

ULTH Occupational Health Service list

Please see the full list of services that can be provided by ULTH Occupational Health. **Please be aware that all services may not be on offer in your organisation and you may need to consult your employer to see what is on available to you.**

1. New starter health assessments

We can provide confidential health assessments to new starters to allow employers to make reasonable adjustments and modifications in accordance with the Equality Act 2012. This includes an online health questionnaire which is reviewed by one of our occupational health nurses. If a new starters needs are more complex, our occupational health nurses can arrange a face-to-face or telephone consultation with support from occupational health physicians.

2. In work health assessments/referrals/reports (sickness absence management)

We assess each referral to ensure that your employee is assessed and seen by the most appropriate health professional within the team. The referral process may assist with preventing work-related illnesses and injuries and guidance on adjustments to the work environment to ensure it is safe and fits the needs of the employer -Ergonomic assessments maybe conducted by organisations health and safety teams to prevent musculoskeletal injuries.

You may not need an Occupational Health referral in the following circumstances

- When the individual has had a relatively simple surgical operation which has been uncomplicated. You can see typical recovery times from surgical procedures at www.workingfit.com
- When the individual has no residual symptoms.
- When the individual states they can undertake the job without difficulty, and you agree with the opinion.
- When the individual is likely to be able to resume their normal duties with simple adjustments to the role that are short term.
- Occupational Health staff are more than willing to give advice on the telephone on whether a referral would be useful to you if your organisation has an SLA with OH. Please call the Triage Nurse on 01522 573597 option 3 or email ulth.occupational.health@nhs.net and the Triage Nurse will email or call you back.

Some work adjustments that a manager can consider implementing for a period of up to four weeks

- Do a phased return to work, i.e. part-time working initially and gradually building up to normal over a fixed period of time which is kept flexible if possible.
- Allocating some of the individual's duties to others.
- Altering the working hours.
- Assigning the person to a different place of work.
- Allowing absences for appointments or treatments such as counselling or physiotherapy.
- Arranging further training, such as communications skills or time management.
- Modifying equipment.
- Providing further supervision.
- Adjusting premises.
- Changing shift patterns, or exploring different work options e.g. part-time, job share, flexible working around agreed outputs. On return think about reducing or stopping night work if tiredness is a problem for the individual, providing more regular working hours, reducing the length of the working day or week, shift changes or different rest periods.
- Identify specific areas of work the individual finds difficult to undertake and adjust the tasks if possible.
- Consider the option of working from home for a short period if this is an option in the job role.

The following may require a referral to Occupational Health

- When there is concern over the physical ability of the individual to carry out the work.
- When the individual has a health problem partially / fully caused by work.
- When the individual says they will not be able to undertake a significant part of their normal duties because of ongoing symptoms.
- When there is a concern over patient safety, or the safety of others.

Do you Need Occupational Health advice to organise a return to work?

If a staff member is going to be off sick for more than 4 weeks, you should **consider** whether a referral to Occupational Health is required so that the individual is seen before they return to work.

Managers should maintain regular communication with individuals who are absent from work so that managers can start to discuss the return-to-work plans well before the individual is fit to resume work. Bear in mind that you are very likely to have to wait for an appointment for your staff member in Occupational Health. You may be disappointed if an individual is off sick for three months and then indicates they are ready to resume work in a few days and you still require Occupational Health advice to return them to work.

Waiting for people to become 100% fit for their work before allowing them back is therefore unrealistic – it lengthens absences unnecessarily and may ultimately even compromise their future health.

Who can make a referral?

HR referrals

HR might make a referral when they notice that an employee has frequent, unexplained absences which could indicate a health issue related to the workplace. For example, a hospital housekeeper might be suffering from respiratory issues potentially linked to the cleaning chemicals being used.

Manager Referral

Managers can request to have access to the My Cority Portal where referrals are made. Managers can make referrals at any point during an individuals' employment. As a manager you should complete the referral form ideally with an employee as they **must** be aware they are being referred.

As an example, when an employee is returning to work after an illness or injury, a referral can be made to provide any necessary adjustments to support their return to work. This could be the case for a member of staff returning to work after recovering from a surgery, where adjustments such as reduced hours or modified duties may be necessary.

Occupational Health Referral Triage and rejection of referrals

- Management referrals will be rejected and returned to the referring manager with an explanation of the reasons for the rejection when: rejected due to insufficient demographic data to identify the correct staff member or to contact them (name, date of birth, postal address, telephone number and email address).
- When no clear health reason is identified in the referral.
- No questions have been asked.
- Where the questions posed relate to non-Occupational Health matters.
- Where there is a lack of supporting information within the referral, meaning the reasons for the referral are not clear and it's not possible to see what input Occupational Health can offer.
- If the employee has been seen before and the OH professional has concluded that further referrals are unlikely to be of benefit. Under such circumstances, a case conference may be preferable.
- Rejected referrals will be closed and the reasons why clearly returned to the referring manager and HR contact (named on the referral) with clear reasons why.
- Referrals asking solely to expedite appointments, medical treatments impacting on the ability to work. Occupational Health are unable to refer directly to specialists with the exception of Dermatology for skin problems on hands, face and exposed skin impacting on an individual's ability to work.

Referral to Occupational Health is completed online

All referrals to Occupational Health are now completed online and Managers need an Online Login to do this.

To request a login email ulth.occupational.health@nhs.net with your name, date of birth, job role and organisation. A login will then be generated and sent to you.

Our specialist occupational health team will work with you and your organisation to provide impartial and professional advice to support your employees to return to work as quickly as possible, and to maintain their attendance at work.

3. Health Surveillance

Health surveillance can alert you and your employer to early signs of potential health problems that can be related to their work or workplace. This is not an alternative to proper control of exposure and it not the same health screening services but can be used for the detection of illnesses and identify protecting measures such as personal protective equipment of a change in working practices.

Your workplace risk assessment should identify whether health surveillance is required for your employees such as for.

a. Work with ionising radiation

Ionizing radiation - Ionizing radiation is a type of energy released by atoms in the form of electromagnetic waves or particles. [Ionizing radiation and health effects](#)

Once managers have undertaken a risk assessment and health surveillance requirements for ionising radiation are identified as required, a HSE questionnaire is to be completed and forwarded to Occupational Health to ensure to ensure the health, safety, and wellbeing of employees exposed to ionizing radiation in the workplace, is in compliance with the Ionising Radiations Regulations 2017 (IRR17) and the Health and Safety at Work Act 1974 (HSE,1974)

The appointed consultant will conduct IR medicals and advise to management

[Ionising radiation: protecting workers and others - HSE](#)

HSE Questionnaire

An employer must classify an employee where they consider that their employee is likely to receive:

- an effective dose greater than 6 mSv per year or

- an equivalent dose greater than 15mSv per year for the lens of the eye or
- a dose greater than 150mSv per year for the skin or the extremities (hands, forearms, feet or ankles)
- Employees can only be classified if they are aged 18 years or over.
- Classified Persons must adhere to safety protocols, and report symptoms of concern.
- Classified Persons must attend / engage with Annual Ionising Radiation Medical

b. Noise at work -audiometry

Health surveillance for noise exposure involves occupational audiometry. Its purpose is to detect early damage to hearing from noise exposure. This allows appropriate action to be taken in the workplace and appropriate medical action to be taken for the client. Occupational audiometry may identify hearing impairment due to noise or due to other underlying disease processes affecting the hearing

The Control of Noise at Work Regulations (2005), which were introduced in April 2006 are designed to address:

- I. The health risk of hearing damage to those exposed.
- II. The safety risks such as noise affecting the ability to hear instructions or warnings.

The lower exposure action values are—

- a daily or weekly personal noise exposure of 80 dB (A-weighted)
- a peak sound pressure of 135 dB (C-weighted).

The upper exposure action values are—

- a daily or weekly personal noise exposure of 85 dB (A-weighted)
- a peak sound pressure of 137 dB (C-weighted).

c. Spirometry

Health surveillance is a legal requirement identified in the Control of Substances Hazardous to Health regulations 2002 (COSHH) if your employee's exposure is above a specific level.

Some work involves exposure to a substance that can cause occupational asthma. Typical substances are isocyanates (e.g. two-pack spray paints), flour dust, grain dust, wood dust, rosin cored solder fume, glues and resins. Occupations such as bakeries, food processors, beauty services, healthcare services, painters, preparers, welders and woodworkers, are all associated with occupational asthma.

Health surveillance helps prevent occupational asthma developing by detecting the early signs. We can advise on an appropriate health surveillance programme for your organisation. This is likely to include regular testing involving health questionnaires and lung function tests.

Collecting simple information may lead to early detection of ill health caused by work and identify the need for improved control measures.

All employees exposed or likely to be exposed to an asthmagen should receive suitable surveillance.

What is the purpose of spirometry?

Aid diagnosis– especially to detect respiratory defects at an early stage.

Control - of the progression or recession of the course of a chest condition.

Classification – of the type of lung defect

d. Skin

Employers are responsible for implementing appropriate measures to prevent skin diseases, including providing appropriate protective equipment, implementing safe work practices, and providing training and education to workers on how to protect their skin from hazards in the workplace.

Health surveillance serves to identify the effects of both acute exposure and prolonged low-dose exposure to weak irritants and other hazards on the skin. Employees with underlying skin conditions may be more susceptible to developing skin disease following exposure to very weak irritants.

You may have exposure to hazardous chemicals which could cause skin irritation or damage. Health surveillance is designed to safeguard your health and where necessary provide advice to your manager or refer you on to your GP or specialist occupational health professional.

A skin assessment involves looking at an individual's skin to identify any signs of occupational skin disease (allergic contact urticaria, allergic contact dermatitis or irritant contact dermatitis), or skin dryness that could make an individual more susceptible to dermatitis.

[Health surveillance - Skin at work: Work-related skin disease - HSE](#)

4. Immunisations/ serology

Occupational Health not only undertake preplacement employment checks in preparation for working for various organisations that may require staff to have had certain vaccines relevant to their working area but can also give vaccine updates such as for

Hepatitis B (also known as hep B) which is a liver infection that is spread through body fluids such as blood. It can cause both acute (short-term) or chronic (long-term) disease. As an employer, you are required to assess the risks from blood borne viruses [The Health and Safety Executive](#) and ensure appropriate measures are in place to protect your workers from infection risks A workplace vaccination programme can be a way to do this.

The Trust policy is designed to ensure that staff do not transmit Hepatitis B and that patients do not transmit the infection to staff.

All healthcare workers should be protected. This includes students and trainees who have direct contact with patients. The group also includes doctors, surgeons, dentists, nurses, midwives, laboratory workers, mortuary technicians, domestic staff and porters

Immunisation will be considered for any other staff who are at risk of injury.

Serology/blood tests may be undertaken to confirm viral load/antibodies and immunity as part of pre-employment checks

First aid measures for inoculation injuries

- Encourage wounds gently to bleed, wash gently with soap and water.
- For splash/bite injury ensure area is washed
- Irrigate eyes and mucous membranes
- Don't scrub the wound whilst you are washing it
- Don't suck the wound
- Dry the wound and cover it with a waterproof plaster or dressing
- Report the injury to your manager
- Complete inoculation injury form.
- If donor patient known obtain consent form donor patient to screen for HIV, HBV, HCV.
- Must not be done by injured recipient. Dr in charge of donor should initiate.
- If high risk donor may need to discuss with virologist / senior doctor the need for PEP
- Unknown donor take blood from injured client for storage only