



OCCUPATIONAL HEALTH SCHEMES

Occupational Health Schemes can have a major effect in preventing ill health through work.

The idea of occupational health is not new. However, occupational health has been given little profile and has rarely been an issue which employers have seen as important. This may be because it lacks the immediacy of safety issues and therefore is often given less priority than the removal of hazards.

Yet occupational health schemes can have a major effect in preventing ill health through work and in ensuring that people are able to return to work as early as possible.

Two million people every year are made ill through work. Over half of these are the result of musculoskeletal conditions such as back pain. Stress effects over 500,000 people a year. Most of these illnesses are easily avoidable.

Occupational Health Schemes have a major part to play in preventing ill-health through work, and UNISON wants to see a greater priority given to them. The Treasury has recently demanded that public bodies ensure that their employees have reasonable access to occupational health services. Branches can use this to ensure that their employer introduces a scheme or reviews any existing scheme.

WHAT IS OCCUPATIONAL HEALTH?

The Health and Safety Executive has identified two elements to occupational health.

The first and most important element is the effect of work on employees' health and the health of others.

This includes:

- identifying what can cause or contribute to ill health in the workplace;
- determining the action required to prevent people being made ill by work, based on a well informed assessment of the risks; and
- introducing suitable control measures to prevent ill health, such as back pain arising from working conditions and practices.

The second element is to ensure:

- that people with health conditions, or who have a disability or impairment, are not unreasonably prevented from taking up job opportunities; and
- that people at work are fit to perform their required tasks, for example, by adapting work practices for people with conditions such as epilepsy or asthma, or making sure that people working in compressed air are fit to do so.

This definition is one which is wider than that used by most employers, and one which UNISON would generally welcome. However it means nothing unless occupational health addresses the adverse health effect of issues such as poor work organisation, long working hours and lack of employee control over workload.

There is also a third element to occupational health, which is evident from the HSE Occupational Health Strategy "Securing Health Together". This is rehabilitation. Rehabilitation is the recognition that early intervention for people in work who have been made ill, is necessary to retain them at work and that those who have to take time off are returned to work as quickly as possible. This can involve medical interventions such as physiotherapy, adapting the working environment or, where appropriate, retraining and reassignment.

An Occupational Health Scheme is a service which gives access to a range of professional advice and services to employees. It should aim to cover all the points in the definition above. It can be reactive – that is waiting for issues to arise or for people to get ill before taking action, or proactive – getting involved in health promotion issues such as monitoring and screening.

There is no single model of what is a good occupational health scheme. It depends on the nature of the organisation, its size, the kind of work involved, and the service it provides. Nevertheless, it must be competent to do at least four things: advise on potential risk; recommend solutions to remove/control risk; monitor the health of employees; gather and hold information.

This guide will help UNISON branches ensure that their employer is providing a service that meets the needs of the workforce. Principles drawn up by the National Occupational Health Forum (a joint industry, professional body, and trade union organisation): People in jobs where there is foreseeable health risk should have access to expert advice on

whether they may have been harmed.

People who have health problems that they think are related to their work should have access to expert advice on whether their work is likely to be the cause.

People of working age who are ill or injured should have access to expert advice on how to regain their fitness for work.

Information about individual preventative and placement needs should be conveyed to employers in a way that does not put the jobs of those affected at risk.

Information about work and health should be collected and analysed to determine priorities for prevention.

THE LAW

There is no actual legal requirement to provide an occupational health scheme, but it would be impossible for any employer to fulfil their legal obligations without maintaining some kind of occupational health service. The question is not whether to provide a service, but what kind of service.

Every employer must provide a safe workplace and must assess risk at work. There is a whole range of Health, Safety, and Welfare legislation that requires action. The main regulations are covered in UNISON's guides to the six-pack. In particular the Management of Health & Safety at Work Regs.

Many employers consider that they meet their legal requirements by having a safety policy and the health and safety officer. However, no single person could have the combination of skills necessary to provide the kind of service required by law.

HOW TO PROVIDE AN OCCUPATIONAL HEALTH SERVICE

Traditionally, occupational health services consisted of a Doctor or Nurse. Within the public services, these have usually been part-time and, in the case of Doctors, a service provided by retired GPs.



This is changing. Nowadays greater emphasis is placed on advisory services as well as prevention, protection and surveillance, rather than treatment. Consequently, occupational health is seen as a multi-disciplinary service.

The prevention of ill health at work is not just a medical problem. We become ill for a number of reasons - exposure to substances, stress, badly designed workplaces, or poor work practices. This means that the skills needed to deal with these are not medical.

Ideally the occupational service that is provided should be a partnership between doctor, nurse, hygienist, ergonomist, nutritionist, health promotion specialist, physiotherapist, occupational psychologist, health and safety staff and the workforce, through their union. It is also important that the service has access to other professional services such as designers and engineers.

Very few organisations will manage to provide a comprehensive occupational health scheme in house. Even where a full time doctor and nurse are employed, which is rare, other services would have to be utilised.

Activities commonly undertaken by Occupational Health and Safety Staff:

71% assess fitness for work
69% keep occupational health/medical records
65% carry out risk assessments and advise on preventative measures
63% undertake health screening and surveillance
60% undertake monitoring of the workplace environment
56% investigate accidents
55% undertake sickness absence monitoring
52% carry out health education and counselling
52% examine trends in ill health and accidents at work
51% supervise first aid provision
47% are involved in rehabilitation and return to work programmes

TYPES OF PROVISION

An occupational health service may be

provided in a number of ways.

A recent survey found that an occupational health department of some kind covered 59% of workplaces, although only 45% provided occupational health services on a full time basis. Larger companies were more likely to have an in-house occupational health department than smaller ones.

UNISON branches will wish to ensure that, where possible, employers directly employ a sufficient number of professional staff as necessary to provide a comprehensive service with NHS services and specialists complimenting these where necessary.

There is no right or wrong model and various employers have used a wide range of schemes.

Where an employer is unable to provide a comprehensive in-house scheme, usually because of size, they may consider an external provider. The NHS have now started developing an occupational health consultancy service which they make available to employers. This is called NHS Plus. They have a website at <http://www.nhsplus.nhs.uk/>

In addition, there are a number of group occupational health schemes covering a distinct geographical area. A further option, which has not been developed to any significant extent, is the possibility of sharing services with a number of similar-type employers.

WHAT SHOULD AN OCCUPATIONAL HEALTH SERVICE COVER?

The services provided must meet the individual circumstances of the organisation. There may be specific issues that require specialist services, particularly in the acute health care areas and some parts of the energy generating companies where the risk and occupational health issues are likely to be much more specialised. However, in general an occupational health



service should have the following functions:

1. Prevention

A primary function of any occupational health service must be to prevent injury and damage to worker's health. This role is traditionally performed by safety officers, and implemented through risk assessments or, in major risk areas, through more complex systems known as HAZOPs. It is this area that is the traditional "health & safety" role, and many organisations separate the safety function from the wider occupational health function. This can be okay so long as there is close co-operation.

Where a health or safety problem is raised or comes to light through illness or accident, the occupational health unit should immediately seek to investigate how it can be prevented. Where the roles of health & safety and occupational health are separated this does not necessarily happen.

2. Planning

Any new working methods or new work must be safe. Usually that involves looking at reducing immediate dangers. However, a major part of any occupational health services work will be to look at all the factors, including issues like ergonomics, temperature, air quality, workload and handling. These areas can have a more long-term effect on health, but are rarely given adequate consideration at the planning stage.

3. Health surveillance and screening

Health Surveillance can be a crucial way of ensuring that any trends in accidents or occupational illnesses are identified. This can make it easier to ensure harmful conditions and practices are dealt with quickly and removed.

However routine medical examinations are not always necessary, or even useful, as they can lead to complacency. Workers may feel that if they are being given regular examinations they have nothing to worry about, however often these examinations are very basic and do not relate to

the specific health risks of the job that is being done. Where physical examinations are given, they should be aimed at identifying problems that might be specific to a workplace or occupational group.

Often accident reports and sickness records are a more useful source of information than routine examinations. In certain "high risks" areas there is a statutory requirement to provide screening/surveillance as a necessary part of risk assessment. However, this is where there is a recognised risk, such as atomic energy workers and certain health care workers. In addition, the Working Time Regulations require health assessments to be made of night workers.

Where VDU's are in use there is a requirement to provide regular eye tests, however these are often used simply to check if someone needs glasses rather than as a way of ascertaining whether there are problems with screens or the amount of time users are spending on the VDU's.

Many employers conduct some form of pre-employment screening. Branches should look at this critically. Sometimes management claims that these are a requirement of admission into a pension scheme. If that is the case, there can be no reason for them to be conducted until after a person is employed.

In practice, many employers use pre-employment screening as a way of ensuring that they do not employ someone whom they think may be more liable to take time off through ill health. This may be illegal under the Disability Discrimination Act. Other employers even include HIV testing or drug testing as part of pre-employment screening. There are very few circumstances where pre-employment screening of any kind should be supported.

The question of whether regular check ups should be given to all employees is one which branches should look at. Certainly some schemes have been successful



in identifying treatable illnesses early on, but these are rare. Nevertheless employees often like these schemes and, if linked to health promotion and education, they can be useful.

Every occupational health unit should, however, encourage regular breast, cervical and testicular cancer screening for all employees likely to be at risk. They should work with local NHS services to ensure that all employees have access to regular screening services and are given appropriate time off.

4. Fitness for Work

Fitness for work examinations will be a major part of the work of any occupational health service. This can also be one of its most controversial roles. Often employees and unions see these examinations as a part of the disciplinary procedure. Members frequently cannot understand why they are being forced to see an occupational health doctor after their GP has signed them off.

The reason is that one of the main roles of occupational health units is to check up on employees after they have been off work for a certain length of time, and then to assess whether they are likely to return to work. In other cases, an occupational health doctor may be asked to examine someone who wants to return to work.

What is really needed is an earlier, more positive intervention. In practice, someone who is off work as a result of what might be work-related: stress, back pain, asthma, illness or other condition; should be offered the support of an occupational health specialist to ensure that they are given the necessary help to make an early recovery. This area is dealt with in more detail in UNISON's guidelines on sickness absence policies "Control and Management?" Stock no 1450 and available from Communications Despatch.

Medical examinations can also be a useful way of finding out whether any special provisions need to be made to help the

person return safely to their job. This can be necessary to help people readjust to the demands of their work, to assess permanent disabilities, or those which result temporarily from injuries, illness, age or other factors.

When occupational health professionals get involved in this area, it is sometimes because they have been asked to consider whether a worker is fit for the job.

Whereas the question which should always be asked, is whether the job is fit for the worker. The Disability Discrimination Act has meant that employers have begun to look at issues around adaptation for differing needs, but there is still a long way to go.

5. First Aid

Occupational health services in most workplaces are limited to first aid and emergency treatment only. They are not designed to be a treatment service, although they may have close links with primary care teams or the local hospitals. However occupational health personnel do have a major role in the supervision of statutory first aid requirements, training of first-aiders, and advising on the provision of medical treatment and first aid facilities.

This can include assessing factors such as: the potential hazards of particular situations; the proximity and suitability of relevant NHS casualty services; and ensuring where necessary; the close integration of workplace first aid provision and NHS services.

6. Health Education and Counselling

While a lot of the work of the occupational health services will be to provide relevant information and advice on specific occupational health issues, the occupational health service can make a valuable contribution towards promoting health in wider terms by developing an understanding of health problems as they relate to diet, exercise, hygiene, smoking and alcohol.



The availability of health counselling at work can do much to promote a greater awareness of health problems and enable occupational health personnel to refer people to their GP for further advice and treatment where necessary. This is an area where there have been some very successful initiatives. For example in one area an occupational health department bought nicotine patches at cost price and sold them cheaply to employees as part of a workplace smoking initiative.

Occupational Health Units are also increasingly getting involved in stress counselling. However, the benefits of this are disputed, it is no substitute for stress reduction, and occupational health schemes can have an important role in developing stress reduction initiatives.

THE ROLE OF UNISON BRANCHES

The importance of occupational health, the type of services provided, and the way it is provided, should all be seen as negotiating issues in the same way as any other conditions of service.

According to the Labour Research Department, only a third of employers consulted unions about what occupational services they provided, and a vast majority of employers did not make reports produced by their occupational health department available to union safety reps.

Occupational health must be seen as a matter involving all stakeholders, the employer, the service provider, and the union. Experts have their role, but UNISON stewards and safety reps have the experience of the workplace to guide them. It is important that this experience is utilised.

UNISON branches can also do their bit to promote a healthy workplace. Some UNISON branches have a social club. Often this means just a bar. Consideration could be given to healthier activities such as sponsoring sports tournaments, organising lunchtime aerobics, or yoga

classes, a trip to a local swimming pool, etc.

Also joint employer/UNISON initiatives on issues like smoking, screening, blood donations and other health related issues can be far more effective than just employer's initiatives.

Checklist –

Is the branch, or are safety reps, consulted on:

1. The occupational health services required?
2. How they will be provided?
3. The occupational health unit's work programme and targets?
4. The type and content of health assessments?

Also:

5. Do they get copies of the reports produced by the occupational health service?
6. How does the occupational health service fit in with the safety committee?
7. Do the occupational health unit and health and safety staff work together as a team?
8. Is the branch considering joint initiatives on health issues?

FURTHER INFORMATION

The HSE and NHS are running a campaign on Occupational health as part of the "Securing Health Together" Initiative. Part of that is a campaign called "Sign-up". For details see their website at <http://www.signupweb.net/>

For details of NHS Plus occupational health services see <http://www.nhsplus.nhs.uk>

Other UNISON information sheets are available on our website at <http://www.unison.org.uk>

