



What
occupational health
means today

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——— “The promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations by preventing departures from health, controlling risks and the adaptation of work to people, and people to their jobs”

(International Labour Organization and World Health Organization).

WHAT IS OCCUPATIONAL HEALTH AND WHY IS IT SO IMPORTANT?

Occupational health aims to:

- **prevent employees from becoming ill** as a result of the work they do (prevention rather than treatment);
- **assist employees to achieve good health** by providing health advice and support;
- **enable the rehabilitation of employees returning to work following ill health.**

The provision of occupational health services for workers in all organisations, regardless of size, can bring significant benefits:

Fulfilling legal responsibilities: Employers have a duty of care towards workers as outlined in the [Health and Safety at Work etc Act 1974](#) so it is vital to have an awareness of the impact that certain work roles can have on a person's

health, as well as an understanding of the ways in which health can affect their ability to do their job.

Business benefits: A healthy workforce is more likely to be productive, which helps an organisation remain profitable and competitive.

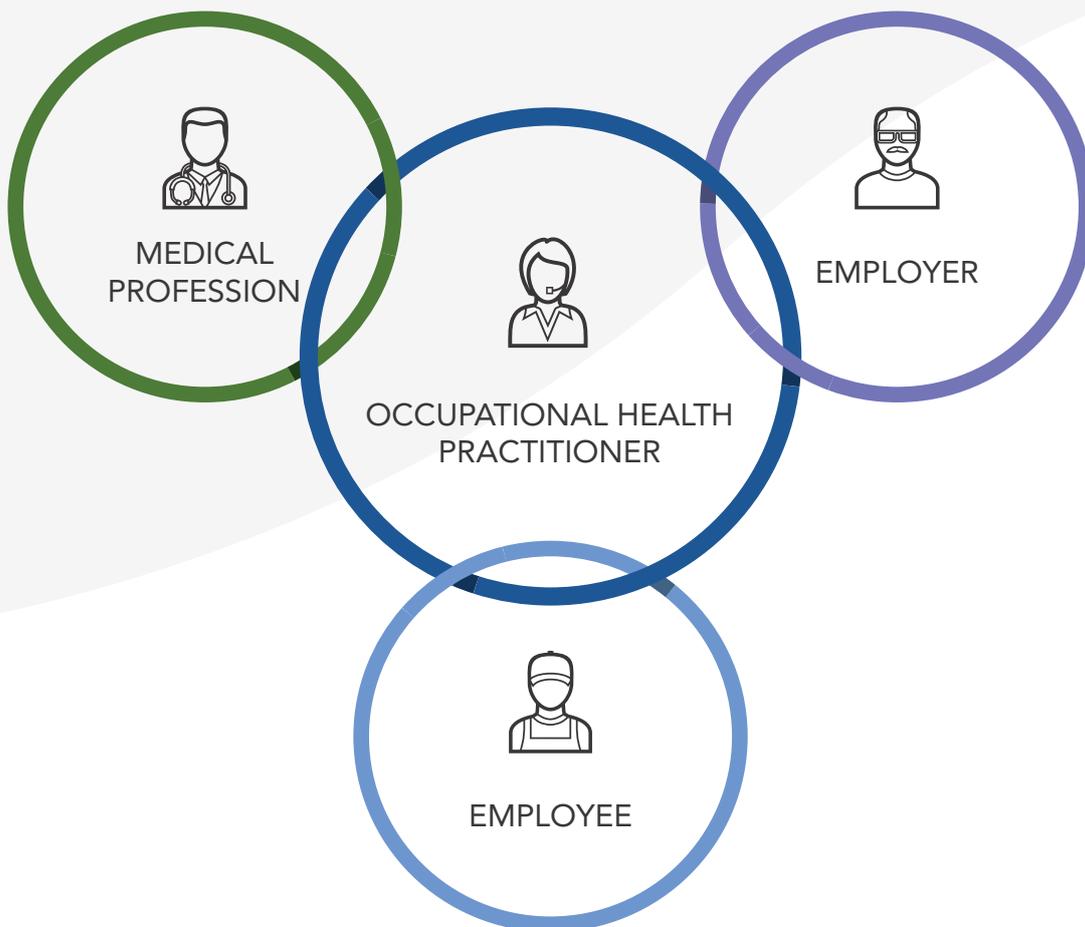
OCCUPATIONAL HEALTH SERVICES AND HOW THEY ARE DELIVERED

Occupational health services are delivered by a team of health professionals who have trained in the branch of medicine that deals with the relationship between work and health. Occupational health services are often provided by nurses with specialist occupational health training who call on a range of specialists, as required (e.g. physiotherapists, psychologists, hygienists, etc.).

Whilst GPs continue to have overall responsibility for people’s health and treatment options, the occupational health team will work in partnership with GPs and other health professionals, particularly in instances where work appears to contribute to a person’s ill health or a person’s health is affecting their ability to work. The occupational health team will also work in partnership with workers, their GPs and employers to resolve issues in the workplace that have an adverse effect on workers’ health.

The [Council for Work and Health](#) estimates that there are approximately 5,000-7,000 nurses working in occupational health in the UK. They work in a variety of ways:

- Within the NHS (only a small minority).
- Employed directly by large organisations as part of the occupational health team.
- Employed by small organisations and often working alone but calling in the services of others, if required.
- Working alone or as part of a group on a contract basis.



FUNCTIONS PERFORMED BY OCCUPATIONAL HEALTH TEAMS

Occupational health practitioners perform a whole range of functions to prevent work-related illness and injury. Broadly, occupational health is concerned with assessing and controlling the effects of work on health (e.g. health surveillance, risk assessments, identifying hazards and risks in the workplace and minimising their impact) and measuring the effect of a person's health on their ability to perform their job (e.g. through health assessments).

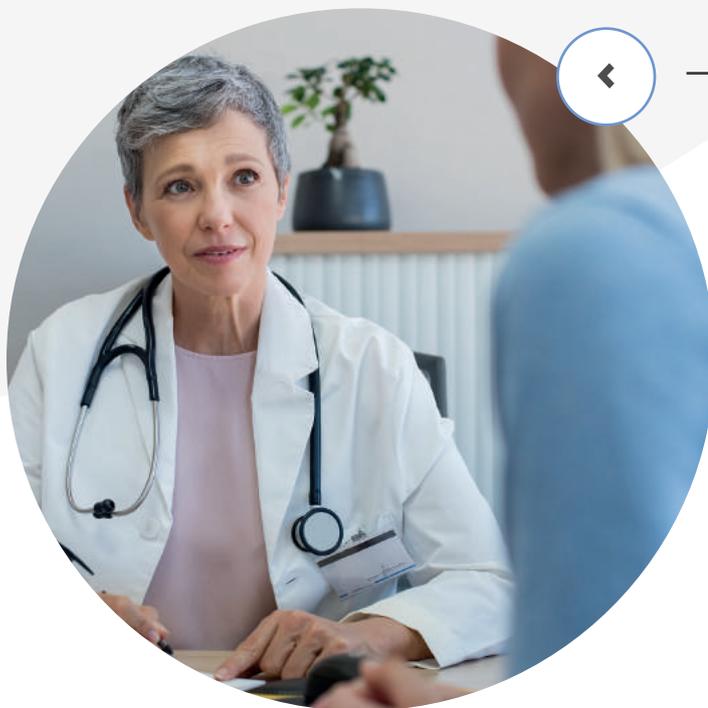
THE DISTINCTION BETWEEN HAZARDS AND RISKS

Hazard: A hazard is anything that may cause harm (e.g. chemicals, electricity, working at height) and can

be grouped into physical hazards, chemical hazards, biological hazards, mechanical hazards and psychosocial hazards.

Risk: The probability of a person being harmed by a hazard, and how serious that harm might be (this risk can be quantified).

It would fall within the remit of occupational health to evaluate exposure to hazards at work in order to reduce the risk to acceptable levels (e.g. pesticides in agriculture, injury from mechanical equipment, exposure to gases and fumes, using technical equipment, working at height, etc.).



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HAZARDS AND THE ILLNESSES THEY MAY CAUSE



PHYSICAL HAZARDS

Examples

Working in extremes of temperature, working in a noisy environment, working with vibrating tools.

Associated illnesses include:

- Heat stroke/frost bite.
- Hearing impairment.
- Hand-arm vibration syndrome (HAVs).



CHEMICAL HAZARDS

Examples

Coming into contact with irritants, inhaling or ingesting dusts or gases.

Associated illnesses include:

- Skin conditions such as dermatitis or eczema.
- Occupational asthma.
- Silicosis.
- Lead poisoning.



BIOLOGICAL HAZARDS

Examples

Exposure to bacteria or viruses.

Associated illnesses include:

- Legionnaire's Disease.
- Leptospirosis.
- Toxoplasmosis.



MECHANICAL HAZARDS

Examples

The risks of parts of the body coming into contact with machinery.

Associated illnesses include:

- Crushing.
- Entanglement.
- Abrasion.



PSYCHOSOCIAL HAZARDS

Examples

Stress or dysfunctional relationships with colleagues.

Associated illnesses include:

- Hypertension.
- Peptic ulcer.
- Depression.

THE REMIT OF OCCUPATIONAL HEALTH

Occupational health teams perform a wide range of functions with the aim of keeping people well at work. The scope of these services is broad and includes the following:



SURVEILLANCE AND ASSESSMENT OF THE WORK ENVIRONMENT

RISK ASSESSMENT

A risk assessment is an evaluation of the things that might cause harm to employees in the workplace and of existing control measures. The results should be used to improve working conditions and help prevent diseases and injuries.

The HSE has proposed a five-step approach to risk assessments:

1. Identify the hazards.
2. Decide who might be harmed, and how.
3. Evaluate the risks and decide on precautions.
4. Record your findings and implement them.
5. Review your assessment regularly and update, if necessary.



SURVEILLANCE AND ASSESSMENT OF WORKERS' HEALTH

PRE-EMPLOYMENT HEALTH CHECKS

In general, employers are not permitted to ask questions about a person's health before offering them a job (except in specific circumstances such as to measure diversity in the range of people who apply for jobs, or where a particular disability is a requirement of the job). However, once a job offer has been made, employers might request post offer health checks before a person starts work in order to identify any health issues that may require the employer to provide support or offer reasonable adjustments.

REGULAR HEALTH CHECKS/LIFESTYLE ASSESSMENTS

General health checks offered as part of a workplace wellness programme (e.g. cholesterol testing, BMI, blood glucose levels, blood pressure tests, etc.).

HEALTH SURVEILLANCE

Health surveillance entails assessing whether work has an impact on a person's health in order to mitigate risks to health and is necessary when a risk assessment has identified elements of a working environment that may pose a risk to a person's health, or where there is a known link between exposure to substances at work and particular occupational diseases (e.g. paint spraying and asthma). It is widely used throughout industry to help employers to control any health risks that their employees may be exposed to whilst they are at work. Health surveillance is intended to identify health problems or potential work-related problems as early as possible so that remedial action can be taken. In the vast majority of cases this means the suggestion of additional precautions and not the loss of a person's job (except in rare situations when a person's job is deemed to be posing an unacceptable risk to their health).

Organisations have a duty to monitor the health of their employees when a risk assessment identifies that there is a specific known risk to their health or wellbeing (e.g. carrying out hearing tests on employees who work in noisy environments). The tests workers undergo will be appropriate to the risks they may be exposed to whilst they are at work.

The health surveillance programme may identify specific risks to a person's health, which may result in special precautionary measures being taken. The results of health surveillance are confidential but if the surveillance picks up any abnormalities or possible work-related concerns, the occupational health team will decide whether a person should be referred to their doctor or another professional. Should any non-work-related conditions be detected (e.g. high blood pressure or diabetes), which are unlikely to affect a person's ability to work, then workers will generally be given a letter to take to their GP.



EDUCATING WORKERS ABOUT PREVENTATIVE AND CONTROL ACTIONS

HEALTH PROMOTION AND WELLBEING SERVICES

Health promotion focuses on enabling people to take control of their own health and change behaviours in order to improve physical and mental health outcomes. An organisation's employees are its most valuable asset, so it makes sense to support them in remaining physically and mentally healthy. Health promotion activities might focus on general health education, wellbeing services, nutritional advice, support with giving up smoking, mental health support, etc.

IMMUNISATIONS

Some jobs pose particular health risks because of risk of infection (e.g. health workers) or because a job involves a lot of travel. Common immunisations include hepatitis B, diphtheria, tetanus, polio, etc.



GENERAL HEALTHCARE AND REHABILITATION SERVICES

ABSENCE MANAGEMENT SERVICES

Sometimes it may be necessary for adjustments to be made to a person's workplace or work activities before they can return to work after sickness absence. These may be permanent or temporary adjustments and could include modifying work patterns, making changes to equipment or furniture or allowing a person to work flexibly around their rehabilitation.

ADVICE ON REASONABLE ADJUSTMENTS

Under the [Equality Act 2010](#), employers are required to make reasonable adjustments for workers who are suffering from a health condition or disability that is making it difficult for them to carry out their day-to-day activities. These adjustments could be to working arrangements or the workplace itself and could include flexible working hours, practical work aids and technical equipment, or a phased return to work.

RETURN TO WORK INTERVIEWS AND SUPPORT

Return to work interviews can be used to identify the cause of absence, see what steps can be taken to minimise future absence, and discuss issues with the employee.

The phased return to work offers workers the opportunity to return to work at an earlier stage of recovery from illness by allowing fewer hours and/or modified duties based on a structured Return to Work Plan. The phased return to work, which could actually help speed up recovery because it allows people to return to work much more quickly and settle back into the normal routine, is especially helpful:

- after long-term sickness absence;
- when there has been a serious health incident;
- when the work a person does is particularly strenuous or demanding.

REHABILITATION ('VOCATIONAL REHABILITATION')

After a period of absence, workers might require some rehabilitation back into the workplace and thought needs to be given to a number of factors, including whether there are workplace hazards that might negatively affect a person's health, or elements of a person's work that they might struggle to perform due to their illness, etc. Rehabilitation may also be required to help an individual regain their confidence and resilience to return to work.

WANT TO FIND OUT MORE?

SUPPORT ORGANISATIONS AND SOURCES OF USEFUL INFORMATION

- The Association of Occupational Health Nurse Practitioners (UK) (AOHNP) <http://aohnp.co.uk/>
- COPHA (not-for-profit association of occupational health and wellbeing providers) <http://cohpa.co.uk/>
- The Institution of Occupational Safety and Health (IOSH) <https://www.iosh.co.uk/>
- Society of Occupational Medicine (SOM) <https://www.som.org.uk/>
- Health and Safety Executive (HSE) <http://www.hse.gov.uk/>

IMPORTANT LEGISLATION

- [Management of Health and Safety Regulations 1999](#)
- [Health and Safety at Work etc Act 1974](#)
- [Equality Act 2010](#) (replaced the Disability Discrimination Act 1995)
- [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995](#) (RIDDOR)

Workplaces and working practices are also governed by a plethora of acts and regulations designed to keep people safe when working in specific industries or jobs. There are too many to list individually but they include legislations covering particular industries (e.g. Construction (Design and Management) Regulations 2015) and particular working practices (e.g. Control of Lead at Work Regulations 2002, Control of Vibration at Work Regulations 2005). Guidance can be found on the [HSE website](#).

As one of the UK's leading occupational health providers, Health Management, a MAXIMUS Company, helps organisations promote and maintain the physical, mental and social wellbeing of their employees in all occupations. We help your organisation manage and advise on employees' health at work and the impact of work on their health.



Our broad, cross-industry experience enables us to target **the specific needs of your organisation**, taking a flexible approach to managing the health and wellbeing of your people. In this way, we strive **to help you improve the wellbeing of your organisation's staff and your organisation's performance, productivity and profitability.**



Your tailored programme may be delivered at your offices through our nationwide network of physicians so your employees are seen close to where they live, which **reduces unnecessary travel and costs.** Alternatively, we can offer other flexible solutions including mobile health units and national telephone-based support. Whatever your need, we deliver the required occupational health services to your employees in a professional and friendly way.

We have over 50 of our own clinics throughout the UK and Ireland, and access to an additional managed network of 250, so our expert medical advice is always close by.

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