy and efficiency of occupational health services
- Rules for governance
- Occupational health support for the occupational health team
- Communication with unions (with the specific permission of the individual)
- Continuity of service, i.e. the same OH professionals to provide the services in order to guarantee internal consistency and continuity of knowledge.

The contract should use the standard “form of contract for services” of the Research Councils’ Procurement Office. It should provide fixed prices for the length of the contract – normally 3 years. An appendix should specify the particular services required at the site. Clearly these will vary between sites, but some examples are given below. In your request for tenders you should describe the types of services which will be needed but ask the tenderers to specify what in their opinion would be the appropriate levels of service. It is essential for tenderers to visit the site and discuss the requirements with informed people – probably the head of administration and safety adviser, together with any other specialist advisers such as Radiation Protection Supervisors, Diving Officers etc, to ensure that the appropriate types and levels of services are being offered.

MANDATORY SERVICES

- Pre-employment checks.
- Return-to-work interviews and advice on rehabilitation after sick absence.
- Disability assessment.
- Assisting with conflict management.
- Annual radiation medicals for workers classified under the Ionising Radiations Regulations, and other radiation workers where necessary.
- Annual diving medicals under the Diving at Work Regulations 1997.
- Any other specialised routine medicals.
- Medicals for staff going to work overseas, including any necessary vaccinations or medication.
- Advice and information for staff going to work overseas, or returning from work overseas.

- Medicals for staff returning from work overseas following long-term assignments or where there may be a health concern, including any necessary tests or medication.
- Specialist first aid courses.
- Other training courses as required.
- VDU assessments and advice on ergonomics.
- Other risk assessments.
- Health surveillance for staff exposed to hazardous substances.
- Audiometric testing for staff exposed to elevated noise levels.
- Advisory service for managers.
- Regular site visits by OH professionals so that staff can have access to OH advice.

DISCRETIONARY SERVICES

- Alcohol and drugs.
- Mental health.
- Counselling.
- Pressure Management (stress).
- Provision of private treatment where NHS provision is not available or unduly delayed.

If you are uncertain about any of these issues or need further advice in drawing up a specification, please contact the NERC safety adviser.

Checklist for return to work and rehabilitation after sickness absence

- Decide – with help from OH and personnel if necessary – whether staff are fit enough to perform the job they did before taking sick leave. This is particularly relevant where staff initially work part-time after returning from sick leave.
- Make necessary adjustments to the risk assessment, risk controls and safe systems of work to take account of remaining weakness, tiredness etc.
- Allow for the difficulty of returning to work after a prolonged absence (such as falling behind with developments in the job, dealing with a backlog of work, losing touch with colleagues etc)
- Understand that psychological adjustments needed by staff returning to work may have health & safety implications
- (Optional) consult the Welfare Officer about any difficulties, or choosing the best option to suit the individual circumstances
- (Optional) ask OH staff to advise on what types of work the staff member can safely perform
- Provide counselling and training if necessary
- Monitor the situation
- Record decisions and actions.

NB this is based on the checklist in High Potential Risk Groups procedure, but may need further amendments or additions.

Discretionary Services

Alcohol & drugs:

- Consult the welfare service
- Train managers to recognise signs & symptoms
- Deal with problems sympathetically
- Persuade individuals that they have a problem and need help
- Refer them to specialist counsellors and provide appropriate treatment
- See SN6/95 Alcohol & drug abuse, the NERC policy on alcohol- and drug-related problems.

Mental health

- Automatically involve the welfare service
- Management referral to the OH providers in conjunction with welfare service
- Training in listening and reflecting back).

Counselling

- Consult the welfare service before referring to OH
- Discuss options with welfare officer and consider therapeutic counselling
- There may be a long delay before referral to NHS counselling service – in some cases a value-for-money assessment could justify paying for private treatment.

Stress

- Work with the welfare service
- Consider the NERC 'Pressure Management Strategy'
- Make individuals aware of how they can tackle the problem
- Talk to line manager first, welfare next – it may become clear in the welfare interview that an individual needs help from their GP or a counsellor
- Give people access to counselling if they are under disciplinary or performance procedures.

Rehabilitation after sick absence

- Work with the welfare service
- Encourage contact between personnel and staff on sick leave
- Link to attendance monitoring
- Respect people's feelings
- Give more publicity to existing procedures
- Provide access to consultants
- Pay for private treatment if value-for-money assessment justifies it
- Return to work interviews
- Follow-up interviews

Physical therapy (chiropractic or physiotherapy)

- Work with the welfare service
- For people at work, consider if health could be improved by physical therapy
- Pay for private treatment if value-for-money assessment justifies it
- OH professionals to provide guidance on treatment and recommended practitioners

NERC guidance on the management of the Display Screen Equipment Regulations

This is a particularly difficult area to manage. Problems range from staff being unhappy with furniture to major, serious, irreversible injury. Upper Limb Disorder (previously known as Repetitive Strain Injury) is not a single medical condition but a range of them grouped together only because of similarity of effects, not a similarity of cause. The condition is characterised by symptoms (reported effects describable by people) with few, if any, signs (measurable changes in anatomy or physiology) particularly at the early stages. Indications are that reported ULD symptoms are on the increase (though not universally in NERC). The disorder can, and often does, have a rapid onset. Moving from first symptoms to serious injury can also be very rapid. Research by HSE indicates that almost all users of keyboards/mouse have some measurable changes compared to controls; these are only measurable using specialist sensitive equipment. All of us are, therefore, potential sufferers.

Management must, therefore, be a continuous process rather than an occasional one.

Assessment of VDU Workstations should include these steps:

- Completion of regular (annual) self-assessments by users (a new assessment form has been produced recently by HSE and NERC has generated its own version of this which will be available to staff shortly)
- Completion of new self assessments if circumstances change (new equipment, new position of workstation, significant new software or job specification)
- Completion of new self assessments immediately if symptoms develop
- Help with or follow-up of this self-assessment by competent people
- The competent people can, in the first instance, be NERC staff trained in the basics of assessment. One per Section or Group will be able to keep a regular eye open for problems even if they are not reported by users
- External assessors may be used but should be brought in only after an internal assessment has been made and, ideally, following an initial diagnosis of the problem (see below) to focus actions

If any of these steps identifies problems, there **must** be follow-up:

- The nature of the problem must be identified because management varies according to the particular type of symptom/injury
- During this initial establishment of cause, the workstation, work patterns, software etc. should be changed along general lines. Do not wait for final diagnosis. Help with this general management can be obtained from the Safety Advisers.
- General Practitioners may produce sick-notes identifying specific disorders; these can be misleading because proper diagnosis is not easy in a general practice
- Staff must be referred-on to a specialist
- This would normally be the Occupational Health provider for the site in the first instance
- If more specialist expertise is required for a full diagnosis, the OHS would arrange for a consultation

- Along with the diagnosis, the specialist/consultant medical staff will give guidance on how the problem should be managed (if they don't, ask for it)
- Some problems can be managed by surgery; however, further disorders can develop as indirect results. All staff who have received surgery must be observed and supported closely afterwards for these indirect effects.
- Other problems will not require direct medical intervention but might be manageable by changes in working practice; specialist companies are available who will assess the needs and suggest equipment to manage the problem

All of the above steps must be recorded carefully

Responsibility for managing ULD falls with normal line management structures. Within NERC the primary management would be by Section Heads with the assistance of Safety Advisers. Higher management should be informed of the problem and how it is being managed.

ULD is reportable under the RIDDOR Regulations. The time to report is when a diagnosis is available. All RIDDOR reports should go through the manager responsible on each site – normally the Site Manager; they will know that copies must be sent to Swindon Office. HSE will normally follow up such reports with either a visit or a questionnaire on how we manage this area of H&S.

NOTE: Home working on computers should also be considered in assessments. Other activities can also cause comparable symptoms of ULD; the employer is clearly not responsible for these but any ULD caused by other factors may be exacerbated by work and we are responsible for that. Laptops are a particular problem – see the guidance in the revised NERC DSE Procedure.

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