

Occupational Health Department Operational Policy

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of Approval:			\boxtimes		
			13/12/2026		

Version Control Sheet

This must be completed and form part of the document appendices each time the document is updated and approved

Date dd/mm/yy	Version	Author	Reason for changes
19/02/21	6	Sue Wild, Head of Occupational Health	Typographical errors Use of Acronyms Sections 2, 4, 5.1.4, 5.2 updated
13/12/23	7		Review date reached. Change of EAP provider to Vivup

Consultation / Ackno	wledgements with Stakeholders	
Name	Designation	Date Response Received
All OH Team	Full Occupational Health team Meeting	13/12/2023
Eleanor Palmer- Rigby	Associate Director	09/11/2023
Kerrie Chesters	Clinical Lead	08/12/2023

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1 Introduction / Purpose

The purpose of this policy is to ensure that employees of Blackpool Teaching Hospitals NHS Foundation Trust and contracting organisations are provided with a high quality occupational health service that ensures:-

- All staff have access to an occupational health service and are aware of the services provided.
- All staff receive the appropriate health screening and vaccinations for their job purpose.
- Sharps injuries are managed efficiently and effectively.

2 General Principles / Target Audience

This policy applies to all employees working within Blackpool Teaching Hospitals NHS Foundation Trust. This would include, but is not limited to, bank staff, staff in training and external workers for whom the Occupational Health Department (OHD) provides a service to.

3 Definitions and Abbreviations

HRBP HR business partner
OH Occupational health
OHT Occupational health team

On i Occupational nealth team

OHD Occupational health department

4 Responsibilities (Ownership and Accountability)

Health care employees have a duty under the Health and Safety at Work Act (1974) (1) and a professional responsibility not to endanger by their acts or omissions, the health of other employees and patients. All staff are required to complete a pre-placement questionnaire and give an honest account of their health and to attend OH if necessary.

The OHD has a duty to work in conjunction with line managers, the health and safety department, the infection control team, human resources, trade union representatives and other expert advisory teams.

It is the duty of every employee to ensure that they attend OH when requested to do so by their manager or the OHT.

It is the responsibility of the line manager to allow the staff member time to attend OH.

It is the responsibility of the OHT to allow the patient to make informed choices regarding treatment.

5 Policy

5.1 Clinical services

5.1.1 Pre-placement assessment

A pre-placement questionnaire must be completed by all new staff. The questionnaire will be reviewed by an OH nurse and the staff member will either be cleared as fit or asked to attend the department for review by a nurse or doctor. The staff member may be contacted for further information in order to assist in decision making.

If a member of staff is referred to a doctor, health clearance may take at least 3 weeks as it may be necessary to write for further information from either a GP or treating consultant, in these cases clearance may be delayed. Staff must not commence duties until they have received satisfactory health clearance.

Managers will be informed by the Recruitment Team via the TRAC system once an individual is fit for employment.

If the new starter does not attend OH for their appointment for vaccination or control of infection screening, then health clearance cannot be given until control of infection evidence is obtained by attending OH or provision of acceptable evidence.

These individuals must not be allowed into practice until they are passed as fit and it will be the role of their line manager to enforce this.

If this advice is ignored, then those who have declined to follow procedure will be held accountable.

Some staff may be deemed fit with temporary restrictions and may be subject to further attendance at OH. Failure to attend the subsequent OH appointment, well result in their temporary restriction revoked and they will be deemed unfit for work.

In that instance the following action will be taken by the OHD:-

 Inform the manager and the appropriate Divisional Director in relation to doctors and the appropriate divisional heads in relation to nurses and other clinical staff.

5.1.2 Management of sickness absence

The prime responsibility for managing sickness absence lies with the line manager. The manager may refer employees for assistance in managing sickness absence in accordance with the Attendance Management Policy (CORP/POL/011) (2). Good practice indicates that the employee must be informed of the referral and offered a copy of the referral before sending this to OH.

- HR advice sessions
- All divisions will take part in HR advice sessions and those will involve the divisional manager / line manager, divisional human resource business partner (HRBP) and the

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occupational health physician / clinician. In all cases the staff member who is to be discussed will have been made aware at their OH appointment these sessions take place and their consent sought.

- Wellness case conferences
- Wellness case conferences will allow the opportunity for a full discussion regarding
 the most appropriate course of action for staff who are currently off on long term
 absence from work due to sickness. The employee will be required to attend, along
 with their Trade Union Representative / work colleague, line manager, HRBP and the
 OH physician. The aim will be to collectively achieve a solution for all parties
 involved.

The clinical team, in partnership with HRBPs, deliver training to managers to ensure they are equipped to deal with individual cases.

5.1.3 Management of needle stick injures

The OHD will work in conjunction with the infection control team, accident and emergency and the consultant microbiologist to ensure the appropriate prophylactic treatment and follow up is carried out following exposure prone incidents. This will be done in accordance with the Needle stick Injuries and Accidents Involving Exposure to Blood and Body Fluids in Staff (CORP/PROC/100) (3).

Any puncture wound from a needle known to contain blood contaminated with a Blood Born Virus should be reported as a dangerous occurrence under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) (CORP/PROC/320) (4; 5).

5.1.4 Psychological wellbeing

The OHD provides a confidential therapeutic service:

- Employees can request their line manger to refer them for counselling, CBT or hypnotherapy
- However, employees can also self-refer to the Trust EAP service (6) Vivup via vivup.co.uk
- Therapy may also be offered to the employee if it is identified that this may be helpful
 as part of a management referral relating to sickness absence or other work-related
 concerns.

Any member of staff who is involved in a serious incident, traumatic circumstance, or other significant event for which they may need support are encouraged to contact the counselling service to arrange an appointment.

OH has a dedicated mental health nurse advisor within their team. A confidential assessment will be made by a member of the OH team as to what therapy or support would be most suitable for individuals.

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5.1.5 Stress management and health and wellbeing

The OHD ensures the organisation takes ownership of managing work related Stress.

Cases of work-related stress are monitored by the OH clinical and therapy teams accordingly.

The department leads the Stress Health and Well-being agenda in line with the recommendations from the Boorman report which enables the Trust to be fully compliant.

The department offers advice to all levels of staff relating to stress management and coping skills.

5.1.6 Occupational safety and environmental control

In conjunction with the Risk Management Department the OHT will give general advice on the work environment, ventilation, heating, lighting, noise, ergonomics and other work-related issues. This will be done in accordance with Health and Safety legislation.

Workplace assessments will be carried out by the OH physician when deemed necessary, and a written report provided.

5.2 Clinical services

Managers should refer staff immediately for the following issues:

- Work related stress
- Acute musculoskeletal conditions
- Acute dermatological conditions

The department operates an online referral service that can be accessed via the OneHR portal. If there are difficulties completing via the online system, the form (Appendix 2) can be completed and forwarded to the Occupational Health E-mail address bfwh.occupational.health@nhs.net. The E-mail will be acknowledged electronically, in this case there is no need to send a paper copy.

Employees can self-refer for OH advice on 01253 957950.

When the manager has referred the employee, a member of the OHT will see or contact the staff member and a written report will be sent to the referring manager with employees' consent.

If an employee has self-referred, then the manager will not receive a report unless specifically requested by the employee and OH clinician deemed necessary.

Staff who do not attend will not be offered another appointment unless re-referred by their manager. The manager will be made aware that their employee did not attend.

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5.3 Training

The OHD will participate in training activities to raise awareness of the function of the department and workplace hazards.

See 5.1.2 and 5.1.5.

5.4 Standards of Service

The service will be provided by qualified occupational health practitioners and within occupational health policy and procedures.

The service will operate to national standards set by:-

- The Department of Health
- The Faculty of Occupational medicine
- The Association of Occupational Physicians in the NHS (ANHOPS)
- The Association of Occupational Health Nurses in the NHS (ANHONS)
- The Nursing and Midwifery Council
- Occupational Health and Safety Standards
- British Association of Counselling and Psychotherapy (BACP)
- Health and Safety Management standards (HSE)
- Safe Effective Quality Occupational Health Service (SEQOHS).

5.5 Access to Service

The OH service is based at the Staff Health and Wellbeing Centre, Whinacre House adjacent to the outpatient department on the main hospital site.

The department is open 08.15 – 16:30 hours Monday to Friday.

5.6 Confidentiality

Confidentiality and data privacy is adhered to in accordance with Trust and national policy. All OH records are stored securely within the OHD in accordance with the Trust's Data Protection Policy (CORP/POL/064) (7; 8).

5.7 Records Management

Clinical records will be retained for current staff in line with national guidance and CORP/POL/054 (9) following termination of employment.

Statutory records will be retained for the period specified in the legislation.

- Control of Substances Hazardous to Health (COSHH) 40 years
- Work in compressed air regulations 40 years
- Ionising Radiation Regulations 50 years

5.8 Audit / monitoring

Statistical information will be recorded on the dedicated OH software system Cohort.

- An annual report will be completed.
- Responsibility for monitoring this lies with the head of department for OH.
- An annual audit plan will be implemented for the department.
- Results of all audits will be presented at the HR / Organisational Development (OD) committee.

6 References and Associated Documents

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- 15. **Crown.** The Control of Substances Hazardous to Health Regulations 2002, Schedule 6. [Online] 2002. [Cited: 03 01 2024.] http://www.legislation.gov.uk/uksi/2002/2677/schedule/6/made.
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Appendix 1: Au	dit Timetable			
Audit	Responsibility	Frequency	Date to be completed	Complete Y/N
Documentation Audit	KC/CP/SG	Annual /Sooner if indicated	As necessary	Y
DNA Audit	SW/TW	Monthly	On-going	Y

Appendix 2: Occupational Health Referral Form





OCCUPATIONAL HEALTH REFERRAL FORM CONFIDENTIAL

Date of referral:	Date of any previo	us referral:	
	▼		
PERSONAL DETAILS			
First Name:	Surname:	DOB:	
*		X /	
Address:		Post code:	
CONTACT DETAILS			
Mobile:			
Work telephone:			
Home telephone:			
Personal email:	> V		
** Appoint	nent details or text reminders may	he sent to your mobile	
дрроши	or emailed to you at this email a	address **	
EMPLOYMENT			
EMPLOTMENT			
Name of Employer:		Data	
		Date commenced:	
Name of Employer:			

This referral document will form part of the employee's medical record which they may have a right to see under the Data Protection Act 2018.

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			Blackpool Teaching Hospital NHS Foundation Trus
First Name:	Surname:	DOB:	
Please indicate the real	ason for referral:		
Absence short term (less	3 4		
Absence Long term (28 o	days +)		
Anxiety/depression	O.D. MARON S. S.		
Stress – work related (ur			
Stress – work related (28 Stress - non work related			
Stress - non work related			
Therapy – counselling	(20 days)		
Therapy - counselling Therapy - hypnotherapy	ŗ		
Therapy - CBT (via furth			
Behavioural issue	,,	V	
TIA assessment	•		
18045 18 0007 H			
Ill health retirement 2. What type of work & a	ctivities are undertaken by the en	nployee?	
2. What type of work & a Prolonged Standing	ctivities are undertaken by the en	nployee?	
What type of work & a Prolonged Standing Frequent Walking	ctivities are undertaken by the en	nployee?	
2. What type of work & a Prolonged Standing Frequent Walking Prolonged Sitting	ctivities are undertaken by the en	nployee?	
2. What type of work & a Prolonged Standing Frequent Walking Prolonged Sitting Vocational Driving	ctivities are undertaken by the en	nployee?	
2. What type of work & a Prolonged Standing Frequent Walking Prolonged Sitting Vocational Driving Working with Chemicals		nployee?	
2. What type of work & a Prolonged Standing Frequent Walking Prolonged Sitting Vocational Driving Working with Chemicals Working with Biological A	gents	nployee?	
2. What type of work & a Prolonged Standing Frequent Walking Prolonged Sitting Vocational Driving Working with Chemicals Working with Biological A Working with dust or furn	nge nts	nployee?	
2. What type of work & a Prolonged Standing Frequent Walking Prolonged Sitting Vocational Driving Working with Chemicals Working with Biological A Working with dust or fum Work Pressure/demanding	ngents es ng job	nployee?	
2. What type of work & a Prolonged Standing Frequent Walking Prolonged Sitting Vocational Driving Working with Chemicals Working with Biological A Working with dust or fum Work Pressure/demanding Display Screen Equipme	agents es ng job nt/Computer work	nployee?	
2. What type of work & a Prolonged Standing Frequent Walking Prolonged Sitting Vocational Driving Working with Chemicals Working with Biological A Working with dust or fum Work Pressure/demanding Display Screen Equipme Exposure Prone Procedure	agents es ng job nt/Computer work	nployee?	
2. What type of work & a Prolonged Standing Frequent Walking Prolonged Sitting Vocational Driving Working with Chemicals Working with Biological A Working with dust or fum Work Pressure/demandir Display Screen Equipme Exposure Prone Procedu Moving & Handling	es ng job nt/Computer work	nployee?	
2. What type of work & a Prolonged Standing Frequent Walking Prolonged Sitting Vocational Driving Working with Chemicals Working with Biological A Working with dust or fum Work Pressure/demandir Display Screen Equipme Exposure Prone Procedu Moving & Handling Shift/weekend work/long	es ng job nt/Computer work	nployee?	
2. What type of work & a Prolonged Standing Frequent Walking Prolonged Sitting Vocational Driving Working with Chemicals Working with Biological A Working with dust or fum Work Pressure/demandir Display Screen Equipme Exposure Prone Procedu Moving & Handling Shift/weekend work/long Night Duties	es ng job nt/Computer work	nployee?	
2. What type of work & a Prolonged Standing Frequent Walking Prolonged Sitting Vocational Driving Working with Chemicals Working with Biological A Working with dust or fum Work Pressure/demandir Display Screen Equipme Exposure Prone Procedu Moving & Handling Shift/weekend work/long Night Duties On Call	es ng job nt/Computer work	nployee?	
2. What type of work & a Prolonged Standing Frequent Walking Prolonged Sitting Vocational Driving Working with Chemicals Working with Biological A Working with dust or fum Work Pressure/demandir Display Screen Equipme Exposure Prone Procedu Moving & Handling Shift/weekend work/long Night Duties	es ng job nt/Computer work	nployee?	

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		Blac	ckpool Teaching Hospital NHS Foundation True
First Name:	Surname:	DOB:	
•	round history for this referral:-		
(The box will expand)			
ADVICE OR GUIDANCE R	EQUIRED		
 Please let us know if yo information on in our re 	u feel that there is anything spec	ifically that you would like	us to provide
Likely return to work / cou			
Limitations advised	se date		
Adjustments advised		(/.	
Whether recurrence likely		$\overline{}$	
Is it likely that the Equality	Act 2010 may apply		
Is III health retirement app			
Other:-			
	- 12		
Background Information			
 Are there any ongoing of other circumstances who 	or recent grievance procedures, of ich could be affecting the curren	disciplinary issues, susper t situation? (please tick)	sion or any
NO YES	If yes, please provide det	ails:-	
(The box will expand)			

_						
					Blac	kpool Teach
					Dide	Hospi NHS Foundation
First Name:		Surna	ime:	DC	B:	
	Material and American					
Details of S	Sickness Absen	<u>ce</u>				
absence		absences), for a	/course days lost, a minimum of 1 yea			
Date from:	Date to:	No of days/	hours: Reason:			
		,				
				V		
7. What st	age of the sickne	ss policy is your	employee currently	being review	ved?	
Stage 1 –	Informal Review	Meeting				
Stage 2 -	Attendance Revie	ew Meeting	11.			
Stage 3 -	Attendance Revie	ew Meeting	-]
Stage 4 -	Attendance Capa	bility Hearing				
Manager's	s declaration				YES	NO
I confirm th	hat I have discuss	sed the referral v	with the employee a	and		
I confirm the	the reasons for re hat the employee	has been given	ational Health a copy of this refer	ral form		
					I .	
Signed:			Name:			
Date:			Job title:			
Contact No	0:		Email:			
Address to	where report is t	to be sent:				
	te the report will o	only be sent to e	ither the email or w	ritten address	that is	
According	to FOHN-Conser	nt-and-Confiden	tiality-in-occupation	al-health.pdf	docume	nted
consent fo informed c	r the consultation	and report prov	ides the best evide	nce that a wo	rker has	given
This same	lated form should	he emailed had	k to: bfwh.occupat	onal.health@	nhs.net	

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Appendix 3: Equality Impact Assessment Form						
Department	Occupational Health	Service or Policy	CORP/POL/180	Date Completed:	February 2021	

GROUPS TO BE CONSIDERED

Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.

EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED

Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic/deprivation.

economic/deprivation.						
QUESTION	RESPONSE		IMPA			
Ma 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Issue	Action	Positive	Negative		
What is the service, leaflet or policy development? What are its aims, who are the target audience?	To ensure that employees of Blackpool Teaching Hospitals NHS Foundation Trust and contracting organisations are provided with a high quality occupational health service					
Does the service, leaflet or policy/ development impact on community safety Crime Community cohesion	No					
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No any staff who should benefit are included within this policy.					
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No					
How does the service, leaflet or policy/ development promote equality and diversity?	All staff are included within this policy					
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	All staff are included within this policy					
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	Yes		Yes			
Will the service, leaflet or policy/ development i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces?	No					
Does the service, leaflet or policy/ development promote equity of lifelong learning?	No					
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	Yes by the management of staff within the workplace					
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	No					
Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	No					
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	No					

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Appendix 3: Equality Impact Assessment Form								
Does the policy/development pron access to services and facilities for group in particular?								
Does the service, leaflet policy/development impact on environment	or No							
During development								
2. At implementation?								
	ACTION							
Please identify if you are now Analysis	Please identify if you are now required to carry out a Full Equality Yes No (Please delete as appropriate)							
Name of Author: Sue Wild Signature of Author:			Date S	igned:	19 09 2023	3		
Name of Lead Person: Kerrie Chesters (Nurse Manager) + Clare Partington (OH Signature of Lead Person: Sister)			Date Signed:		19 09 2023	3		
Name of Manager: Signature of Manager			Date S	Signed:				