WILTSHIRE POLICE FORCE POLICY and PROCEDURE

Occupational Health Unit Procedures

Effective from: 23/09/2014
Version: 1.0
Next Review Date: 23/09/2017
TABLE OF CONTENTS

POLICY STATEMENT .......................................................................................................................... 3
POLICY AIM ....................................................................................................................................... 3
APPLICABILITY .................................................................................................................................... 3
DATA PROTECTION ACT 1998 ......................................................................................................... 3
FREEDOM OF INFORMATION ACT 2000 ...................................................................................... 3
LEGAL BASIS AND DRIVING FORCE .......................................................................................... 4
RELATED POLICIES, PROCEDURES AND OTHER DOCUMENTS ............................................. 4
AUTHORISED PROFESSIONAL PRACTICE ........................................................................... 4
MONITORING AND REVIEW .......................................................................................................... 4
WHO TO CONTACT ABOUT THIS POLICY AND PROCEDURE ............................................. 4
PROCEDURE ..................................................................................................................................... 5
1. PRE-EMPLOYMENT .................................................................................................................. 5
2. OCCUPATIONAL HEALTH APPOINTMENTS AND SUPPORT .............................................. 5
   2.1 Health Promotion...................................................................................................................... 5
   2.2 Vaccinations ............................................................................................................................ 5
   2.3 Counselling .............................................................................................................................. 5
   2.4 Health Surveillance .................................................................................................................. 6
   2.5 Risk Assessment Based Medicals Procedure (RABM)............................................................ 6
   2.6 Health Assessment/Medicals for Specialist Roles ................................................................. 6
   2.7 Treatment ............................................................................................................................... 6
   2.8 Physiotherapy ......................................................................................................................... 6
   2.9 External Referrals ................................................................................................................... 6
3. SICKNESS ABSENCE AND MEDICAL CONSULTATIONS .................................................. 6
   3.1 Management Referral ............................................................................................................. 6
   3.2 Self Referral ............................................................................................................................ 7
   3.3 Joint Referral ........................................................................................................................... 7
   3.4 Staff Undergoing Suspension / Investigation / Complaints .................................................. 7
   3.5 Selected Medical Practitioner (SMP) ....................................................................................... 7
   3.6 Independent Medical Review (Check staff Retirement) .......................................................... 7
   3.7 Appointments .......................................................................................................................... 7
   3.8 Refusal to attend the OH Unit ............................................................................................... 7
   3.9 Requesting GP/Specialist Reports ......................................................................................... 7
4. OCCUPATIONAL HEALTH REPORTS .................................................................................... 8
   4.1 Consent to the Release of a Management Report ................................................................. 8
   4.2 Disabilities .............................................................................................................................. 8
   4.3 Medical Confidentiality .......................................................................................................... 8
   4.4 Medical Records ..................................................................................................................... 8
   4.6 Third Party Access to OH Records ....................................................................................... 8
   4.7 Legal Representation – Solicitors ......................................................................................... 8

DOCUMENT ADMINISTRATION ....................................................................................................... 9
POLICY STATEMENT

Wiltshire Police recognises that the health, safety and well-being of its employees is critical to the Force’s ability to deliver the services that the community needs and expects. We are firmly committed to the provision, so far as is reasonably practicable, of a safe and healthy working environment for all personnel.

The Occupational Health Unit (OHU) provides support to the organisation and staff by providing occupational health specialist services to support the needs of the service. It seeks to reduce the incidence of illness and injury caused at work, and ensures that all staff are able to achieve their full capabilities at work.

In order to accomplish this and obtain specialist Occupational Health/Medical advice and guidance, there may be a need to refer employees to Occupational health. The aim of the OH unit is to:

- advise on pre-employment checks/screening in line with current legislation and organisational policy;
- reduce the incidence of work-related ill health;
- improve work opportunities for people with ill health or disabilities;
- use the work environment to promote the maintenance of good health in all police officers and staff;
- help people whose disability, illness or injury is impacting on work to remain at work, to return to work and/or full performance;
- assist line management and HR to manage cases of ill-health more effectively;
- aim to reduce the number of medical retirements.

The OHU monitors and advises on the effects of work on health and health on work. To achieve this aim, certain activities are undertaken, such as: health assessments, vaccinations, return to work strategies and case conferences, external referrals and Trauma Risk Management (TRiM)
http://firstpoint/deptinfo/peopleservices/occhealth_pages/TRiM.aspx

This service is achieved through supporting all employees and their line managers by providing a professional, confidential, impartial and advisory Occupational Health service.

POLICY AIM

The purpose of this policy is to give an outline of the role the Occupational Health Department has in supporting People Services, line managers, Unison, the Federation and the employees of Wiltshire Police in all matters of health; in particular how work may impact on health and ill health may impact on the ability to work.

APPLICABILITY

The Policy applies to all staff and officers. It does not apply to volunteers or contractors.

DATA PROTECTION ACT 1998

Any information relating to individuals recorded as a consequence of this policy is processed in accordance with the Data Protection Act and Force Data Protection Policy.

FREEDOM OF INFORMATION ACT 2000

This document has been assessed as suitable for public release.
LEGAL BASIS AND DRIVING FORCE
Health and Safety at Work Act 1974
Management of Health and Safety at Work Regulations 192 amended 1999
Medical Records Act 1988
Equality Act 2010
National Medical Recruitment Standards (2004) for entry to the Police Services and Fitness for
Winsor Report 2012
Fitness for Work (2007) Faculty of Occupational Health
Nursing and Midwifery Council (2008) Standards of conduct, performance and ethics for nurses and
midwives London NMC.

Other legislation may be relevant to the issue of Occupational Health and the above list is
not exhaustive.

RELATED POLICIES, PROCEDURES and OTHER DOCUMENTS
Recruitment Policy,
Attendance Policy,
Health and Safety Policy,
Officer Safety Training Policy
Substance Misuse Policy & Procedure

Forms: Health Questionnaire (Police Officer and Special Constable)

AUTHORISED PROFESSIONAL PRACTICE:
There are no associated APP areas at present

MONITORING AND REVIEW
The Occupational health Policy will be monitored and reviewed on an annual basis by the Force
Occupational Health Manager. The policy will also be reviewed in light of legislative change or best
practice.

WHO TO CONTACT ABOUT THIS POLICY
The Head of People Services and the Occupational Health Manager are responsible for this policy
and procedure. All queries relating to this policy or procedure should be directed to:

Penny Fuller, Occupational Health Manager – 01380 734073 / ext: 7202327
PROCEDURE

The unit owe a duty of confidence not only to staff in employment but also job applicants. Any contact with the OHU or attendance to the unit is always in line with and is underpinned by our confidentiality statement.

1. **Pre-employment**

   The force expects all Police Officers at the point of recruitment to be fit to perform the core competencies. All Police officers and Special Constables are required to undertake pre-employment medical screening.

   Police Community Support Officers (PCSO) and Detention Officers, are required to undertake pre-employment screening.

   Police staff are required to complete an Employment Functional Health Questionnaire, to identify any health issues that maybe affected by the proposed job role.

   The outcome will be communicated in writing to the Human Resources Department (Recruitment).

2. **Occupational Health Appointments and Support**

   2.1 **Health Promotion**

   One of the most important strategic aims of the OH unit is to promote the improvement of general well-being. Blood pressure checks, cholesterol tests and psychological screening is offered as part of the OH unit RABM and Health Surveillance programme.

   The Health and Wellbeing group meets regularly and all areas of the Force are represented. The group provide guidance and support on a range of health related matters.

   2.2 **Vaccinations**

   The OHU will provide all staff with the relevant information regarding occupational immunisation which is appropriate for their occupation or work needs.

   All Police Officers, Special Constables, PCSO’s or any staff requiring immunisations will be provided with a Blood Borne Viruses Aide Memoir.

   Following a perceived exposure, a clinical member of staff will contact The Great Western Hospital for post exposure advice to establish if post exposure intervention is required. OH will support and advise the Force and staff where necessary.

   2.3 **Counselling**

   All staff have access to the 24 hour independent counselling and support telephone helpline **0800 243 458** provided by Workplace Options. [www.workplaceoptions.com](http://www.workplaceoptions.com)

   Where a formal request for counselling has been arranged following consultation with Occupational Health a record of the request will be kept within the OH file. Staff may be signposted to Workplace Options following consultation in Occupational Health, this will be recorded in the client’s clinical notes.
2.4 **Health Surveillance**

Health Surveillance is a requirement of Health and Safety Legislation for individuals who may be exposed to hazards to health, where identified through risk assessment. Other forms of health surveillance are undertaken as good practice, such as baseline health assessment prior to initial training or deployment to a specialist police role. The frequency of monitoring is reviewed regularly. Individuals working within one of these high risk areas must attend.

2.5 **Risk Assessment Based Medicals Procedure (RABM)**

Risk Assessment Based Medicals is a Home Office initiative supported by Wiltshire Police. It is an opportunity for individuals to have a health assessment on a voluntary basis.

RABM’s have been deemed mandatory for certain roles by the organisation; this is outlined in the Health Surveillance and Risk Assessment Based Medical Procedure.

2.6 **Health Assessment/Medicals for Specialist Roles**

Health assessment/medicals are required for individuals carrying out specialist roles.

The Line Manager will initiate the first referral to the OH unit before the appointment of the officer/staff member to the post.

Thereafter the OH unit will liaise with the specialist units to invite officers/staff for their medicals.

The line manager may refer between these periods if there is any cause for concern in line with Management Referral process.

2.7 **Treatment**

The OH Unit does not provide First Aid. This is the responsibility of First Aiders.

2.8 **Physiotherapy**

Physiotherapy is provided either in-house or externally for staff meeting the referral criteria.

2.9 **External Referrals**

There are occasions that the clinical staff may refer Police Officers/staff for an external assessment using the fast track criteria to enable information regarding “fit for purpose” or the need for adjustments.

3. **Sickness Absence and Medical Consultations**

Line Managers are responsible for maximising attendance and managing absence, with advice from HR Managers, OH unit, and Health and Safety specialists.

3.1 **Management Referral**

A referral form (128) will be completed by the Line Manager with the full knowledge of the employee using the 128 referral process.

3.2 **Self Referral**
All staff are able to self refer to Occupational Health by contacting the unit directly.

3.3 **Joint Referral**
Staff working within safety critical roles can self refer to the unit, as standard however the joint referral process will be established.

3.4 **Staff Undergoing Suspension / Investigation / Complaints**
People Services or a Line Manager will complete a Management Referral as deemed appropriate for any member of staff undergoing suspension, investigation or subject of a complaint. Staff suspended from work are permitted to attend Occupational Health in compliance with their suspension instructions.

3.5 **Selected Medical Practitioner (SMP)**
In Police Officer cases where there is need for consideration of Ill Health Retirement, Injury On Duty Awards or confirmation of restrictions, People services will complete a Management Referral instructing Occupational Health to commence the formal SMP process.

3.6 **Independent Medical Review (IRMP)**
In Police Staff cases, where there is a need for consideration for access to the Pension scheme, People Services will complete a Management Referral instructing Occupational Health to commence the formal process.

3.7 **Appointments**
Staff referred to the unit via Management Referral will be informed of appointments by e-mail or letter within forty-eight hours of the unit receiving the referral. Staff self referring to the unit will be informed of appointments by e-mail, letter or telephone. Officers and staff will be expected to attend appointments at the OH Unit unless an alternative location is advised by a clinical member of staff.

3.8 **Refusal to attend the OH Unit**
In the event of a Police Officer/Police staff member not attending their appointment the referring Manager and HR will be informed. (Only in the case of a Management Referral). Where either a police officer or a member of police staff fails to co-operate either by attending an appointment or refusing to liaise with Occupational Health the referring line manager and HR will be informed.

3.9 **Requesting GP/Specialist Reports**
The Occupational Health Unit may request specialist advice from a consultant, the individuals GP, or in the case of Police Transferees, Occupational Health records from the home force.
4. **Occupational Health Reports**

4.1 **Consent to the Release of a Management Report**
Any report generated following a consultation with Occupational Health is subject to the requirement to obtain the consent of the individual prior to being sent to HR and the referring manager.

4.2 **Disabilities**
A Police Officer or member of Police staff may disclose a disability in confidence to a member of OH staff. The OH professional will advise regarding the advantages and disadvantages of disclosing a disability. The only circumstances where a disability can be revealed without consent is in exceptional circumstances, ie: for the health and safety of the individual member and others.

4.3 **Medical Confidentiality**
Confidentiality is a major consideration when handling personal and medical information, verbally or written. All information either written or held by computer is maintained in a confidential manner and is not divulged without the consent of the individual. There may be occasion to breach confidentiality but these are very rare.

4.4 **Medical Records**
Information held in a police officer's/member of police staff’s Occupational Health notes is held in accordance with the Medical Records Act 1998

4.5 **Access to Medical Records**
A request by a police officer/member of staff for a complete copy of their Occupational Health notes can be obtained with a signed written consent.

**Individual Request to View OH Records**
All police officers and police staff have the right to view the medical information held within their own Occupational Health file.

4.6 **Third Party Access to OH Records**
**Management/Unions**
Management or Staff Associations do not have the right to view any Occupational Health files or obtain medical information. In the event that a police officer/member of police staff wishes their manager or their representative to have a copy of their medical file this will be authorised with their explicit consent. In most cases the file would be forwarded to the individual concerned who can then arrange disclosure themselves.

4.7 **Legal Representation – Solicitors**
In the event that a police officer/member of police staff wishes their legal representative to have a copy of their medical file this will be authorised with written consent by the individual.
DOCUMENT ADMINISTRATION

Ownership
Department Responsible: Occupational Health Unit
Policy Owner/Author: Penny Fuller, Occupational Health Nurse/Manager
Technical Author: Simona Wrobelova, Occupational Health Administrator
Senior Officer/Manager Sponsor: Zoe DURRANT (Head of People Services)

Revision History
Effective From: 23/09/2014
Next Review Date: Three yearly or when significant changes in work activity, process or procedure occurs.

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Version</th>
<th>Summary of Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Approvals
This document requires the following approvals:

<table>
<thead>
<tr>
<th>Name &amp; Title</th>
<th>Date of Approval</th>
<th>Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuous Improvement Team</td>
<td>24.09.2014</td>
<td>1.0</td>
</tr>
<tr>
<td>Health &amp; Safety Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JNCC (Not required for all policies)</td>
<td>10.09.2014</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Distribution
This document has been distributed via:

<table>
<thead>
<tr>
<th>Name &amp; Title</th>
<th>Date of Issue</th>
<th>Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-Brief</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email to relevant affected Staff/Officers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Diversity Impact Assessment
Has a DIA been completed? ☒ Yes ☐ No
Date: 23/09/2014
Consultation
List below who you have consulted with on this policy (incl. committees, groups, etc):

<table>
<thead>
<tr>
<th>Name &amp; Title</th>
<th>Date Consulted</th>
<th>Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNISON</td>
<td>April 2014</td>
<td>0.2</td>
</tr>
<tr>
<td>Police Federation</td>
<td>April 2014</td>
<td>0.2</td>
</tr>
<tr>
<td>Staff Association Board</td>
<td>April 2014</td>
<td>0.2</td>
</tr>
</tbody>
</table>

Implications of the Policy

Training Requirements
Any perceived training requirements needed to implement this policy should be identified here.

IT Infrastructure
State here whether implementation of this policy requires any input from IT, adaption and/or addition to any IT systems or packages?