

*Implementing Occupational Health [Services?]*

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# *Topics*

- ❖ **What is Occupational Health**  
*[a little history]*
- ❖ **The Law**
- ❖ **How do you do it**
- ❖ **Whose involved**
- ❖ **Comments/ Observations**

## Occupational health

### Target 25- Health of people at work

**‘By the year 2000, the health of workers in all Member States should be improved by making work environments more healthy, reducing work-related disease and injury, and promoting the well-being of people at work.’**

# *What is OH ?*

- ❖ In recent history ;
- ❖ Impact of *health* on work
- ❖ Impact of *work* on health
- ❖ 1974 – Health & Safety etc.
- ❖ EMAS

# **Effect of health on work**

## ***Traditional approach***

- fitness
- strength
- General health
- Body size, height, weight
- Hearing, eyesight



**Fit for duty**

**Medical**

**heart**

**lungs**

**musculoskeletal**

**senses**

**skin**

**Fit for duty**

**Psychological**



# **Effect of health on work**

## ***Fitness standards***

**recruitment**

**selection**

**training**





**Effect of health on work  
*problems***

age

activity

exposure

relevance



# **Effect of work on health**

**Nature of job**

**Working environment**

**Nature of human body  
recovery**

# *The Law*

- ❖ HASWA
- ❖ Position of EMAS
- ❖ Noise
- ❖ COSHH
- ❖ Diving
- ❖ Radiation
- ❖ Pressurised workings

*Etc ??*

# Health Surveillance

The exposure of the employee to a substance hazardous to health is such that an identifiable disease or adverse health effect may be related to the exposure.

# Health Surveillance

**There is reasonable likelihood that the disease or effect may occur under the particular conditions of their work.**



# Health Surveillance

**There are valid techniques for detecting indications of the disease or the effect.**

# Health Surveillance

Methods of  
Surveillance

**sensitive**  
**specific**  
**simple**  
**safe**  
**satisfactory**

# Health Surveillance

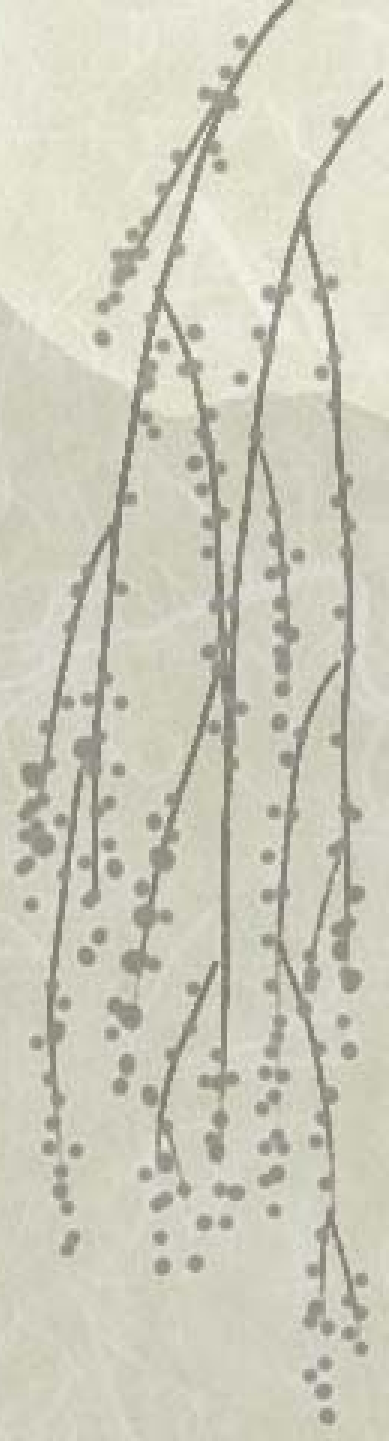
**Biological Effect Monitoring**

**Medical Surveillance**

**Inquiry about symptoms**

**Inspection by responsible person**

**Review of health records**



# *How do you do it?*

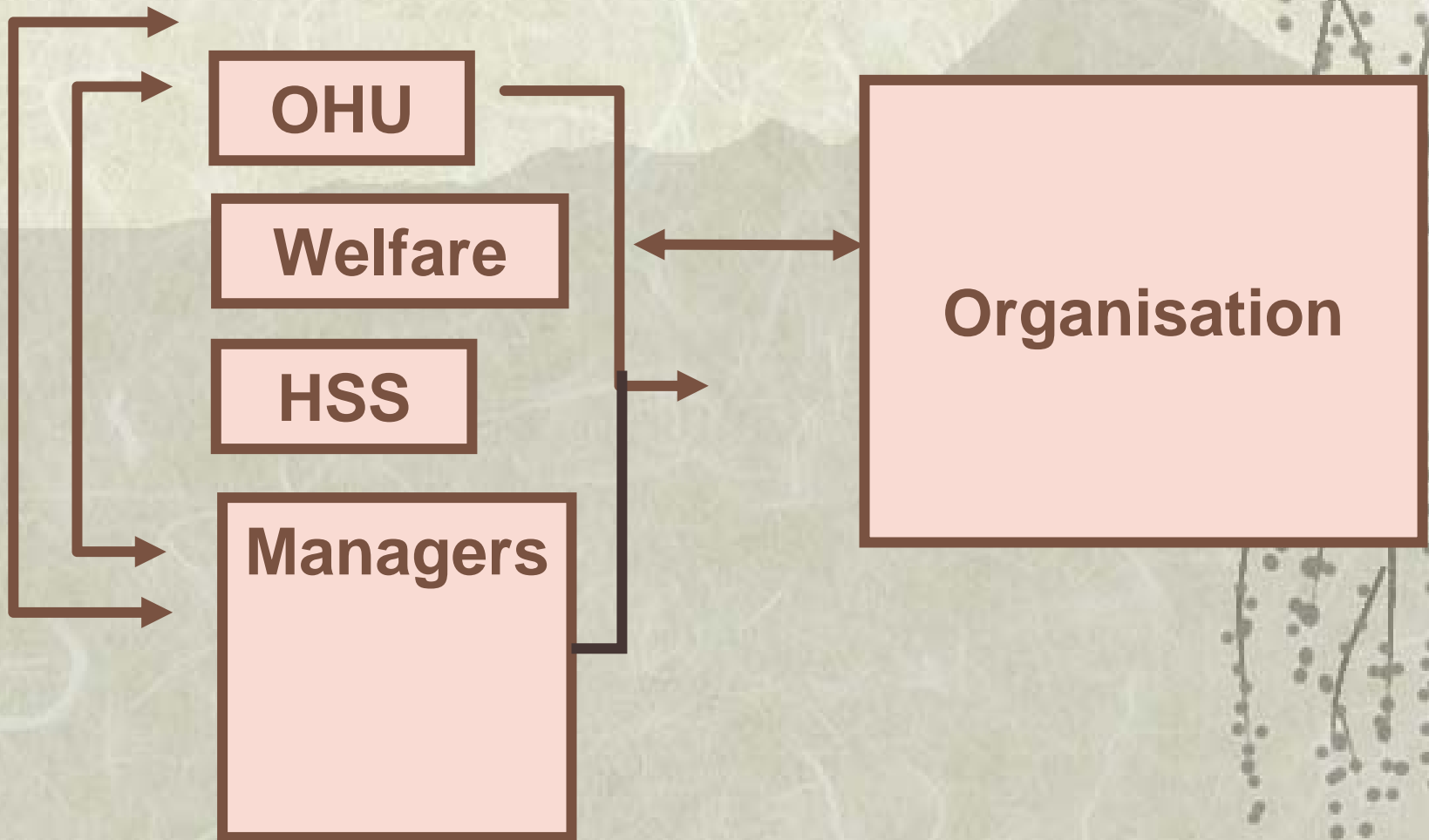
- ❖ So what is OH ?
- ❖ Who does it apply to
- ❖ Why?
- ❖ An overseas view



# *Models of OH application*

- ❖ In the UK – delivered by NHS services  
? Sufficiency in house :
- ❖ Paid for out of the *General Fund*
- ❖ Australia- different states schemes – but  
do not assume *employer liability*
- ❖ Rehab

# The Occupational Health FUNCTION



# **The Occupational Health FUNCTION**

**As a Management role  
Impact of work upon health  
Impact of health upon work  
Fitness for work  
Central location in SMS**

**As a management function**

**doctors**

**Other professionals**

**Line managers**



**As a management function**

**Multi-disciplinary:  
doctor  
nurse  
hygienist  
safety advisor**



**As a management function**

# **Occupational Health Service**

**Knowledge of work environment**

**Compliance with standards**

**Fitness for work**

**recruit**

**in-service**



**As a management function**

## **Occupational Health Service**

**Health related employment issues  
sickness absence  
PMR**

**Health surveillance  
Occupational vaccination**



**As a management function**

# **Occupational Health Service**

**Environmental visits**

**Health promotion and education**

**Counselling**



# *Organising for OH*

- ❖ Wide number of aspects involved
- ❖ System components
- ❖ Organising the “professionals”
- ❖ Policy decisions – health or work
- ❖ Insurance and pension fund considerations



# *What the team/function does.*

- ❖ Identification of trends and patterns in health behaviour and experiences.
- ❖ Compliance with the law
- ❖ Adequacy of risk control measures
- ❖ Identification of possible 'new' hazards to health.
- ❖ Effectiveness of health surveillance, pre-employment medicals and sickness absence control
- ❖ Use of sickness absence data to elucidate both the effect of work on health and the effect of health on work.

# *Other issues ?*

❖ Insurance

❖ DDA

❖ ?



# *Practical matters*

- ❖ The Access to Medical Reports Act 1988

relates to the clinical care relationship between patient and doctor, allowing patients to see reports prepared by their doctors for employment or insurance purposes.

# *The Access to Health Records Act 1990*

- ❖ In this Act care includes examination, investigation, diagnosis or treatment
- ❖ The Act gives people access to non-computerised medical records made after 1 November 1991. Unlike the Data Protection Act 1998 there is no registrar (the Data Protection Commissioner) to oversee the application of the Act's provisions.

# *The Access to Health Records Act 1990*

- ❖ Information obtained by professionals involved in the occupational health team will normally be classified under the heading of 'confidential information'. This confidentiality is for the purposes of the individual employee, respecting their rights to have information known about them restricted to those who have professional duties placed upon them. Information passed from one professional to another regarding an employee, such as between an occupational health doctor and a GP, is confidential and should not be shared without the person's consent.

# *The Access to Health Records Act 1990*

- ❖ The confidentiality aspect does not exist for information shared between different professionals for other purposes. Of course the employee has a right to know this information (see The Access to Medical Reports Act 1988). Consent is considered to have been given if the employee is being looked after by a team. In this case it may generally be assumed that the employee is aware of the team and the need for sharing of information within the team

# *Employer's Access to Information*

- ❖ The Access to Health Records Act 1990 also makes provision for a person to give consent for others to have access to a medical record on their behalf. This provision raises the possibility of asking employees to allow access to medical records not retained by the employer's health professionals. For example, this can include examination of medical records for the purposes of pre-employment assessment, for example from a GP, or access to consultants' reports
- ❖ **Limited to Medical professionals**

# *Provision of Services*

- ❖ 1. Part of the employment structure of the company - in house
- ❖ 2. Provided as an outsourced contracted service - external contract.

# *In House*

- ❖ A close understanding of the nature of the work
- ❖ The management of the organisation and its culture
- ❖ The opportunity of being incorporated into the management structure -providing pathways for both communication and influence
- ❖ A rapport with the workforce
- ❖ Continuity of service provision
- ❖ Maintaining relevant competencies - especially where specific health surveillance actions are required.

# *In House*

- ❖ Reliance upon a fixed team. The general insufficiency of numbers of appropriately qualified professionals means that staff movements to another organisation can be difficult to replace.
- ❖ Cost - an employed service absorbs all the costs.
- ❖ Inflexibility - the need for services may be seasonal or fluctuate, for example, around recruitment peaks for some organisations.
- ❖ Absence of staff during holiday periods, sickness absence, etc.
- ❖ Competencies and experience are locked in by contract of employment factors.
- ❖ The training of the team has to be funded.

# *OUT SOURCED*

- ❖ For smaller employers, professionals can be hired on a part-time basis. For example, GPs with an interest and qualification in occupational health may be called in on an as needed basis to undertake medical examinations.
- ❖ A service provider may possibly have a wide range of experience and skills for the employer to tap into..
- ❖ Flexibility can be provided with a range of professionals to call on. This also ensures sickness absence and holidays are covered.
- ❖ The contractor takes on the employment contract burdens and financing of the service.

# *OUT SOURCED*

- ❖ Contractual provisions can be adjusted to allow for variations required in service provision.
- ❖ Recruitment of professionals and assurance of competencies is transferred.
- ❖ Costs can be adjusted either on a pro rata basis for services called on - such as a per capita charge for medical examinations - or through the mechanisms of contract renewal
- ❖ Market forces can be utilised to seek best value and value for money in terms of service provision as for any other outsources service.

# *OUT SOURCED*

- ❖ Possible difficulties with making the service part of the organisation's management with a need to focus especially on communication and influencing structures
- ❖ Reliance on the service provider to remain viable. Financing is directed to profit provision for the provider subject to market forces.
- ❖ Absence of continuity if the contractors are changed frequently.

# ***KEY ISSUES***

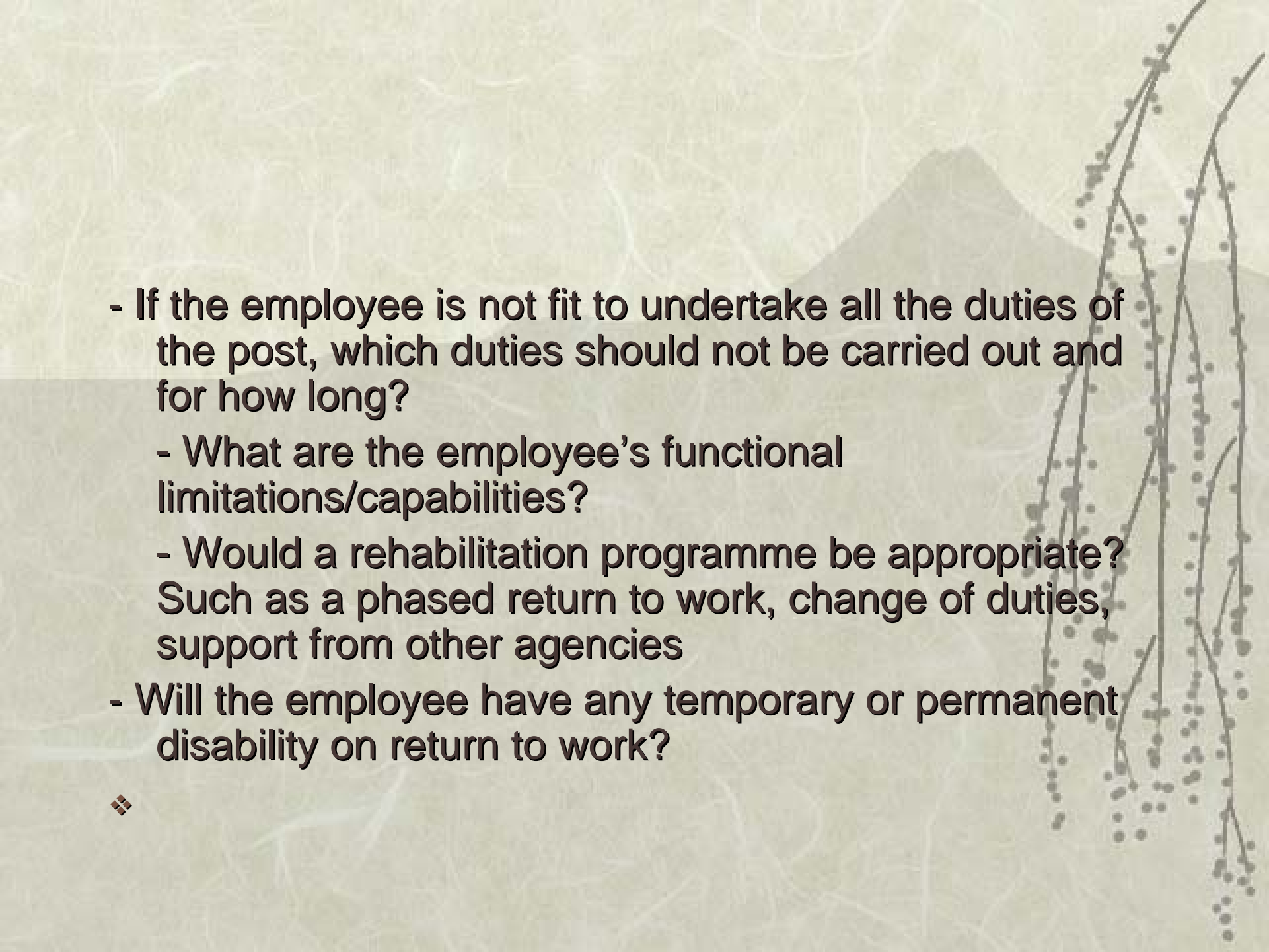
- ❖ **The specification.**
- ❖ **competencies**
- ❖ **record keeping**
- ❖ **Monitoring of performance**

# *SPECIFICATION- REPORTS*

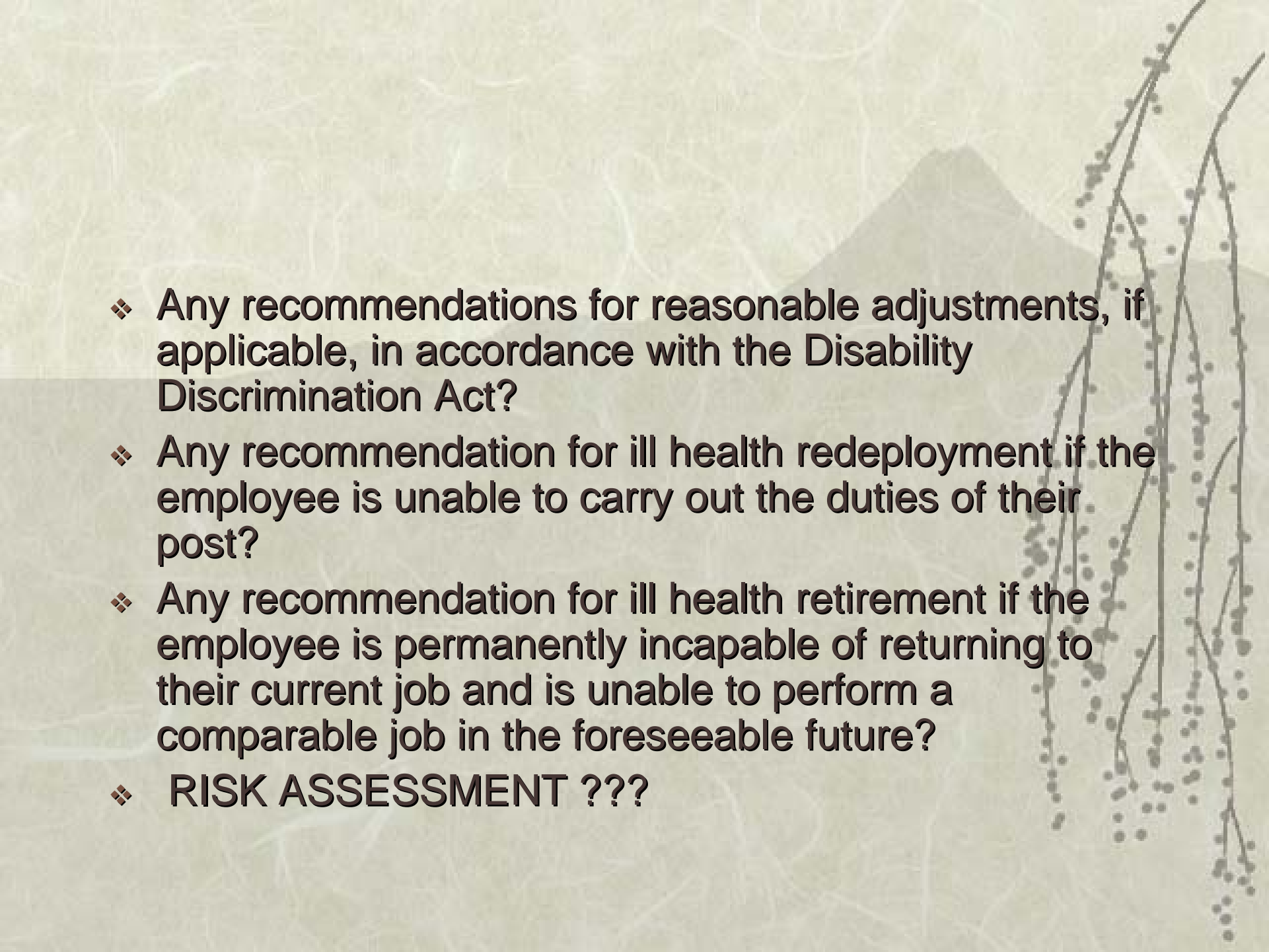
- ❖ **communicate information in such a way that management is able to understand and make use of the information**
- ❖ **make it clear that information is given within the medical confidentiality guidelines**
- ❖ **address the employment issues raised**

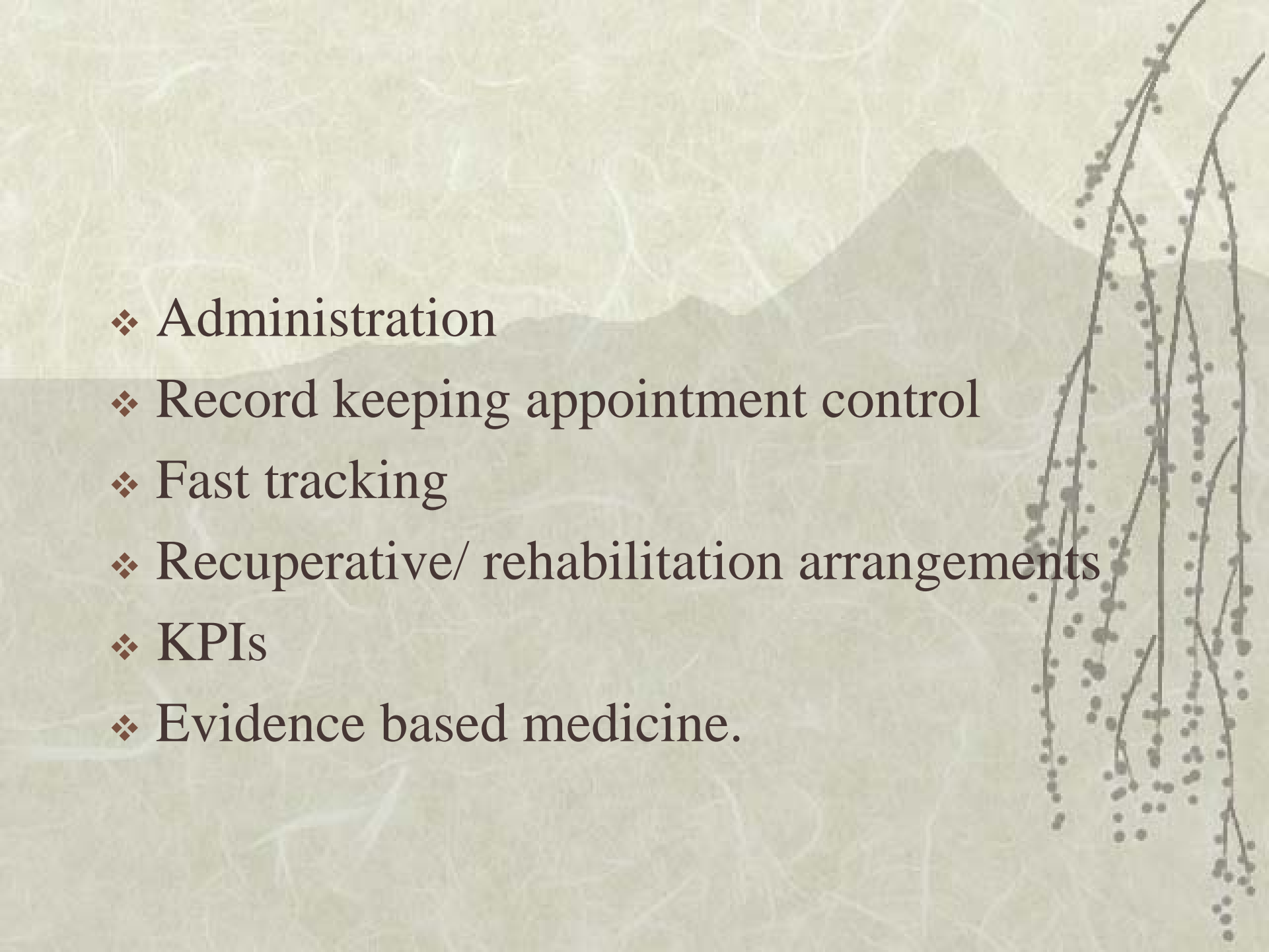
**When will the employee be likely to be able to return to work?**

- ❖ **Is there an underlying medical reason for the level of absence?**
- ❖ **- Does the employee have a medical condition that is affected by their work and are there any reasonable steps the Authority can take to reduce risk of exacerbation to their condition?**
- ❖ **- Is the level of attendance likely to improve and if so, when?**
- ❖ **- Is there a likelihood of recurrence in the foreseeable future and what impact may it have on attendance and performance?**

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- The background of the slide features a soft-focus image of a mountain range under a pale sky. In the foreground on the right side, there are several thin, dark branches of a willow tree, some with small, dark buds or leaves. The overall color palette is muted, consisting of light greens, greys, and browns.
- If the employee is not fit to undertake all the duties of the post, which duties should not be carried out and for how long?
    - What are the employee's functional limitations/capabilities?
    - Would a rehabilitation programme be appropriate? Such as a phased return to work, change of duties, support from other agencies
  - Will the employee have any temporary or permanent disability on return to work?



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- ❖ Any recommendations for reasonable adjustments, if applicable, in accordance with the Disability Discrimination Act?
  - ❖ Any recommendation for ill health redeployment if the employee is unable to carry out the duties of their post?
  - ❖ Any recommendation for ill health retirement if the employee is permanently incapable of returning to their current job and is unable to perform a comparable job in the foreseeable future?
  - ❖ RISK ASSESSMENT ???

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- The background of the slide features a soft, muted landscape. In the upper half, there are silhouettes of mountains in shades of light green and grey. On the right side, a willow tree with long, thin branches and small, dark buds hangs down. The overall color palette is a mix of light greens, greys, and off-whites, creating a calm and naturalistic atmosphere.
- ❖ Administration
  - ❖ Record keeping appointment control
  - ❖ Fast tracking
  - ❖ Recuperative/ rehabilitation arrangements
  - ❖ KPIs
  - ❖ Evidence based medicine.

The background features a textured, light beige surface. In the upper half, there are silhouettes of mountains in shades of light green and grey. On the right side, there are dark, thin branches of a willow tree with small, dark buds or leaves.

❖ **ANY QUESTIONS?**



❖ THANK YOU  
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