HEOPS Higher Educational Occupational Physicians / Practitioners

Guidance on the Provision of Occupational Health Services for Higher Education Institutions

In partnership with

UCEA
UNIVERSITIES & COLLEGES EMPLOYERS ASSOCIATION

Living Learning Working USHA
Universities Safety and Health Association
Promoting health and safety within higher education

HEOPS is the association of occupational health physicians and occupational health nurse practitioners working in the United Kingdom higher education sector.

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We are also grateful to Janice Craggs, OH Practitioner, Newcastle University for her work in developing the OH Staff Resource Calculator for use in conjunction with this guidance

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1. INTRODUCTION

Good occupational health (OH) is essential for the health, safety and well-being of staff in any workplace, particularly in the higher education sector with its diverse range of potentially hazardous activities, the presence of an inevitably shifting student population and, in research, a relatively high turnover of staff. Universities and colleges need healthy, well-motivated staff if they are to deliver high- quality services to their students, research funders and other stakeholders.

This guidance has been produced to identify when and why universities and colleges need to provide OH services and to assist each organisation review the adequacy of any existing provision.
It is a successor to the previous guidance produced by the HSE.

The guidance is chiefly aimed at faculty heads and senior managers with responsibility for managing health risks. It is also of use to others with an interest in preventing work-related ill health and promoting the health and well-being of staff and students, including human resource managers, OH professionals, health and safety professionals, student service staff, trade unions and other employee representatives.

The guidance outlines:

- The scope of activities an OH service undertakes
- Legislative and other drivers for OH in Higher Educational Institutions (HEIs)
- How to assess the organisation's OH needs
- How to structure an OH service to fulfil such needs
- Examples of good OH in practice

2. WHAT IS OCCUPATIONAL HEALTH?

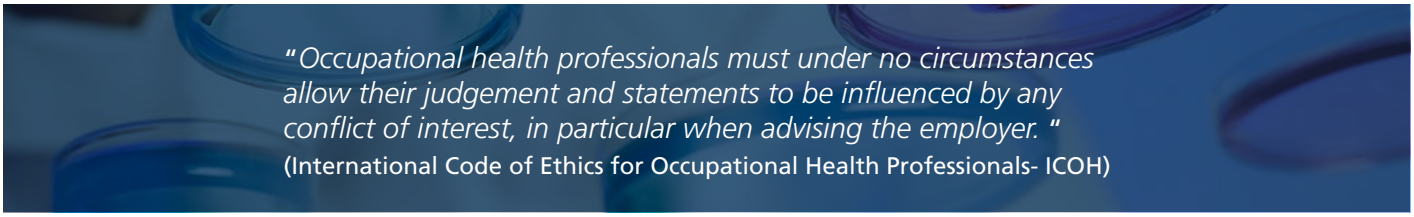
Occupational health is a medical specialty concerned with the prevention and management of work-related health problems and the assessment of functional capacity for work. OH practitioners are nurses or doctors who hold post-graduate qualifications in OH and have specialist knowledge on the effects of work on health and the impact of health conditions on a person's capabilities for work. OH practice is fundamentally different from General Practice or hospital services in this respect.

Specialist occupational health physicians also have specific expertise in the investigation and diagnosis of diseases caused by work exposures e.g. contact dermatitis and occupational asthma.
A specialist OH service can:

- help the institution ensure its staff and students are not harmed by hazardous activities at work
- help the institution to promote the psychological health and well-being of its staff and students
- enable it to effectively manage attendance and the rehabilitation of staff after serious illness or disability

A specialist OH service will provide the competent expert advice and clinical services necessary for the institution to meet its statutory obligations under health and safety legislation.

The breadth of support that a properly resourced OH service can provide is distinct from that provided by the DWP-funded Fit for Work Service. Fit for Work was devised to support small and medium sized enterprises only in the management of sickness absence in staff. It does not have resources or competence to offer the specialist range of services required by HEIs as described in this document.



"Occupational health professionals must under no circumstances allow their judgement and statements to be influenced by any conflict of interest, in particular when advising the employer. "
(International Code of Ethics for Occupational Health Professionals- ICOH)

A. Legislation
An OH service can provide an employer with specialist advice with regard to complying with health and safety legislation as it applies to their workplace practices. This can reduce the potential for criminal or civil liability from workplace injury, or ill health.

Under the Health and Safety at Work etc. Act 1974 all HEIs, as employers, have a duty to protect the health of their staff and all those affected by their work, which includes students, academic collaborators and other visitors. The Management of Health and Safety at Work Regulations 1999 require employers to 'appoint competent persons' to assist them to comply with their statutory duties with regard to health and safety. This includes determining the level and procedures for health surveillance (see Appendix A). Such activities require suitable and sufficient OH service provision.

Other legislation may apply to HEIs which undertake work with specific hazards such as ionising radiation or respiratory sensitisers (see Appendix B). This work can require a high level of specialist OH support to ensure health risks are adequately controlled and regulatory obligations met. The OH service may be required to participate in the risk assessment, assess an individual's fitness to undertake such work before commencement, undertake regular medical examinations thereafter and participate in formal reporting of their findings.

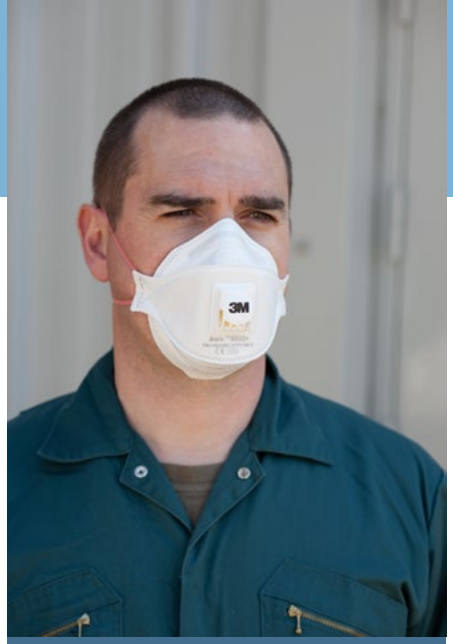
B. Risk Management
HEIs undertake a diverse range of activities. This provides potential for exposure to an unusually wide range of hazardous substances and environments, even when compared with major manufacturing or research industries. Each institution should undertake an assessment of its risk profile and use this to consider whether its OH provision is adequate. Many risk assessments can be undertaken with the help of a safety adviser, but organisations should be wary of receiving health-related advice from advisers with no clinical experience. Over-investigation of health issues can cause employee distress and incur costs, and late identification of a health problem may worsen prognosis. Some work-related health issues are common to any employment sector, for example stress and musculoskeletal problems related to computer work, and organisations can use generic risk assessment for such work. However the risks to health posed by some activities in the HE sector, particularly in research and fieldwork, can be complex or novel. Specialist OH input may be necessary to adequately assess the risks to individuals and to determine or deliver appropriate measures to control these. Organisations need to seek specialist OH advice proportional to such risks, which may require clinical services such as vaccinations and health surveillance.

C. Human Resources
HEIs can benefit from objective OH advice in order to effectively and fairly manage staff whose performance or attendance at work appears affected by their health.

D. Well-being
OH can advise on and support staff wellbeing initiatives and evidence-based health promotion programmes. Studies confirm that the promotion of employee wellbeing can have significant economic benefits for employers, from increased engagement and job satisfaction, staff retention, improved productivity and performance, to reduced staff absence.

E. Corporate Strategy and Reputation
UK HEIs employ almost 400,000 staff and support the education of approximately 2.3 million students (HESA statistics). The health and well-being of those involved in the UK HEI sector is an important part of its reputation and organisations need to consider and promote this in order to compete in what is now a global education market.

F. Business Case
A safer work environment will result in fewer injuries and reduced workers' compensation claims, which can be considerable. A healthier workforce also demonstrates reduced absenteeism and increased productivity. It is important to seek the most cost–effective way to achieve this. Although there are no cost-benefit analyses available specifically for HEIs, OH studies on other workplaces have shown that provision of OH and safety services[1] and OH active case management[2] have the potential to make considerable cost savings per £1 invested. OH case management improves return to work times through faster rehabilitation[3] and evidence suggests that OH well-being programmes provide a cost benefit[4].



CASE STUDY: LABORATORY ANIMAL ALLERGY

A PhD student, recently enrolled for health surveillance for her work with laboratory animals reported at her first review with the OH Service that she had sneezed and developed itchy eyes during a recent experiment with animals. The OH Adviser asked her to keep a symptom diary for 3 weeks and took blood for an allergy test. Her diary clearly showed that symptoms occurred only during animal work especially when moving rats to new cages. The allergy test was positive for rat.

The student's supervisor & safety officer were informed and asked to review her work procedures. This identified that she had not been trained in how to wear a dust mask effectively, resulting in her being exposed to high levels of allergen during cage changes.

The OH Adviser recommended that she used a higher specification dust mask and increased the frequency of her surveillance. The induction programme for new researchers was revised to improve training on correct use of respiratory protective equipment.

Health surveillance for work with laboratory animals is required under the COSHH Regulations. The prompt investigation and actions by the OH Service helped ensure the student did not develop asthma. It also helped identify and remedy an important omission in the induction training for new staff and students, so helping to protect future cohorts of researchers.

HEIs may need to provide specialist OH services for some of their students for a number of reasons.

A. Legislation
The Health and Safety at Work etc. Act 1974 requires employers to ensure that the health and safety of persons affected by their undertaking are not put at risk (Section 3). Students fall within the scope of this section during teaching and when engaged in other activities sanctioned by their HEI as a course requirement e.g. during fieldwork, on placements or during projects. Research students involved in work where health surveillance for employees is required under health & safety legislation such as the Control of Substances Hazardous to Health Regulations should always be included in the health surveillance programme. Unless everyone who is exposed to the health risk is included in the programme, its value as a means of monitoring the effectiveness of control measures is undermined.

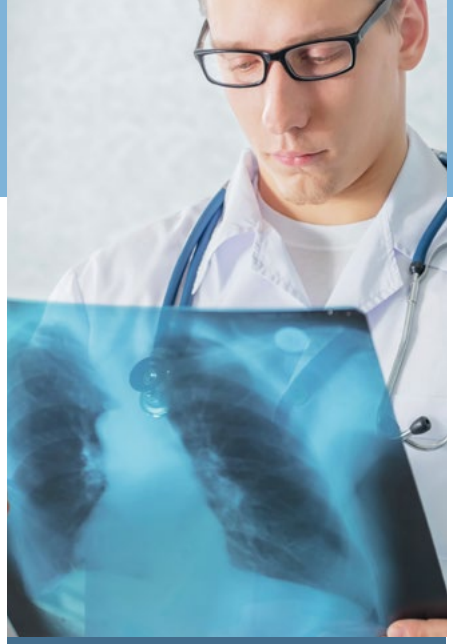
B. The moral case
There is a moral case for students to be provided with OH services. Students exposed to a health risk in their studies should be provided with the same service as for staff exposed to the same risks.

C. Vocational students
Vocational students, particularly in healthcare & related fields, require a health assessment prior to commencing their studies to ensure that they are medically capable of achieving the competences required to qualify and register with their professional regulatory body.

HEOPS has developed and published a series of fitness standards for this purpose[5].

D. Expertise
Effective and objective OH support relies on expertise and independence from patient advocacy inherent in a treatment service.

A student General Practice service cannot provide OH advice for students registered with them for primary care for both ethical and competency reasons.



CASE STUDY: MANAGING PUBLIC HEALTH CONCERNS

A course organiser contacted the OH Service concerned that a student attending classes had told him he had been diagnosed with infectious TB. The organiser was very concerned about the risk to other students.

With the student's consent the OH Service made contact with his treatment team & the local Public Health Team. They were then able to advise the course organiser on the extent of the risk to others and the Public Health team's plans to screen those at risk.

The OH Service assisted the Public Health team identify potential contacts of the index case, assisted with distribution of information and provided clinic space for public health to screen close contacts, minimising disruption of teaching and containing unnecessary anxiety within the student's department and hall of residence.

To effectively undertake its essential health and safety surveillance, reporting function, and to contribute towards the organisation's health-related planning and decision-making processes, an OH service needs to understand the specific nature of the particular activities carried out at the institution. It should be resourced and supported so that it can interact with key services including:

- health and safety advisers
- human resource advisers
- disability and equality services
- staff development and training
- employee assistance programmes/ counselling services
- student health and welfare services
- health-relevant committees, working groups and decision-making bodies
- trade unions

The **SEQOHS standards**[6] published by the Faculty of Occupational Medicine offer generic guidance on acceptable standards of governance and service delivery for OH services. This HEOPS guidance provides more specific, relevant and detailed standards for OH services in HEIs.

The following are considerations for either an in house or externally sourced service

A. Staffing

Clinical

An OH Service should always be led by a qualified OH professional. The head of service can be either an OH qualified nurse or physician. Where OH services employ sessional physicians, the clinical lead may best sit with a qualified experienced OH nurse adviser, involving the OH physician as appropriate. An OH physician must be responsible for determining clinical policies that require a physician's authority to be implemented e.g. vaccinations and certain statutory medicals.

The appropriate number and professional grade of clinical staff required by the OH service depends on:

- The nature and scope of the work of the institution
- The OH needs generated by that work
- The number and turnover of employees and students affected by that work

Staffing levels should also allow time for clinical staff to maintain their professional competences (see Competence section below). A recent HEOPS staffing survey gives an indication of current levels of staffing.

Administrative

Sufficient administrative staff are required to support clinical work, for example managing recall schedules required for vaccinations or health surveillance programmes and managing clinical record systems. It is also important to ensure that the service can fulfil its reporting functions to the institution, to committees and to the HSE. Reporting of outcomes of health surveillance programmes and investigation of reported work-related ill health are essential for effective health and safety management system.

In certain circumstances the OH service will be responsible on behalf of the institution for maintaining long-term health records required under various health & safety regulations. Specific guidance on how to determine an appropriate level of service provision is given in Section 7 Assessing the OH needs of your institution.

B. Competence

Doctors and nurses must meet the requirements of the respective professional bodies for registration, revalidation, continuing professional development, professional indemnity, and audit.

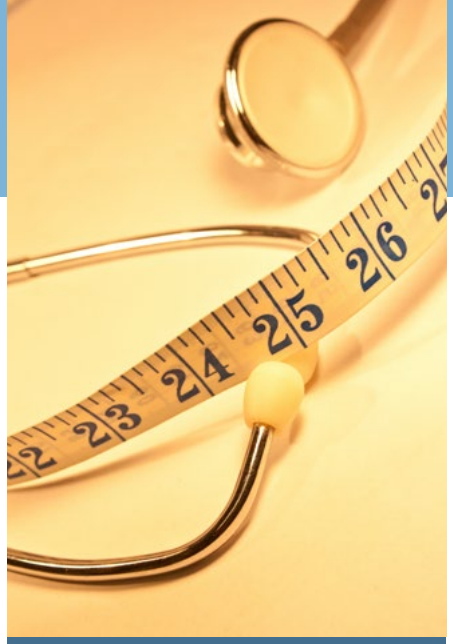
HEIs need to support their OH professionals to meet these requirements, allowing them time and opportunity to participate in CPD activity, annual appraisals and clinical governance activities necessary to achieve revalidation.

C. Ethical considerations

OH nurses and physicians work within the ethical guidelines of their respective professions. These are defined by the Nursing and Midwifery Council (NMC) and the General Medical Council (GMC) respectively.

D. Confidentiality

Doctors and nurses are bound by confidentiality with respect to personal medical information, which can be disclosed only after informed consent has been obtained. This includes disclosure of an OH professional's opinion on an individual's fitness for work. This professional duty can only be breached if, in the opinion of the OH practitioner, the worker is at serious risk of death or major injury or if other persons will be at risk, or, exceptionally, where there is a statutory obligation to disclose[8].



TACKLING SICKNESS ABSENCE

In 2000 Liverpool University had a sickness absence rate over 6% with an average duration of absence before referral to the OH service of 75 days (15 weeks). In 2005, initiated by their OH Physician, the University implemented a sickness absence management policy, which included a target trigger point for sickness absence referrals of 20 working days and the introduction of a real-time, online, business tool with which the OH service and the HR service could obtain sickness absence data. The OH Physician was tasked with reporting sickness absence data to the safety committee four times each year. All sickness absence referrals were seen by a qualified specialist OH professional with access to an accredited OH Physician if necessary. Referrals were seen within ten working days of receipt of the management referral with OH reports sent to management on the same day as the assessment, with a clear recommendation with regard to fitness and any adjustments needed on objective medical grounds. This resulted in a reduction in the duration of absence before OH referral to 23 working days(4-5 weeks) and a fall in the rate of sickness absence to 1.5%. The OH service was instrumental in drafting a clear policy, with clear targets for OH referral and sickness absence rate, and with regular reporting of performance, independently to senior management.

Clinical OH records fall within the scope of the Data Protection Act 1998 and must be kept securely with access restricted to the staff of the OH service. The content of an OH record cannot be disclosed to anyone other than the individual the record relates to without the express consent of the individual, except by order of a court or employment tribunal or instruction from a regulatory or statutory body[8].

Electronic transfer of personal medical information must be carefully managed using appropriate encryption and passwords.

E. Independence and Reporting Arrangements
In developing or reviewing the OH service the question about where OH sits within the institution, or reports if it is an external provider, is a pertinent one. It depends largely on the services provided, the risk profile of the organisation and the health outcomes the institution wants. Various models exist within the HE sector for OH reporting lines, the main ones being:

- Human Resources
- Health and Safety
- Directly to senior management or the Executive Board

Wherever the OH service reports it should maintain the following essential features to execute its role:

- access to the appropriate tier of senior management[7]
- confidentiality of employee personal and medical information
- liaison with other key units within and external to the HEI e.g. Trade unions, HSE for statutory reporting, sector-specific advisory bodies such as HEOPS
- maintaining professional standards by means of continuing professional development, participation in clinical audit, membership of professional bodies, and service accreditation
- professional indemnity
- independence and impartiality. To be effective and best meet the needs of the HEI, OH professionals must act, and be seen to act, professionally and advise impartially, independent of institutional management. The HEI can and should specify the services required of its OH provider but must not seek to direct the clinical decisions or opinion of its OH professionals

F. Monitoring and responding to OH Data
One key role of an OH service is to provide data for HEIs to assess the effectiveness of existing health and safety controls. Relevant OH data includes health surveillance programme uptake and outcomes, immunisation uptake, workplace injuries, and cases of occupational ill-health such as stress or musculoskeletal injury. Such data may indicate trends or one off areas of concern. The identification of occupational health issues should trigger prompt action to improve existing safety systems. Using the 'plan, do, check, act' principle, those responsible for overseeing the HEIs health and safety should ensure that relevant OH data is monitored and appropriate action taken in response to rectify identified issues.

G. Accommodation and equipment
Ideally an OH service should be located near to the workplace to reduce disruption to staff through travel to appointments. It should have disabled access or offer alternative arrangements for disabled staff to attend. The layout of rooms should provide an acceptable standard of confidentiality for a clinical examination/consultation and communication with reception and clerical staff. Any clinical area should provide a waiting area, an examination room and hand-washing and toilet facilities. Arrangements are required for the storage and disposal of clinical materials as well as the secure storage of clinical records.

The SEQOHS Standards[6] specify minimum requirements for clinics.

H. Financial arrangements
There should be a regular review of the match between the institution's OH strategy and the demands on the service against resources provided.

STRESS AT WORK

Individuals affected by work-related stress commonly have difficulty identifying underlying factors beyond workload. Managers commonly have difficulty identifying actions they can take to help the person.

An OH service developed an on-line questionnaire, based on the HSE Stress Management Standards that enables the employee to identify the underlying factors. This generates an email to the employee listing these that they can then share with their manager. A linked web page provides managers with information on practical steps they can take to address the factors.

The questionnaire & linked web pages can be found at **http://www.imperial.ac.uk/health-and-wellbeing/resilience-and-stress/stress-awareness-tool/**

There is no one-size-fits-all model for OH provision and this is particularly the case for HEIs, with their diverse work exposures and organisational structures. The scope of the HEIs activities is the main driver for OH provision. (See section 3).

There are three models of OH provision:

In-house Directly employed OH staff (e.g. nurses, administrators, physicians, physiotherapists and counsellors)

Outsourced All OH staff provided by an organisation external to the HE, with a contract manager in-house to oversee performance

Mixed Some directly employed clinical and administrative staff and some externally contracted, the contract managed within the OH service. This is a common arrangement in smaller HEIs e.g. an in-house OH nurse and administrator working with a sessional OH physician and other specialists such as physiotherapists.

Each model presents advantages and challenges.

Model	Pros	Cons
In-house	• Retained knowledge and understanding of local organisational hazards and controls • Better continuity of staff • Better placed to contribute to strategic development • Rapid response to unanticipated/ emerging needs for health advice (e.g. Ebola or Zika virus) • Ability to redirect resource in the event of public health emergencies (i.e. disease outbreaks) • Flexible to changing business needs • Greater depth of professional knowledge of HEI sector specific health issues • Allows for easier dialogue with key stakeholders e.g. line managers, HR, Trade Unions to ensure a proportionate management response, avoids unnecessary risk control	• Smaller units may lack depth of knowledge • Clinical governance or revalidation may be costly to achieve • In house units may be driven by the personal investment of key personnel
Outsourced	• Management of OH staff is undertaken by external team • Larger pool of staff e.g. to cover absence • Easier to alter the service provision without the contractual constraints of directly employed staff • Possible wider range of professional skills available	• Late identification of emerging needs • Little HEI control over staff recruitment or retention • Focused on standard activities of service provision rather than rapid bespoke reactivity • Rarely resourced for strategic interventions • Access difficulties if located off site • No evidence that costs are lower • Less knowledge of local safety arrangements or local key stakeholders e.g. Trade Unions • Relative lack of sector-specific knowledge about hazards and risks • Lack of continuity of provision
Mixed Directly employed OHA and administrators with retained physicians etc. (not necessarily employed)	• Continuity of retained staff • Occupational Physician input requirements titrated to need rather than post • Regular access to Occupational Physician advice and opinion without the additional costs associated with retained staff • Allows specialist practitioner nursing staff to develop and use their potential fully	• Possible Occupational Physician availability issues in response to unplanned situations • Less Occupational Physician availability or resource for strategic input • Organisation will need an understanding of governance issues (e.g. revalidation) to assure compliance of Occupational Physician

Whatever model of OH delivery chosen the employer needs to engage with their OH service positively to get the best outcomes. OH advice is only of value if acted upon and accepted with confidence. The partnership approach adds real value, integrating the way both parties work delivers better outcomes because, fundamentally, staff health responsibilities cannot be outsourced even if OH provision can.

MIXED MODEL: UNIVERSITY OF READING

In common with many HEIs the University of Reading employed a local GP to provide medical support for individual OH cases. It became increasingly clear to the university that to satisfy their duty to engage competent staff they needed to re-evaluate their occupational health provision.

In 2003 the university developed a tender specification for the OH support needed. This included an evaluation of:

- the potential health hazards from the work of the university
- risk assessments of activities undertaken
- the specialised nature of the input they required
- the costs involved

The University initially engaged an external commercial OH provider. However in 2013, using the HSE guidance Occupational Health Services in Higher and Further Education and evaluating the elements of OH the university valued most, they opted for a different model of service delivery. This 'mixed' model involved the university directly employing an OH Adviser, i.e. a specialist practitioner in OH nursing and the contracting in of OH Physician services.

The University feels that its current model is the 'best fit' solution for their particular OH needs at present as it allows for:

- competent specialist OH advice to be available when required
- costs to be controlled and budgeted
- building of sustainable relationships with internal and external stakeholders
- services which can respond rapidly to the organisation's needs
- flexible service delivery in response to new and developing health risks
- integration of OH with general developments within the university e.g. a new attendance management processes
- retention of organisational knowledge to enhance service quality

Some of the areas which have required addressing to support this model include:

- providing the administration, IT and general support required
- provision of suitable accommodation and facilities
- assurance of clinical governance
- management of the contracted services allied to OH e.g. lab services, counselling

The University will continually review the service to ensure it meets the organisation's needs and to re-evaluate their occupational health provision.

The OH Needs Assessment Tool (below) has been devised to facilitate the process of assessing an HEIs specific OH requirements, ensuring their OH provision is sufficient for their work. However it cannot be a comprehensive assessment of the risks present, particularly in complex research-intensive HEIs and also requires regular review as hazards and activities change with time.

Calculating the resources required
It is not possible to provide an exact formula for calculation of the resource (staff and skills) needed for any given institution. However, from surveys of HEIs HEOPS recommends minimum staffing levels for OH services based on staff and student numbers, details of which can be found on the HEOPS website at: **www.heops.org.uk/Staffing_Resource_Calculator_2015.pdf**

How to use the Occupational Health Needs Assessment tool

This tool can be used to identify the number of staff and/or students in the institution that require each OH activity and a corresponding calculation made for the staff resource needed to deliver that activity.

The Clinical Staffing Requirement columns indicates the level of qualification and experience needed for each activity. Four categories are used:

OHP: Occupational health physician
QEOHA: Qualified, experienced occupational health adviser
OHA: Occupational health adviser/ nurse
OHT: Occupational health technician or non-specialist nurse working under the supervision of a qualified OH practitioner

For details of the training and qualifications of each see Appendix E.

QEOHA indicates the need for a qualified Occupational Health Adviser who has 4-5 years of broad experience of the Occupational Health issues involved in working in Higher Education and who has a greater depth of understanding than a less experienced, newly qualified OHA.

OH physicians are likely to have sufficient skills to undertake all the activities however as the most scarce and costly resource in the OH team they would be better utilised undertaking the tasks which they exclusively can do. The table therefore shows all staff who can undertake the various activities.

Additional considerations:

- Administrative support is essential to allow the clinical skills of other team members to be maximised. Calculation of the amount of administrative support is best done in conjunction with a clinician
- The requirement for training, CPD, and audit should be factored into the calculation of time for clinically qualified staff
- OH nurses working alone will require ad-hoc access to an OH Physician from time to time and this should be considered in addition to regularly time-tabled OH Physician sessions.
- In addition to these clinic-based services, HEIs need to consider that greater OH expertise is needed at corporate level in assisting in the development or review of policy, assessing some risks, developing guidance on health, safety and well-being issues, or membership of committees or project groups

HIGHER EDUCATION OCCUPATIONAL HEALTH NEEDS ASSESSMENT TOOL							
Activity	Numbers		Role of OHS	Suggested Clinical Staffing who can Meet This Requirement			
	Staff	Students		OHP	QEOHA	OHA	OHT
Management referrals							
Recurrent Absence			A core OH service to support good management practice	✓	✓	✓	
Rehabilitation back into work			Expertise and local knowledge of the workplace beyond that of GPs is necessary for successful rehabilitation planning	✓	✓	✓	
Medical retirement			USS and NHS pension funds require a report from a physician with a recognised qualification in occupational medicine	✓			
Adjustments for disability			Advising on adjustments for ill-health related disability including for students on vocational/professional courses	✓	✓		
Work-related illness			Detection, diagnosis and clinical management: attribution, rehabilitation of the person affected and advice on prevention of other cases	✓	✓	✓	
Fitness to practise			Detailed physician assessments of health care students & staff may be required to advise on the effects of complex health issues on fitness to work with patients and on adjustments required in clinical training	✓			
Informal consultations				OHP	QEOHA	OHA	OHT
Performance and conduct management			Advice to HR or line managers where there is concern that a performance issue may be health-related, prior to and during formal management	✓	✓	✓	
Work-health concerns			Staff should have access to the OH service to discuss concerns over work and health	✓	✓	✓	
Ad hoc advice			Organisations should consider the availability and response times they require for ad hoc advice, especially where a service is to be outsourced	✓	✓	✓	

HIGHER EDUCATION OCCUPATIONAL HEALTH NEEDS ASSESSMENT TOOL							
Activity	Numbers		Role of OHS	Suggested Clinical Staffing who can Meet This Requirement			
	Staff	Students		OHP	QEOHA	OHA	OHT
Training			Does the organisation require OH input in staff training on health related topics e.g. managing absence, stress resilience, health surveillance, first aid?	✓	✓	✓	
Well-being			OH services can lead on mental and physical health promotion initiatives and assist in the implementation of wellbeing and stress policies	✓	✓	✓	
Corporate support, Business continuity, Critical incident support				OHP	QEOHA	OHA	OHT
Policy and guidance development			HEIs require suitable policies in place for health risk management. An OH service usually takes the lead in policies relating to: fitness for work, rehabilitation, health surveillance, vaccinations, travel medicine, stress/mental health issues, computer health and safety, health risks management	✓	✓		
Management information / reporting			Organisations should consider the complexity and frequency of corporate reporting required	✓	✓		
Public health concerns e.g. meningitis, Pandemic influenza, SARS, Ebola, TB			Health issue(s) for individuals (vaccinations; treatment) and also organisational issue(s) to provide evidence-based information, managing anxiety, and liaising with public health authorities	✓	✓		
Environmental health			With sufficient expertise, the OH service can investigate and advise on environmental complaints e.g. 'sick building' syndrome	✓	✓		
Transition and record management			If changing OH provider consider where the responsibility lies for these activities and the time involved	✓	✓		
Health Risk Management				OHP	QEOHA	OHA	OHT
Risk assessment			Consultancy and advice on need for / appropriate controls for work where the primary risk is damage health to health rather than injury.	✓	✓	✓	
Pre-placement health assessments			To what extent does the organisation require post-offer or periodic health assessments? Are routine occupational health assessments conducted for jobs/ study requiring high standards of fitness, or which are safety-critical or where an OH service is required as a health and safety control e.g. vaccination or health surveillance?	✓	✓	✓	
• Clinical work & training • NHS Research passports • Teachers			NHS Trusts require anyone whose study or work involves patient contact to have been screened against NHS standards. This includes non-clinical researchers with patient contact e.g. interview patients	✓	✓	✓	
• Laboratory-based research			Dependent on risk assessment. To identify those with health conditions or disabilities that may increase risk of, or from, exposures to hazards or who may require protective vaccinations e.g. for research work with pathogens or human blood. PhD and MSc project students, as well as visiting students and staff, may require vaccination	✓	✓		
• Manual / operational jobs			Fitness for task	✓	✓	✓	
• Catering staff (food handlers)			Will depend on the employment relationship e.g. contracted out services should include clear responsibility for the requirement for health assessment	✓	✓	✓	
• Other jobs requiring high or specified standards of fitness			Risk assessment will determine the health assessment requirements in these areas. Health screening should be in place for any work where sudden incapacity would pose a risk to the individual or others	✓	✓	✓	
Emergency Treatment			Important need to provide post-exposure prophylaxis for exposures to human blood e.g. in bioscience laboratories or health care training	✓	✓	✓	
Vaccinations			Health care staff and students will require vaccinations & assessments of immunity to comply with NHS standards for patient contact. Others requiring vaccination include veterinary students, staff & students working in laboratories with blood or human pathogens, craft workers. Effective provision requires, in addition to OH clinical staff, access to pathology laboratory services to assess immunity	✓	✓	✓	
Work-related infection risks			Craft workers (gardeners, plumbers); agricultural workers, fieldwork or laboratory research	✓	✓	✓	
Travel Abroad			Conference travel; fieldwork; electives. Competency in travel health advice requires specific additional professional training	✓	✓	✓	

HIGHER EDUCATION OCCUPATIONAL HEALTH NEEDS ASSESSMENT TOOL							
Activity	Numbers		Role of OHS	Suggested Clinical Staffing who can Meet This Requirement			
	Staff	Students		OHP	QEOHA	OHA	OHT
Health Surveillance				OHP	QEOHA	OHA	OHT
Laboratory animals			People who have recurrent contact with live animals or who enter animal facilities e.g. cleaners, maintenance staff, PG students, should be included in a surveillance programme	✓	✓	✓	✓
Other respiratory sensitisers eg solder, enzymes			Dependant on exposure, as judged by risk assessment	✓	✓	✓	✓
Genetically modified micro-organisms			If class 2 or above, likely to require health screen before starting work. Periodic surveillance dependent on local policy and risk assessment	✓	✓	✓	✓
Physical hazards eg non-ionising radiation, vibration, noise			Periodic surveillance for health effects from noise and vibration dependant on local risk assessment	✓	✓	✓	✓
Hazards requiring statutory medicals eg Lead, Ionising Radiations			Physician assessment may be required to meet a regulatory requirement, e.g. classified radiation work, work with lead or asbestos or to meet the requirements of an external institution e.g. CERN OH Advisers or technicians may be able to carry out screening tests.	✓	✓	✓	✓
Health Surveillance				OHP	QEOHA	OHA	OHT
Assessment of workstations and advice on suitable ergonomic practices			Provision of appropriate workplace equipment	✓	✓	✓	✓

LEGISLATION	OH related requirements	Examples of such work in HE and OH role
Health and Safety at Work etc. Act 1974	Places a duty on an employer to protect the health and safety and welfare of those in work or affected by their work as far as reasonably practicable (AFARP). The Act makes a specific requirement for employers to consult representatives with a view to the making and maintenance of health and safety arrangements. This should include consulting with Trade Union colleagues in HEIs	
Management of Health and Safety at Work Regulations 1999	Employer must assess the risk to health and safety through their work and put in place measures to control that risk as far as is reasonably practicable. Employers must also provide suitable, training, first aid, emergency care and health surveillance undertaken by competent persons. Pregnant or breastfeeding mothers may require additional consideration (regulations 16 & 18)	Work involving any risk from a hazard e.g. physical, chemical, biological or psychological
Health and Safety Display Screen Equipment (DSE) Regulations 1992	Employers must reduce or prevent the risk to workers who use computers and video display screens more or less daily, continuous or near-continuous spells of an hour or more at a time	Employees using computers daily for continuous periods of an hour or more. OHS can provide specialist advice about policy, risk assessments, ergonomic adjustments, work-related symptoms and fitness for work, it may provide workplace physiotherapy (not required by law but potentially cost-saving)
Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2002	Requires employers to report cases of certain diagnosed reportable diseases that are linked with occupational exposure to specified hazards. Cases must be diagnosed by a doctor and the employer should be advised in writing	An OH Physician can investigate and establish work-relatedness of symptoms e.g. upper limb disorders, asthma, dermatitis, and advise regarding absence from work as a result of a work-related injury
Equality Act 2010	Makes it unlawful to discriminate against any employee on grounds of protected characteristics including disability	OH practitioners can advise on reasonable adjustments to support disabled staff and students. OH advice is particularly valuable where disability arises out of chronic illness, where needs can change over time.
The Health and Safety (First-Aid) Regulations 1981	Require employers to provide adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work.	Applies to all employees but level of provision depends on the work hazards involved OHS can provide any specialist first aid advice required & oversee training of first-aiders

APPENDIX B: LEGISLATION THAT APPLIES TO THOSE WORKING WITH SPECIFIC HAZARDS

LEGISLATION	OH related requirements	Examples of such work in HE and OH role
Control of Substances Hazardous to Health 2002 (as amended	Employers must: Prevent or reduce harm to anyone affected by work with hazardous substances using risk assessment and controls (Regulation 6 & 7) Provide suitable training (Regulation 12) and health surveillance (Regulation 11) of employees exposed to such work, keeping records of health surveillance for 40 years. Certain surveillance programmes must be undertaken by an HSE appointed doctor Hazardous substances may include: chemicals, (fumes, vapours, gases, nanotechnology etc.) potentially infectious material (e.g. blood products,) physical hazards (e.g. radiation, noise, UV radiation, vibration,)	Applies to those exposed to: • Respiratory or skin sensitisers (e.g. metalworking fluid, animal dander, wood dust, insects, plant dust, certain cleaning products, solder etc.) or other hazardous chemicals (e.g. heavy metals) • Infectious material work where pre work immunisation or post exposure treatment is advised i.e. healthcare work (e.g. medical, dentistry, nursing and biomedical research), some gardeners, plumbers, agricultural workers, some fieldworkers, overseas travellers • Biological hazard work or work with sensitisers where pre-employment fitness assessment is required HEOPS has produced specific guidance on health surveillance in the HE Sector More on health surveillance in HEIs: www.heops.org.uk/HEOPS_Health_Surveillance_Guidance_November_2013.pdf
Ionising Radiation Regulations (IRR) 1999	Employers must ensure that exposure at work to ionising radiation (man-made or natural radiation, from external or internal radiation) does not exceed specified dose limits for individuals. HSE Appointed doctor surveillance required for employees likely to receive a radiation dose of > 3/10ths of the relevant dose limits (reg. 20)	Researchers in physics, medicine, geology etc. working with radioactive material i.e. sealed and unsealed radiation sources OHS undertakes fitness for work consideration and HSE Appointed doctor work
Control of Vibration at Work Regulations 2005	Employers must assess and control the risk from vibration Regulation 7 requires suitable health surveillance where risk assessment indicates employees may be at risk from certain degrees of vibration	Applies to certain chainsaws, pneumatic drills, hand held drills e.g. forestry, dentistry, maintenance or estates staff OHS role includes identifying those at particular risk from vibration and identifying early signs of health issues related to work
Personal Protective Equipment (PPE) at Work Regulations 1992 (as amended)	Employers are responsible for providing suitable personal protective equipment e.g. respirators, protective gloves, eye protection, footwear when all other measures are inadequate to control exposure	Any employee required to wear safety helmets, hard hats, gloves, eye protection, high-visibility clothing, safety footwear and safety harnesses. OHS may advise on indications for use, specify type and assess fitness to use such equipment
Manual Handling Operations Regulations 1992 (as amended)	Creates the obligation to reduce the risk of injury from the transporting or supporting of a load	Any employee involved in lifting, lowering, pushing, pulling, carrying or moving activities of any load. OHS may provide specialist advice about policy, risk assessments, staff assessments, ergonomic adjustments, work-related symptoms and fitness for work, it may provide workplace physiotherapy (not required by law but potentially cost-saving[4]
The Working Time Regulations 1998	Employers must offer free health assessments for workers who are required to work regularly at night and periodically thereafter	Applies to employees whose daily work includes at least three hours of night in the normal course of their work. OHS may undertake confidential assessments and offer specialist advice on fitness for work for those with medical issues worsened by night work
The Control of Noise at Work regulations 2005	Employers must control the risk to their employees through noise, offer hearing protection training and assess the risk to workers' health	OH can provide advice, assesment and health surveillance for employees exposed to noise above the relevant exposure action values

APPENDIX C: SOURCES OF FURTHER INFORMATION: GOVERNMENT DEPARTMENTS AND AGENCIES

HEIs should ensure that their employee OH provision complies with standards set by any relevant governmental agencies. Examples of important organisations are listed below:

Department or agency	OH related requirements
Health & Safety Executive	The national government agency for promoting and enforcing compliance with health and safety regulations. It publishes guidance and codes of practice on many topics of specific relevance to occupational health practice in the HE sector. It licences OH Physicians to work as Appointed Doctors to undertake statutory medical examination required under e.g. the Ionising Radiation Regulations, Control of Asbestos Regulations
Department of Health	Publishes health clearance requirements for work in the NHS. These apply also to students and researchers who will have contact with NHS patients on placement or in research work.
Advisory Committee on Dangerous Pathogens	Expert advisory committees of the HSE that publish guidance on H&S aspects of work with hazardous biological agents, including specification on health protection measures for workers
Advisory Committee on Genetic Modification	
Driver & Vehicle Licensing Agency	Provides guidance on medical standards for vocational driving
Trade Union Congress	Provides resources and training for Trade Union safety reps. These facilities may be enhanced with locally recognised Trade Unions with HEIs e.g. UCU, UNISON
National Institute for Health and Care Excellence (NICE)	Publishes evidenced based-guidance on health and social care. Includes guidance on best practice in managing sickness absence and incapacity for work and on health promotion in the workplace

APPENDIX D: DRIVERS FOR OCCUPATIONAL HEALTH IN HIGHER EDUCATION: PROFESSIONAL BEST PRACTICE

A number of organisations provide guidance on best practice in the field of health and employment.

Professional body	Role
General Medical Council	Licences doctors. Sets and regulates the professional standards for doctors. It publishes guidance on standards and professional behaviour of medical students. This includes guidance on the provision & use of OH services for medical students
Nursing & Midwifery Council	The equivalent licensing and standard setting body to the GMC for nurses & midwives
Health Professions Council	The equivalent licensing and standard setting body to the GMC for all other regulated health professionals
Faculty of Occupational Medicine	The national professional body for OH Physicians. Oversees the training and accreditation of specialist OH Physicians. Publishes guidance on ethical standards for all OH professionals.
SEQOHS	National quality assurance and accreditation scheme for OH Services. Developed and managed by the Faculty of Occupational Medicine
Higher Education Occupational Practitioners (HEOPS)	The national association for OH Physicians and OH Nurses working in the HE sector is a special interest group of the Society of Occupational Medicine. HEOPS runs an email discussion forum and holds regular educational meetings to develop and promote good practice in the sector. HEOPs has published a range of consensus-based guidance on fitness standards for students in health care and other regulated professions as well as guidance on best OH practice in the HE Sector
Chartered Institute For Personnel Development	The professional body for human resources professionals publishes best practice guidance in personnel matters

Physician qualifications

The Faculty of Occupational Medicine (FOM) provides education and training for doctors in occupational medicine. As well as being responsible for postgraduate specialist training, the Faculty offers qualifications for non-specialist doctors.

There are three levels of qualification in occupational medicine. These are

1. Diploma in Occupational Medicine (DOccMed):
- a basic level qualification
- aimed principally at GPs working part-time in occupational medicine
- demonstrates an understanding of the main issues affecting health and work

2. Associateship of the Faculty of Occupational Medicine (AFOM):
- a mid-training qualification
- aimed at doctors interested in pursuing a full-time career in occupational medicine
- demonstrates a core knowledge in occupational medicine theory and practice

3. Membership of the Faculty (MFOM):
- a career specialist qualification
- required for appointment as a hospital consultant

4. Fellow of the Faculty (FFOM)
Awarded to members of the FOM who have:
- made a particularly significant contribution to the practice of occupational medicine, or have contributed significantly to the work of the Faculty.

All Occupational Physicians who are Accredited Specialists in Occupational Medicine will be registered as such with the General Medical Council **http://www.gmc-uk.org/doctors/medical_register.asp**

Occupational Health Nursing qualifications

Qualifications in OH nursing are provided by Higher Education Institutions. Where the course content, assessment methods and qualifications of both the Lecturers and Practice Teachers meet the requirements set by the NMC a Specialist Practitioner qualification in OH Nursing can be obtained. Nurses holding Specialist Practitioner status migrate to Part 3 of the nursing register.

1. Registered General Nurse (RGN)
- Entry level qualification into general nursing
- No or very little preparation for working in an occupational setting
- Can undertake clinic sessions utilising nursing skill set but may need specific training to undertake health surveillance activities
- OH work should be undertaken under the guidance and supervision of a qualified OH practitioner

2. Certificate in Occupational Health Nursing (OHNC)
- Initial qualification into occupational health nursing
- This qualification is no longer available to study and has been replaced by the Specialist Practitioner qualification at degree level

3. PG Diploma in Public Health Nursing – Occupational Health (PGDip SCPHN-OH)
- a career specialist qualification, if NMC approved course
- aimed at graduate nurses seeking to move into a community nursing role

4. Degree in Occupational Health / Public Health (BSc SCPHN-OH/ BSc(Hons) SCPHN-OH)
- a career specialist qualification, if NMC approved course
- aimed at nurses wishing to progress to a community-based role

5. Masters in Occupational Health / Public Health (MSc SCPHN-OH)
- a career specialist qualification, if NMC approved course

The Nursing and Midwifery Council maintain a list of all Nurses Registered as Specialist Community Public Health Nurses – OH (Part 3 of the Register) and who would therefore be considered competent **https://www.nmc.org.uk/registration/search-the-register/**

Occupational Health Technicians

These programs provide the skills to work in roles within Occupational Health. Some programs in addition provide the opportunity to achieve a NEBOSH qualification.

1. Certificate in Occupational Health Technician
- aimed at those working in or starting work in occupational health
- demonstrates generalist occupational health and safety knowledge and skills

2. Diploma in Occupational Health (Technician)
- aimed at non-healthcare trained individuals wishing to work in the field of occupational health
- demonstrates knowledge of occupational health practice, the work environment and clinical skills

This Appendix outlines some of the considerations when procuring an OH service from an external provider. In-house services may also find this section useful in redefining the 'purchasing' relationship between internal stakeholders and the OH service.

Gather information

a. Talk to similar Institutions about the provision they have
b. Be realistic about the advantages and challenges of different models

Define your specification clearly

a. Use the Needs Assessment Tool described in section 7
b. What items of service are important to the organisation? For example, does the Institution require occupational physician advice only at the point where the employment relationship is clearly strained e.g. prior to dismissal
c. What degree of self-directed proactivity do you require from your OH service?
d. What service level is important to the Institution?
Service levels should include items such as:

- Qualifications of staff supplying the service
- Turnaround times for pre-placement health questionnaires, offers of appointments following referrals and issue of reports following appointments
- Content and frequency of management reports

What support do you want to provide?

a. Particularly if the service is to be provided on the Institution premises agreement will be needed regarding the support required to deliver the OH service e.g. accommodation and administrative support?
Minimum standards of accommodation required are discussed in Section 5 ORGANISATION AND RESOURCES

How will the service be monitored?

a. Is there a Service Level Agreement?
b. Are there Key Performance Indicators?
c. Will user satisfaction surveys be done?
d. How will disputes be resolved?

Think about how the service may develop in the future

a. Will additional activities be required e.g. Health Surveillance?
b. Will developments in the institution result in changes in the demand for or range of OH services required?
c. How will the Institution budget for such developments and how will the supplier resource changes in demand
d. Be clear at the outset where responsibilities lie for various aspects when/if the contract ceases in the future

Define and agree a budget

a. Including a margin for contingency – if staff sickness absence increases you would not want to be curtailed by costs if additional OH input was required

Talk to some of the organisations the supplier is, or has, provided to.

a. But remember that one size does not fit all in OH and many OH service providers will develop over time

How easily will you be able to work with this organisation?

a. Are their philosophies and culture similar?

A framework agreement for OH services produced by the London Universities Procurement Consortium (LUPC) lists in detail the elements of a standard OH service that should be included in a service level agreement. This is available to all LUPC, SUPC (Southern), NWPC (North Western) and NEPC (North Eastern) member institutions at **http://www.lupc.ac.uk**
A similar procurement framework agreement exists for Scottish universities and colleges. Details can be found at **http://www.apuc-scot.ac.uk**

APPENDIX G: REFERENCES

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Every effort has been made to ensure the accuracy of the information in this publication at the time of going to press.

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