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<b>Report To:</b>	<b>Policy and Resources Committee</b>	<b>Date:</b>	<b>19 June 2012</b>
<b>Report By:</b>	<b>Head of Organisational Development, HR and Communications</b>	<b>Report No:</b>	<b>HR/07/12/PR</b>
<b>Contact Officer:</b>	<b>Pauline Ramsay Health and Safety Team leader</b>	<b>Contact No:</b>	<b>01475 714723</b>
<b>Subject:</b>	<b>Occupational Health Policy</b>		

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## **1.0 PURPOSE**

- 1.1 To ask the Committee to approve an Occupational Health Policy for the Council (Appendix 1).

## **2.0 SUMMARY**

- 2.1 The Council's occupational health service provides professional guidance and support to managers on medical referral and reporting for instances of long term absence and in specific cases of short term absence. This policy formalises how the Council utilises this Occupational Health Provision and applies it.
- 2.2 The Health and Safety at Work etc. Act places a duty on employers to prepare a written statement of their general policy and as part of that policy to have in place arrangements for the implementation of Health and Safety. The Occupational Health Policy will form part of the Council's arrangements for health and safety and managing absence.
- 2.3 The policy sets out how the Council will implement its statutory responsibilities for health surveillance in line with the relevant HSE guidance documentation.
- 2.4 The Workforce Development Strategy was approved by the Policy and Resources Committee on the 26 May 2009 and has three main themes. This particular proposal is contained within Employees – our most valuable resource in that it focuses on health, safety and welfare of our workforce.

## **3.0 RECOMMENDATIONS**

- 3.1 The Committee is recommended to approve the Occupational Health Policy.
- 3.2 The Committee is asked to support this policy by active promotion of Absence Management and Health and Safety.

Head of Organisational Development,  
HR and Communications

## 4.0 BACKGROUND

- 4.1 Since April 2010 the Council have committed £100,000 annually for the provision of an Occupational Health Service. The Council's current Occupational Health provider is Mansion House Healthcare. Occupational Health provision is expected of an organisation our size, has many benefits and sends out a positive message to our employees.
- 4.2 OD, HR and Communications, in partnership with Service Managers and the Occupational Health provider have been working to reduce the Council's absence rate. Though occupational health will not necessarily influence attendance at work levels, at least in the short term, over time, long term absence may be reduced; for example counselling may help support the earlier return to work of employees experiencing stress or mental health issues. While it is too early to say with any degree of certainty how non attendance levels have been affected by occupational health on site. There are positive signs that long term absence rates are improving. In 2009 the average number of medically certified workdays lost per FTE employee was 9.6. For 2010 and 2011 the average number of medically certified workdays lost per FTE employee was 8.75. Appendix 2.
- 4.3 This policy lays down the procedures to be followed across the Council to ensure that the maximum benefit from utilising Occupational Health to assist in managing absence is achieved.
- 4.4 There are legal requirements laid down within Health and Safety legislation to carry out health surveillance on employee who may be exposed to substances hazardous to health or physical agents, i.e. vibration or noise, which may damage health. Occupational groups have been assessed to determine what health surveillance is required, these have been categorised in three groups.

Grouping	Approximate Number of Employees
High Risk – requiring annual health surveillance.	280
Medium Risk – Employees requiring health surveillance at least every three years.	570
Low Risk – Employees who require monitoring for possible health effects but not statutory health surveillance.	740

Health surveillance is being carried out as an ongoing rolling programme.

- 4.5 This policy lays down the procedures to be followed across the Council to ensure that Health Surveillance is carried out as per statutory requirements.
- 4.6 By law (Health and Safety at Work etc. Act 1974 section 2(3)) if you employ five or more people you must have a written health and safety policy. This contains a statement of general policy on health and safety at work and the organisation and arrangements in place for putting that policy into practice. The Occupational Health Policy details the arrangements the Council has in place for Health Surveillance and Absence Management.
- 4.7 The Occupational Health Policy sets a clear direction for the Council to follow; it will contribute to all aspects of business performance as part of a demonstrable commitment to continuous improvement. It will demonstrate a shared common understanding of the Council's vision, values and beliefs. A positive Absence Management and Health and Safety culture is fostered by the visible and active leadership of senior managers. This is reflected within the policy.
- 4.8 The policy consists of the following main sections:

- Statement of Policy
- Roles and Responsibilities
- Management Requirements
- How the Policy should be implemented
- Information and Training Requirements

## **5.0 PROPOSALS**

5.1 The Occupational Health Policy to be adopted by Inverclyde Council and used as a framework to further enhance the health and wellbeing of employees and those affected by the work of the Council.

## **6.0 IMPLICATIONS**

6.1 Finance: Maintenance of investment in Occupational Health provision.

6.2 Human Resources: None.

6.3 Legal: Ensure compliance with Health and Safety legislation requiring Health Surveillance.

6.4 Equality: None.

## **7.0 CONSULTATION**

7.1 The Occupational Health Policy has been coordinated through the Corporate Health and Safety Committee with OD, HR and Communications seeking the views of both union and management colleagues. The Trades Unions have agreed the Policy.

## **8.0 BACKGROUND PAPERS**

8.1 Appendix 1 – Occupational Health Policy.

*Health & Safety*

# ***Management of Occupational Health***

Version 2.0

Produced by:

*Health and Safety Unit  
OD, HR & Communication*

Inverclyde Council  
Municipal Buildings  
GREENOCK  
PA15 1LX

June 2012



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## DOCUMENT CONTROL

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<b>Change History</b>		
<b>Version</b>	<b>Date</b>	<b>Comments</b>
2.0	June 2012	Policy updated

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<b>Policy Reviews</b>		
<b>Review Date</b>	<b>Person Responsible</b>	<b>Service</b>
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## 1 INTRODUCTION

- 1.1 Inverclyde Council has a duty under the Health and Safety at Work etc. Act 1974 to ensure, so far as is reasonably practicable, the health, safety and welfare of our employees
- 1.2 This policy sets out the commitment of Inverclyde Council to promote and look after the health of its employees.
- 1.3 The Council recognises its statutory responsibilities in respect of health surveillance and will adopt the necessary measures to ensure that its policy to identify and manage health surveillance requirements reduces risks to employees.
- 1.4 This document sets out the Council's Occupational Health Policy and defines the procedures that are required to be in place to meet legal obligations concerning the management of employee health.

## 2 POLICY STATEMENT

Inverclyde Council is committed to providing a workplace that promotes and protects the health, safety and welfare of its employees, and others who may be affected by the work we do. The Occupational Health provision aims to:

- provide a comprehensive, high quality, and cost effective occupational health care service for staff;
- promote the health and fitness of employees through health education and health promotion programmes;
- give health/medical advice to individuals, managers and groups of staff;
- assist the Council in its aim of achieving lower sickness absence rates;
- provide access to a counselling support service in conjunction with other welfare and counselling services within the OD, HR and Communication Service,
- ensure, with the Health and Safety Section, that the Council is complying with statutory regulations regarding health, hygiene and safety;
- provide pre-employment screening through medical questionnaires and medicals and to provide health surveillance where appropriate;
- provide advice and support to managers and staff on all aspects of health and work.

## 3 AIMS

This policy aims to provide guidance and information to Services to help them to manage occupational health risks within the workplace in a sensible manner and to provide clear guidance on the procedures to be taken with regard to those risks.

## 4 SCOPE

- 4.1 This policy applies equally to all employees regardless of grade, experience or role within the organisation.
- 4.2 The policy should be used in conjunction with the following Council Policies:
  - Absence Management,



- Stress, Mental Health and Wellbeing
- Health and Safety
- Noise at Work
- Hand Arm Vibration
- Workplace Transport and Occupational Road Risk
- Blood Borne Virus and Infection Control
- Other relevant policies which may be developed.

## **5 CONSULTATION & IMPACT ASSESSMENT**

5.1 Inverclyde Council recognises the importance of employee consultation and is committed to involving all employees in the development of policies and procedures. The following groups are formally consulted:

- Trade Union Representatives through the Corporate Health and Safety Committee.
- All Chief Officers.
- Employees via the Council Intranet.

5.2 An Equalities Impact Assessment was carried out using the Council's Equalities Impact Assessment Template.

## **6 LEGAL FRAMEWORK**

The following legislation underpins this policy.

6.1 There is a legal requirement for the Council to comply with the Management of Health and Safety at Work Regulations 1999 in particular, regulation 6 "Health Surveillance." Where the risk assessment identifies that this is appropriate with regard to risks to an employees health and where it is a specific requirement within the following legislation.

- a) Control of Noise at Work Regulations 2005, regulation 9.
- b) Control of Vibration at Work Regulations 2005, regulation 7.
- c) Control of Substances Hazardous to Health Regulations 2002, regulation 11.
- d) Control of Lead at Work Regulations 1998, regulation 10.
- e) Work with Materials Containing Asbestos Regulations 2006, regulation 22.
- f) Work in Compressed Air Regulations 1996, regulation 10.
- g) Diving at Work Regulations 1997, regulation 11
- h) Ionising Radiation Regulations 1999, regulation 24
- i) Working Time Regulations 1998, regulation 7

## 7 ROLES & RESPONSIBILITIES

In addition to the responsibilities laid out in the Corporate Health and Safety Policy the following responsibilities are specific to this Policy.

### 7.1 Corporate Directors/Heads of Service

Corporate Directors and Heads of Service should:-

- Prepare and revise as necessary Service arrangements for the management and control of work requiring Health Surveillance.
- Ensure appropriate training, information and instruction is provided for relevant employees in the form of training courses, seminars, information leaflets and booklets, and personal instruction as appropriate to ensure that they are informed about risk to health and signs and symptoms to be aware of.
- Ensure that where specialist medical advice is required in relation to health surveillance that employees are referred to Occupational Health.

### 7.2 Head of OD, HR and Communication

The Head of OD, HR and Communication has overall responsibility for Occupational Health and is responsible for ensuring that the requirements of this policy and other related policies are effectively managed. The key functions of occupational health will include to: -

- Provide a service which contributes to the business needs of the Council.
- Promote and protect the health, safety and welfare of all Council employees.
- Assist in ensuring that the Council complies with all existing and proposed health related legislation.
- Develop a proactive occupational health service.
- Promote Health and Well Being for employees to include lifestyle issues such as smoking, healthy eating, exercise and alcohol consumption.
- Provide a consistent approach to occupational health across the Council.
- Maintain confidentiality.
- Assist in the assessment of fitness of employees to perform their identified role.
- Provide practical and confidential health support for all employees.
- Provide advice to Managers and employees in relation to any policies pertaining to Occupational Health.
- Support managers to manage staff with health related issues.
- Advise on the prevention of ill health at work and assist in the effective management of existing health problems.
- Provide active advice and guidance to prevent ill health.
- Advise and assist in the management of employees with either short and long term absence including rehabilitation programmes, redeployment and ill health retirement.
- Undertake appropriate immunisation programmes
- Provide health surveillance in the workplace to ensure that the working environment will not adversely affect health and ensuring compliance with external statutory requirements.

### **7.3 Managers/Team Leaders/Supervisors**

Responsible for:-

- Ensuring that staff are aware of this policy.
- Going through OD, HR and Communication to contact and access Occupational Health.
- Assisting in the implementing of any policy pertinent to Occupational Health i.e. Absence Management, Mental Health Stress and Wellbeing, Noise, Hand Arm Vibration etc.
- Working in liaison with Occupational Health and acting accordingly on any advice given by Occupational Health regarding the employee.
- Managers will be responsible for the implementing this policy within their area of control, ensuring that staff understand the importance of attending any Occupational Health appointments.
- Supporting staff within the workplace to enable them to adhere to any advice or guidance given by Occupational Health.
- Undertaking the appropriate action if staff do not adhere to Council policies in regard to attending Occupational Health and/or refusal of any treatment deemed necessary.
- Undertaking of risk assessment, in line with the Health and Safety at Work Etc Act 1974 and subordinate legislation, as appropriate regarding staff health e.g. Stress, COSHH, Violence and Aggression and Manual Handling etc.

### **7.4 Employee Responsibilities**

All employees have a responsibility to ensure that they are complying with the health and safety procedures and requirements appropriate to their job. To achieve this, with relation to Occupational Health, employees should:

- Ensure they attend for Occupational Health appointments including absence management and health surveillance.
- Informing their manager, a health and safety advisor or attending the Occupational Health Drop in Clinic immediately about any concerns or change in their health which may affect their ability to effectively undertake their role/or be linked to their ability to undertake their role.

Employees should also be aware of the advice, guidance and support available to them by Occupational Health and /or Counselling.

### **7.5 Corporate Health and Safety Committee**

The Corporate Health and Safety Committee will perform a pivotal role in ensuring that this policy is implemented.

The safety committee will oversee monitoring of the efficacy of the policy and other measures to reduce risks and promote workplace health and safety.

## **8 FUNCTIONS OF OCCUPATIONAL HEALTH**

### **8.1 Safe Recruitment**

The Equality Act 2010 came into force on 1st October 2010 making asking questions about the health status of an individual applying for a post illegal until after they have been made a conditional offer. Therefore employers cannot offer a job to an individual subject to health clearance (see the Recruitment and Selection Policy).

Instead, following an offer of appointment, new staff shall be required to complete a Health Questionnaire (see Appendix 1) to determine if there is any medical condition which may affect their work or any support which may be required. The Health Questionnaire must be sent out with the offer of employment and is returned in a sealed envelope to OD, HR and Communication who forward it on, unopened, to the Council's Occupational Health provider. On receipt of the form Occupational Health will then undertake the paper screening assessment. The individual may be contacted for a telephone consultation or if needed an appointment will be sent to the individual to attend for an assessment. Appropriate advice will then be provided to the recruiting manager, OD, HR and Communication, and the new employee.

### **8.2 Risk Assessment**

In addition all Council employees using vibratory equipment or equipment which has noise levels which meet the action levels in the Noise at Work regulations will be required to submit a Questionnaire form for a base line audiometry and HAVS assessment. Managers are required to identify posts which have been assessed as having noise or vibration risks and include a copy of the appropriate risk assessments to OD, HR and Communication. The risk assessment will be sent to the Occupational Health Provider together with the Health Questionnaire.

Managers are required, through the risk assessment process, to identify posts in which employees could benefit from vaccination, i.e. tetanus, Hepatitis B, Hepatitis A, or Flu. Prior to appointment the relevant vaccination should be offered to the employee, if the offer is taken up an appointment should be made with the Occupational Health Provider to carry out the vaccination.

If there are potential ill health problems noted by the occupational health provider (whether physical or psychological in nature) then, after consultation and, if deemed appropriate, referral may be made to the Occupational Health Physician.

### **8.3 Adverse Health Information**

It is important that, if any significant adverse health information is given during interview, or contained within references, it is passed on to the Occupational Health Provider for advice. This is the responsibility of the appointing manager and should be put in writing.

On completion of any health assessment process recommendations for any support or adaptations required in the workplace will be issued to the appropriate human resources advisor who will contact the employing manager.

In the event that clarification of information given by the individual on any health problems is thought to be necessary, information may be sought from their General Practitioner or other relevant sources. This is undertaken after discussion with them regarding the health information required. Consent will be obtained from the individual, taking into account the Access to Medical Reports Act 1998. If information is required to be passed on to the employing manager then this will be discussed with the individual and consent sought. This will include advising the manager if the individual has a condition that may come under the terms of the Equality Act and if any adaptations or adjustments are required.

#### **8.4 Health Assessment for Employees Already in Post**

Where an employee is already employed by the Council but changing roles, the same process as that in 8.1 will take place.

#### **8.5 Health Surveillance**

The Risk Assessment process will identify any risks that the employee may be exposed to in the workplace and health surveillance will be undertaken on commencement of employment as a baseline. If further health surveillance is required an explanation will be given as to why and how.

In line with Health and Safety Legislation and where appropriate after risk assessment, periodic health assessment and medical examinations of employees at risk, or exposed to hazards in the workplace, will continue throughout employment with the Council: i.e. audiometry, hand arm vibration, blood screening etc. Health Screening can also be undertaken at the employees request, or where it is clinically indicated.

**A guide to occupations within the council which may require Health Surveillance is attached Appendix 2.**

Health Surveillance will either be by appointment with the Occupational Health Provider or via a screening questionnaire.

#### **8.6 Referral Following, or During, Sickness Absence**

Line Managers are required to undertake Occupational Health referrals in accordance with the Council's Managing Attendance Policy.

Upon receipt of the **Absence Management Referral form (Appendix 3)** an appointment will be sent to the employee to see the Occupational Health Nurse in the first instance. Further appointment may involve the councils Occupation Health Medical Advisor. The appointment will be sent directly to the employee's home address and the referring manager will also receive a copy of the appointment details.

Following the appointment, and with the employees consent, OD, HR and Communication will discuss with the referring manager any relevant information from the report and be advised of dates of any further appointments. Advice given may involve modification of work patterns, redeployment, counselling, physiotherapy, training and retirement on ill health grounds. If consent is not received from the employee then no details will be divulged, although the manager will be advised that consent has been withheld.

While generally no health supervision, or health assessment, should be perceived as part of the management disciplinary procedure, employees may be referred to the Occupational Health Provider as part of the disciplinary process, and it is recognised that the outcome might have contractual implications.

In all cases the Occupational Health Provider will protect the confidentiality of the employee. This cannot be breached except with the explicit written consent of the individual concerned.

### **8.7 Health and Safety Referral**

Line managers can refer employees for Health and Safety reasons by completing the H&S Referral Form (Appendix 4). This should be sent to the Health and Safety Team Leader. Referrals can be on the basis of:

- Risk assessment identifying a requirement for Health Surveillance
- Risk assessment identifying an employee with a medical condition which requires support in the workplace.
- Audits or inspections which identify a health issue.
- Medical certificate indicating a possible Occupational Health Disease reportable under RIDDOR.
- Any medical conditions which may be linked to work.

The appointments will progress as detailed in 8.6 above and additionally the Health and Safety Team Leader will, with the employees consent, be sent a copy of the report and date of any further appointments. If consent is not received from the employee then no details will be divulged, although the Health and Safety Team Leader will be advised that consent has been withheld.

In all cases the Occupational Health Provider will protect the confidentiality of the employee. This cannot be breached except with the explicit written consent of the individual concerned.

### **8.8 Consent Forms and Access to Medical Records**

Occasionally the Council may wish to obtain information about an employees health from their General Practitioner via the Occupational Health Provider. In such cases and in accordance with the Access to Medical Reports Act 1988, a consent form must be signed by the employee giving permission to the Occupational Health provider to write to their GP and/or consultant. Employees do not have to give their permission for this information to be obtained but should be advised that the Council can only act with the information that is available to them and that this information is usually vital.

### **8.9 Immunisation**

Immunisation to minimise the risk of cross infection within the workplace may be required, this will be identified via risk assessment. Vaccination will be undertaken by the Occupational Health Provider or through the CHCP. The immunisation status of employees will be checked prior to any vaccination programme. If the employee cannot have the vaccine or declines immunisation then a risk assessment of the employee's role and work area will be undertaken and the risks discussed with the individual. Vaccinations that may be required are:

## **Hepatitis B**

All Council employees that may be exposed to blood or body fluids are advised to be immunised against Hepatitis B. This may include but not be limited to:

- Home care workers.
- Those working in residential homes.
- Those working with offenders.
- Those working in special educational needs establishments

## **Hepatitis A**

Hepatitis A is contained within the faeces (motions) of infected people and infection is usually spread by eating contaminated food or drink. It is most common in countries where there is poor sanitation or where disposal of sewage is poor. Employees who may be exposed to sewage are advised to be immunised.

## **Tuberculosis**

BCG vaccination should be offered to previously unvaccinated Mantoux negative employees who are younger than 35 years of age in care homes for elderly people, employees working directly with offenders or employees working in homeless hostels. Immunisation status will be checked by the Council's Occupational Health Provider.

## **Flu Vaccination**

All staff involved in the delivery of care and support to service users within social care will be offered the annual flu vaccination. This will be delivered either through the CHCP or the Council's Occupational Health Provider.

## **Tetanus**

Protection from Tetanus is part of the National Immunisation Schedule and it is advised that employees working in occupations where there is risk of penetrating injuries caused by sharp objects, such as wood shards, nails, metal etc. should be protected against Tetanus. Employees are advised to contact their own GP to ensure they have adequate immunisation.

If staff are not protected against Tetanus, they should go to their own GP for immunisation. The date of their last booster injection should be recorded in their occupational health file.

## **8.10 Drop-in Service**

The Occupational Health Provider offers a drop-in service for staff; this is a service for health advice, blood pressure checks, weight, cholesterol etc. It is not a substitute for an employee's own medical practitioner. Details on time and location of the drop in is available on the Council's intranet (ICON).



### **8.11 Health and Wellbeing**

Occupational Health will take an active part in promoting the Health and Wellbeing of the Council's employees in line with maintenance of the Council's Healthy Working lives Gold Award and Mental Health Commendation award.

Promotion of positive health and health education is undertaken at any available opportunity. Health promotion and lifestyle screening will be undertaken as appropriate.

### **8.12 Counselling Service**

Counselling may be available, as budgets permit, through referral by OD, HR and Communication. It is available to those employees undergoing personal or work problems and who are finding it difficult to cope with their job. This also includes employees who require counselling following a complaint, incident or if they have been involved in a traumatic event at work.

The Service is mainly involved in one to one counselling but can also undertake group sessions as required i.e. critical debriefing after a traumatic event or mediation.

### **8.13 Occupational Health Records**

All occupational health records are securely stored by the Council's Occupational Health Provider and only accessible by the occupational health providers staff. Reports from the Occupational Health Provider are kept securely within OD, HR and Communication and only accessible by named OD, HR and Communication employees.

Under the Data Protection Act 1998, anyone seen by the Occupational Health Provider has a legal right to have access to their records or with consent to have a representative access their records.

Any employees or outside representatives i.e. solicitors etc that request copies of any occupational health file may be charged accordingly.

Old occupational health records must be kept for varying periods of time. On leaving Council Employment occupational health records are archived.

### **8.14 Physiotherapy**

Employees may be referred to a physiotherapist for assessment or treatment. Strict criteria apply for referral to physiotherapy these are:

- An employee has had a work related accident.
- The employee's work involves a risk of work related upper limb disorders, manual handling or other musculoskeletal problems. This must be identified through risk assessment.
- The employee is absent from work and physiotherapy would be beneficial in facilitating their return to work.

Physiotherapy will not generally be provided for non work related medical conditions, sports injuries or accidents out with work. It is not a substitute for the National Health Service or a form of Private Health care.



### **8.15 Relationship with GP's and other Health Professionals**

The Occupational Health Service is primarily a preventative service, not a treatment service. Therefore, it is important for the Occupational Health Provider to liaise on occasion (with the employees consent) with General Practitioners and other professionals to obtain information which will assist in managing an employees case.

## **9 INFORMATION AND TRAINING**

### **9.1 Information**

9.1.1 Inverclyde Council recognises the need to provide staff with relevant information on the Occupational Health Service. Employee and line manager awareness will help with the implementation of the policy and awareness of situations which may give rise to a referral to the occupational health provider. Information on Occupational Health will be made available on the Council's Intranet System, via Line Managers and Trade Union Safety Representatives or via the information library held in Organisational Development and Human Resources. The information will be updated on a regular basis.

### **9.2 Training**

9.2.1 The Council recognises that training of managers and employees is important to ensure that all employees have the necessary skills to carry out risk assessments as required by the legislation. The following training will be made available through the Corporate Training planner or, if identified through the risk assessment process, other specialist training can be made available. All training provided will include information about this Council policy.

- Noise Awareness
- Hand Arm Vibration Awareness
- Absence Management
- Any other relevant Courses

### **9.3 Communication of the Policy**

9.3.1 The Council recognises the importance of communicating the policy to all employees. This policy will be communicated to staff via the Corporate Health and Safety Committee, the Council's team briefing system and a copy will be placed on the Council's Intranet system ICoN.

## **10 MONITORING, EVALUATION & REVIEW**

10.1 This reviewed policy was ratified by the Council's Policy and Resources Committee on 19<sup>th</sup> June 2012 and implemented immediately thereafter.

10.2 Regular monitoring and review are necessary to measure the effectiveness of the policy and to ensure it remains relevant to the needs of the Council. The Head of OD&HR will have responsibility for the on-going monitoring and review of the policy,

including taking action to amend the policy, where required, in consultation with staff.

- 10.3 The policy will be reviewed 12 months from implementation and every three years thereafter unless there is significant change in legislative requirements or risk assessment identifies a need for review. Measuring the effectiveness of the policy will include the auditing of compliance with this policy, and monitoring of absence.

**APPENDIX 1**  
Health Questionnaire

## HEALTH QUESTIONNAIRE

PLEASE TYPE OR PRINT USING BLACK INK. This form is available, on request, in large print, Braille, on audiotape, or computer disc. All health conditions, which may have an impact on your ability to safely carry out the duties of the post **must** be declared on this form. If you do have a medical condition this does not necessarily mean you will not be suitable for the job. Inverclyde Council will consider all reasonable adjustments, which will enable duties to be performed safely. The information provided by you will be treated in the strictest confidence and will only be disclosed to our Occupational Health Advisers and, if relevant, your manager.

**POST APPLIED FOR:**

**ADVERT REF:**

**SERVICE:**

### 1. PERSONAL DETAILS

**Name:**

**Date of Birth:**

**Address:**

**Height:**

**Contact Telephone No:**

**Weight:**

**Is your weight:**       Increasing       Decreasing       Stationary

### 2. OCCUPATIONAL HISTORY / PAST EMPLOYMENT

**Current Job:**

**Date Commenced:**

Have you ever suffered from an industrial disease or had a serious industrial accident?      Yes       No

Have you ever been advised for medical reasons not to do night work, shift work, or any kind of work?      Yes       No

If you have answered yes to any of the above, please provide details:

### 3. MEDICAL HISTORY

Are you currently under the care of a doctor?      Yes       No

Are you receiving any medical treatment e.g. pills, injections, inhalers, physiotherapy, counselling?      Yes       No

Have you ever had any illnesses, operations, or injuries that have caused you to be off work for more than 4 weeks?      Yes       No

If you have answered yes to any of the above, please provide details:

	Y	N		Y	N
Do you have eyesight problems?	<input type="checkbox"/>	<input type="checkbox"/>	Do you wear glasses/ lenses?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have problems with hearing?	<input type="checkbox"/>	<input type="checkbox"/>	Do you wear a hearing aid?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have problems with mobility?	<input type="checkbox"/>	<input type="checkbox"/>	Do you use a wheelchair or any walking aids?	<input type="checkbox"/>	<input type="checkbox"/>
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>	How many cigarettes per day?	_____	
Do you drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	How much per week?	_____	

Have you ever had an addiction to drugs or alcohol?

Do you have, or have you ever suffered from: (please tick if appropriate)

Eye problems	<input type="checkbox"/>	Ear/ Nose/ Throat problems	<input type="checkbox"/>	Infectious diseases	<input type="checkbox"/>
Heart problems	<input type="checkbox"/>	Lung/ breathing problems	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Liver problems	<input type="checkbox"/>	Kidney/bladder problems	<input type="checkbox"/>	Blood disorders	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Stomach/ bowel problems	<input type="checkbox"/>	Migraines	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	Circulation problems	<input type="checkbox"/>	Frequent headaches	<input type="checkbox"/>
Thyroid trouble	<input type="checkbox"/>	Skin problems	<input type="checkbox"/>	Nerve disease	<input type="checkbox"/>
Joint Trouble: Arthritis/ backache/ sore neck/ shoulder/ sciatica					<input type="checkbox"/>
Mental Health problems: depression/ anxiety/ psychosis/ stress/ nervous debility					<input type="checkbox"/>

If you have ticked any of the above, please give full details below, including dates:

Any other ailments, operations, or illnesses not mentioned above?

#### 4. DISABILITY

Inverclyde Council is committed to making all reasonable adjustments that will enable an individual with a disability to carry out their role effectively. Under the terms of the Disability Discrimination Act 1995, a disability is defined as a physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day tasks. To ensure we take full account of your needs, please indicate if you consider yourself to be disabled by ticking the box:

Adjustments required:

#### 5. FAMILY HISTORY

Is there any history of heart or circulation trouble, lung disease, diabetes, high blood pressure, mental health problems in your family? If yes, please provide details:

#### 6. DECLARATION

I consider myself to be both physically and mentally fit for the post and able to provide regular and effective service to Inverclyde Council. I certify that all statements given above by me on this form are true and correct to the best of my knowledge. I realise that if I am employed and it is found that such information is false or that I have withheld information, I am liable to dismissal on the grounds of gross misconduct.

Signature:

Date:

#### FOR MEDICAL USE ONLY

Screened by:

Opinion:

Signature:

Date:

## **APPENDIX 2**

### Occupations which may require Health Surveillance

This list is not exhaustive it is only a guide, if an occupation is not listed it does not mean that health surveillance is not required, the risk assessments for the work being carried out will identify whether or not health surveillance is necessary.

High Risk		Medium Risk		Low Risk		
Position	Surveillance Check	Position	Surveillance Check	Position	Surveillance Check	
Animal Attendant/ Gardener	HAVS	Caretaker / Driver	General Eyesight Test	Assistant Cook	Dermatitis	
	Noise		Manual Handling		Manual Handling	
	Dermatitis		Dermatitis		Lung Function	
	Tetanus	Catering Assistant	Manual Handling	Assistant Curator	Manual Handling	
	Hepatitis		Lung Function		Depute Burial Grounds Officer	General Eyesight Test
	Manual Handling	Catering Manager	Dermatitis	Building Surveyor	HAVS	
	Lung Function		Manual Handling		Noise	
Arborist	General Eyesight Test	Chief Technician	Lung Function		Building Surveyor/ Architectural Technician	Dermatitis
	HAVS		Noise			Tetanus
	Noise		Dermatitis			Hepatitis
	Dermatitis	Cleaner	Lung Function		Building Surveyor	Manual Handling
	Tetanus		HAVS			Lung Function
	Manual Handling		Dermatitis	Manual Handling		
	Lung Function		Manual Handling	Manual Handling		
Chargehand Driver / Labourer	General Eyesight Test	Cleaning Supervisor	HAVS	Bus Driver	Eyesight General	
	HAVS		Dermatitis		Bus Escort	Hepatitis
	Noise		Manual Handling	Manual Handling		
	Dermatitis	Cook	Dermatitis	Caretaker	Manual Handling	
	Tetanus		Manual Handling		Catering Assistant/ Driver	Dermatitis
	Hepatitis		Lung Function			Manual Handling
	Manual Handling	Domestic Cleaner	HAVS	Catering Manager	Lung Function	
General Eyesight Test	Dermatitis		Dermatitis			
Chargehand Driver Sweeper	HAVS	Driver / Gardener / Handyperson	Manual Handling	Civil Engineer	Manual Handling	
	Noise		General Eyesight Test		Civil Engineering Technician	Lung Function
	Dermatitis		Dermatitis			Manual Handling
	Tetanus	Driver / Handyperson	Manual Handling	Clerical Assistant/ Courier	Manual Handling	
	Hepatitis		General Eyesight Test		Eyesight General	
	Manual Handling		Dermatitis		Council Officer	Manual Handling
			HAVS		Manual Handling	Day Care Officer
Chargehand Gardener	Noise	Fuel Pump Attendant	General Eyesight Test	Day Centre Officer	Manual Handling	

High Risk		Medium Risk		Low Risk	
Position	Surveillance Check	Position	Surveillance Check	Position	Surveillance Check
Chargehand Gravedigger	Dermatitis	Horticultural Officer	Noise	Day Centre Officer -UQ	Manual Handling
	Tetanus		Dermatitis	Hallkeeper	Dermatitis
	Hepatitis		HAVS	Home Support Worker	Manual Handling
	Manual Handling		Noise		Dermatitis
	HAVS		Dermatitis	Homemaker	Manual Handling
	Noise		Tetanus	Inspector / Clerk of Works	Dermatitis
	Dermatitis		Hepatitis		Manual Handling
	Tetanus		Lung Function	Eyesight General	
Hepatitis	General Eyesight Test	Janitor	Manual Handling		
Manual Handling	Noise	Mobile Alarm Attendant	Manual Handling		
Chargehand Refuse Driver	General Eyesight Test	Painter	Tetanus	Mobile Alarm Attendant	Manual Handling
	HAVS		HAVS	Mobile Toilet Attendant	Dermatitis
	Noise		Dermatitis	Manual Handling	Tetanus
	Manual Handling		Tetanus		Hepatitis
Chargehand Refuse Driver / Labourer	General Eyesight Test	Plasterer	Manual Handling	Museum Attendant	Manual Handling
	HAVS		Lung Function		Eyesight General
	Noise		HAVS	Museum	Manual Handling
	Manual Handling		Dermatitis	Curator	Eyesight General
Chargehand Roadworker 3	General Eyesight Test	Plumber	Tetanus	Museum Technician	Manual Handling
	HAVS		Manual Handling		Eyesight General
	Noise		Lung Function	Dermatitis	
	Dermatitis		HAVS	Night Security Officer	Manual Handling
	Tetanus		Tetanus	Occupational Therapist	Night Worker
	Hepatitis		Hepatitis	Occupational Therapist - Senior Practioner	Manual Handling
	Manual Handling		Manual Handling	Occupational Therapist - Senior Practioner	Manual Handling
	Civic Amenity Attendant		General Eyesight Test	School Crossing Patroller	General Eyesight Test
Dermatitis		Hearing	Occupational Therapy Technical Assistant		Manual Handling
Tetanus		School Technician (Science)	Dermatitis	Principal Engineer (Lighting)	Eyesight General
Hepatitis			Lung Function	Relief Janitor	Manual Handling
Manual Handling		Senior Technician (Science)	Dermatitis	Residential Team Leader	Night Worker
Community Service Supervisor	HAVS		Lung Function	Residential Team Leader	Night Worker
	Noise		Residential Worker	Night Worker	



High Risk		Medium Risk		Low Risk	
Position	Surveillance Check	Position	Surveillance Check	Position	Surveillance Check
	Dermatitis			Respite Care Officer	Night Worker
	Manual Handling			Senior Architect	Eyesight General
	Lung Function				Manual Handling
	Hepatitis/TB/Tetanus				
Crematorium Attendant	General Eyesight Test			Senior Building Surveyor	Eyesight General
	HAVS				Manual Handling
	Noise			Senior Catering Assistant	Dermatitis
	Dermatitis				Manual Handling
	Tetanus			Senior Janitor	Manual Handling
	Hepatitis			Senior Pool Janitor	Dermatitis
	Manual Handling				Manual Handling
	Lung Function			Senior Quantity Surveyor	Eyesight General
Electrician	General Eyesight Test				Manual Handling
	HAVS			Sole Janitor	Manual Handling
	Tetanus			Storekeeper	Manual Handling
	Manual Handling			Stores Person	Manual Handling
	Lung Function			Surveying Technician	Eyesight General
Gardener (Qualified)	HAVS				Manual Handling
	Noise			Surveyor	Eyesight General
	Dermatitis				Manual Handling
	Tetanus			Surveyor Team Leader	Eyesight General
Gardener (Seasonal)	Manual Handling				Manual Handling
	HAVS			Technical Officer	Noise
	Noise			Technician / Storesperson	Manual Handling
	Dermatitis			Vehicle Maintenance Supervisor	HAVS
	Tetanus				Noise
Gardener (Unqualified)	Manual Handling				Dermatitis
	HAVS			Waste Strategy Officer	Dermatitis
	Noise				Tetanus
	Dermatitis				Hepatitis
Gardener / Driver	Tetanus				
	Manual Handling				
	General Eyesight Test				
	HAVS				
	Noise				
	Dermatitis				
Gravedigger	Tetanus				
	Manual Handling				
	HAVS				
	Noise				
	Dermatitis				
Greenkeeper	Tetanus				
	Manual Handling				
	HAVS				
	Noise				

High Risk		Medium Risk		Low Risk	
Position	Surveillance Check	Position	Surveillance Check	Position	Surveillance Check
	Manual Handling				
Handyman / Gardener	HAVS				
	Noise				
	Manual Handling				
Joiners	HAVS				
	Noise				
	Tetanus				
	Manual Handling				
	Lung Function				
Labourer	HAVS				
	Dermatitis				
	Tetanus				
	Manual Handling				
Machine Operator	Lung Function				
	General Eyesight Test				
	HAVS				
	Noise				
	Dermatitis				
	Tetanus				
	Hepatitis				
	Manual Handling				
Lung Function					
Plant Operative	General Eyesight Test				
	HAVS				
	Noise				
	Dermatitis				
	Tetanus				
	Hepatitis				
	Manual Handling				
	Lung Function				
Refuse Driver / Labourer	Eyesight General				
	Noise				
	Dermatitis				
	Tetanus				
	Hepatitis				
Refuse Labourer	Manual Handling				
	Lung Function				
	Noise				
	Dermatitis				
	Tetanus				
Roadworker	Hepatitis				
	Manual Handling				
	Lung Function				
	General Eyesight Test				
	HAVS				
	Noise				
	Dermatitis				
School Technician	Tetanus				
	Noise				

High Risk		Medium Risk		Low Risk	
Position	Surveillance Check	Position	Surveillance Check	Position	Surveillance Check
(Technical)	Manual Handling				
	Lung Function				
Slater	HAVS				
	Dermatitis				
	Tetanus				
	Manual Handling				
	Lung Function				
Street Sweeper	General Eyesight Test				
	HAVS				
	Noise				
	Dermatitis				
	Tetanus				
	Hepatitis				
Workshop Labourer / Driver	Manual Handling				
	General Eyesight Test				
	HAVS				
	Noise				
	Dermatitis				
	Tetanus				

**APPENDIX 3**  
Absence Management Form

**ATTENDANCE MANAGEMENT FORM**

Please see attached notes for guidance on how to complete this form.

Employee Personal Details			
Name:		Date of Birth	
Address		Date Joined Inverclyde Council	
Service:		Job Title/Hours	

Absence Record Over Last 12 Months	
Number of Episodes of Absence:	
Number of Days of Absence:	
% Work Days lost: (total sick days/220) x 100 If term time (total sick days/195) x 100	

Absence Triggers	
Mental Ill Health	<input type="checkbox"/>
Musculoskeletal	<input type="checkbox"/>
4 separate episodes of absence or more	<input type="checkbox"/>
8 days of absence or more	<input type="checkbox"/>
4 weeks of absence or more	<input type="checkbox"/>

Current Sickness Absence Details			
Is employee currently on sick leave	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, absence start date		Duration of Med Cert:	
Reason for Absence			

Further Information					
What was the output from your initial meeting with the employee?					
Reason for referral to Human Resources:					
<input type="checkbox"/> Advice on managing the employee's attendance			<input type="checkbox"/> Request access to other support		
<input type="checkbox"/> Request access to Occupational Health			<input type="checkbox"/> Potential disciplinary action		
Name:			Designation		
Signature			Date:		Ext No. <span style="float: right;">1</span>

## Attendance Management Form - Guidance for Completion

Managing attendance at work is the responsibility of the individual line manager.

After every occasion of absence, the line manager must conduct a return to work interview with the employee. Within this interview, the employee should be made aware of their personal absence record over the past 12 months.

### **Short-term Absence**

Triggers for action:

- 4 separate episodes of absence or more (in 12 months)
- Total of 8 days of absence or more (in 12 months)

Repeated short-term absence must be addressed by the line manager via regular review, the issuing of a Letter of Concern, or ultimately taking disciplinary action.

The Attendance Management Form should only be used for notification of short-term absences after appropriate informal action has been taken, and when formal disciplinary action may have to be considered.

### **Long-term Absence**

Triggers for action:

- Any episode of mental ill health (stress, depression, anxiety, etc)
- Any musculoskeletal condition
- Any absence of 4 weeks or more

Long-term absences can be complex and may require support from other parties. The objective in these cases is to reduce the length of the absence where appropriate.

The line manager must meet their employee to discuss their circumstances and any support that could be offered. After the initial meeting, if necessary the Attendance Management Form should be used to notify Human Resources and to request access to appropriate support.

Remember - how each absence case is handled is decided case by case with reference to the circumstances.

Once an Attendance Management Form has been received by Human Resources, a Human Resources Advisor will contact you to provide advice and assistance in managing the absence.

**If you have to submit an Attendance Management Form it must, in all cases, be accompanied by a copy of the employee's job description and last 3 years' Attendance Record Cards.**

**APPENDIX 4**  
Health and Safety Referral Form

## Health and Safety Occupational Health Referral Form

Please see attached notes for guidance on how to complete this form.

Employee Personal Details			
Name:		Date of Birth	
Address		Date Joined Inverclyde Council	
Service:		Job Title	

### How was the Health and Safety Issue Identified

Risk Assessment (or other specialised assessment)	<input type="checkbox"/>
DSE Assessment	<input type="checkbox"/>
Manual Handling Assessment	<input type="checkbox"/>
Management/Employee Query	<input type="checkbox"/>
Inspection/Audit	<input type="checkbox"/>
Medical Certificate indicates a possible Occupational Health Disease reportable under RIDDOR	<input type="checkbox"/>

### Health and Safety Issues Identified

Stress	<input type="checkbox"/>
Musculoskeletal	<input type="checkbox"/>
Skin	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>
Noise/Vibration	<input type="checkbox"/>
Other (Detail below)	<input type="checkbox"/>

### Sickness Absence Details

Has the employee lost time in relation to the issue identified	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Number of days absence.		% of Work Days Lost: (total)
Has an AM Form already been sent for this Employee	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Further Information

Further detail on the nature of the issue identified			
Reason for referral to Occupational Health:			
<input type="checkbox"/> Advice on whether the employee has a work related medical condition.	<input type="checkbox"/> Request access to other support (Detail nature of support above, i.e. ACCESS to Work Assessment, Counselling, Physiotherapist.)		
<input type="checkbox"/> Advice on the Health and Safety Implications of an employee's medical condition	<input type="checkbox"/> Health Surveillance		
Name:		Designation	
Signature		Date:	Ext No.



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## Health and Safety Occupational Referral Form - Guidance for Completion

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Health and Safety at work is the responsibility of the individual line manager.

Where a line manager either through the Risk Assessment process or medical Certificate identifies that an employee may be at risk of having a work related medical issue they should be referred to Occupational Health.

Triggers for action:

- A risk assessment identifies the requirement for Health Surveillance.
- An employee identifies a medical issue within a risk assessment i.e. Back pain in a work activity which involves manual handling ; upper limb pain in someone doing a lot of DSE work; respiratory problems in someone working with wood.
- A medical certificate or self cert sick line identifies a reportable disease under the requirements of RIDDOR. (See [Info sheet 11 Reporting of Diseases Under RIDDOR](#))
- An employee identifies a chronic medical condition which may require adaptations for the workplace. i.e. rheumatoid arthritis. This may involve arranging an Access to Work Ergonomic assessment.
- Any other health issue which is identified as potentially being work related.

The line manager must meet their employee to discuss their circumstances and any support that could be offered. After the initial meeting, if necessary the H&S Occ Health Referral Form should be used to notify Human Resources and Health and Safety to request access to appropriate support.

**If you have to submit an H&S Occ Health Referral Form it must in all cases be accompanied by the appropriate risk assessments.**

## Information Sheet No. 11

### Reporting of Diseases under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) require that certain diseases or medical conditions must be reported to the Health and Safety Executive if a written diagnosis has been received from a medical practitioner, this can be via a medical certificate or via the Council's Occupational Health Doctor.

The following list of Diseases/Conditions have been extracted from Schedule 3 of the RIDDOR Regulations as being ones which may be associated with work carried out by employees of Inverclyde Council. This list is not exhaustive and any condition which has been determined as possibly occupational in origin by Medical Certificate or the Council's Occupational Health Doctor should be notified to the Council's Health and Safety Section immediately.

Where the risk of any employee contracting an occupational disease has been identified, via a risk assessment, suitable controls should have been put in place to prevent exposure to the activity or substance which could cause the condition.

It should be noted that most of the diseases and conditions listed below are rare however a risk is present and should be born in mind when dealing with any Medical Certificates or diagnosis from the Occupational Health Doctor.

Condition/Disease	Activities	Council Areas which may have Employees who Could be Affected.*
Cataract due to electromagnetic radiation.	Work involving exposure to electromagnetic radiation (including radiant heat)	<ul style="list-style-type: none"> <li>• Education Technical Departments</li> <li>• Environmental and Commercial Services (Transport)</li> </ul>
Cramp of the hand or forearm due to repetitive movements.	Work involving prolonged periods of handwriting, typing or other repetitive movements of the fingers, hand or arm.	<ul style="list-style-type: none"> <li>• All involved in administration/clerical work.</li> <li>• Facilities Management</li> </ul>
Subcutaneous cellulitis of the hand (Beat Hand).	Physically demanding work causing severe or prolonged friction or pressure on the hand.	<ul style="list-style-type: none"> <li>• All DLO/Manual Employees</li> <li>• Education Technical Technicians</li> <li>• IT Technicians</li> </ul>
Bursitis or subcutaneous cellulitis arising at or about the knee due to severe or prolonged external friction or pressure at or about the knee (beat Knee).	Physically demanding work causing severe or prolonged friction or pressure at or about the knee.	<ul style="list-style-type: none"> <li>• All DLO/Manual Employees</li> <li>• Education Technical Technicians</li> <li>• IT Technicians</li> </ul>
Bursitis or subcutaneous cellulitis arising at of about the elbow due to pressure at or about the elbow (Beat Elbow).	Physically demanding work causing severe or prolonged friction or pressure at or about the elbow.	<ul style="list-style-type: none"> <li>• All DLO/Manual Employees</li> <li>• Education Technical Technicians</li> <li>• IT Technicians</li> </ul>
Traumatic inflammation of the tendons of the hand or forearm or of the associated tendon sheaths.	Physically demanding work, frequent or repeated movements, constrained postures or extremes of extension of the hand or wrist.	<ul style="list-style-type: none"> <li>• All DLO/Manual Employees</li> <li>• All involved in administration/clerical work.</li> </ul>

Carpal tunnel syndrome.	Work involving the use of hand-held vibrating tools.	<ul style="list-style-type: none"> <li>• Grounds Transport and Cleansing.</li> <li>• Transportation and Roads</li> <li>• Facilities Management</li> <li>• Building Services</li> </ul>
Hand-arm vibration syndrome.	<p>Work involving:</p> <p>a. the use of chainsaws, brush cutters or hand-held or hand-fed circular saws in forestry or woodworking.</p> <p>b. the use of hand-held rotary tools in grinding material or in sanding or polishing metal.</p> <p>c. The holding of material being ground or metal being sanded or polished by rotary tools</p> <p>d. The use of hand-held powered percussive drills or hand-held powered percussive hammers on roads or footpaths (including road construction).</p>	<ul style="list-style-type: none"> <li>• Grounds Transport and Cleansing.</li> <li>• Transportation and Roads</li> <li>• Building Services</li> <li>• Cleaning Services</li> </ul>
Brucellosis.	Work involving contact with animals or their carcasses (including any parts thereof) infected by brucella.	Grounds Transport and Cleansing.
Avian chlamydiosis	Work involving contact with birds infected with Chlamydia psittaci, or the remains or untreated products of such birds.	<ul style="list-style-type: none"> <li>• Grounds Transport and Cleansing</li> <li>• Facilities Management</li> <li>• Council Officers</li> <li>• Building Services</li> <li>• Environmental Health</li> </ul>
Hepatitis	<p>Work involving contact with:</p> <p>a. human blood or human blood products</p> <p>b. any source of viral hepatitis</p>	<ul style="list-style-type: none"> <li>• CHCP</li> <li>• Building Services</li> <li>• Grounds Transport and Cleansing</li> <li>• Facilities Management</li> <li>• First Aiders</li> <li>• Housing</li> <li>• Education Services</li> </ul>
Legionellosis	Work on or near cooling systems which are located in the workplace and use water; or work on hot water service systems located in the workplace which are likely to be a source of contamination.	All Council Employees (Especially Property Services and Building Services)
Leptospirosis	<p>a. Work in places which are or are liable to be infested by rats, field mice voles or other small mammals.</p> <p>b. Work involving contact with bovine animals or their meat products or pigs or their meat products.</p>	<ul style="list-style-type: none"> <li>• Grounds Transport and Cleansing</li> <li>• Transportation and Roads</li> <li>• Building Services</li> <li>• Environmental Health</li> </ul>
Lyme disease	Work involving exposure to ticks.	Grounds Transport and Cleansing

Tetanus	Work involving soil likely to be contaminated by animals	<ul style="list-style-type: none"> <li>• Grounds Transport and Cleansing</li> <li>• Transportation and Roads</li> <li>• Building Services</li> </ul>
Tuberculosis	Work with persons, animals, or any other material which might be a source of infection	<ul style="list-style-type: none"> <li>• CHCP</li> <li>• Grounds Transport and Cleansing</li> </ul>
Any infection reliably attributable to the performance of the work specified in the entry opposite hereto.	Working with people and animals live or dead involving exposure to blood or body fluids.	<ul style="list-style-type: none"> <li>• CHCP</li> <li>• Building Services</li> <li>• Grounds Transport and Cleansing</li> <li>• Transportation and Roads</li> <li>• Community Wardens</li> <li>• First Aiders</li> <li>• Education Services</li> <li>• Environmental Health</li> </ul>
Poisonings by	<ul style="list-style-type: none"> <li>• Lead or one of its compounds</li> <li>• Mercury or one of its compounds</li> <li>• Methyl bromide</li> </ul>	<ul style="list-style-type: none"> <li>• Building Services</li> <li>• Grounds Transport and Cleansing</li> </ul>
Lung Cancer with accompanying evidence of silicosis	Any occupation in stone cutting or masonry.	<ul style="list-style-type: none"> <li>• Building Services</li> <li>• Transportation and Roads</li> </ul>
Folliculitis	Work involving exposure to mineral oil, tar or pitch.	<ul style="list-style-type: none"> <li>• Grounds Transport and Cleansing</li> <li>• Transportation and Roads</li> <li>• Building Services</li> </ul>
Acne		
Skin Cancer		
Pneumoconiosis (excluding asbestosis)	<p>The use or preparation for use of an abrasive wheel or substantial exposure to the dust arising there from.</p> <p>The sawing splitting or dressing of slate.</p>	<ul style="list-style-type: none"> <li>• Grounds Transport and Cleansing</li> <li>• Transportation and Roads</li> <li>• Building Services</li> </ul>
Mesothelioma Lung Cancer Asbestosis	Exposure to asbestos.	<ul style="list-style-type: none"> <li>• Building Services</li> <li>• Janitorial and Cleaning</li> <li>• Education</li> <li>• Grounds Transport and Cleansing</li> <li>• Housing</li> </ul>
Cancer of the nasal cavity or associated air sinuses	Associated with wood or fibre board.	<ul style="list-style-type: none"> <li>• Building Services</li> <li>• Education Technical Departments, Art Departments</li> <li>• CHCP (Community Services)</li> </ul>

Occupational dermatitis	<p>Exposure to:</p> <ul style="list-style-type: none"> <li>• cement, plaster or concrete</li> <li>• exposure agent is not known</li> <li>• epoxy resin systems</li> <li>• biocides, anti-bacterials, preservatives or disinfectants</li> <li>• organic solvents</li> <li>• antibiotics and other pharmaceuticals and therapeutic agents.</li> <li>• strong acids, strong alkalis, strong solutions (e.g. brine) and oxidising agents including domestic bleach or reducing agents.</li> <li>• soaps and detergents.</li> <li>• plants and plant-derived material.</li> <li>• fish, shell-fish or meat</li> <li>• sugar or flour</li> <li>• any other known irritant or sensitising agent including in particular any chemical bearing the warning "may cause sensitisation by skin contact" or "irritating to the skin" - (i.e those not included here).</li> <li>• latex rubber</li> </ul>	<ul style="list-style-type: none"> <li>• Building Services</li> <li>• Grounds Transport and Cleansing</li> <li>• Transportation and Roads</li> <li>• Education Science, Technical, Art and Home Economics Departments.</li> <li>• Social Work</li> <li>• Facilities Management</li> <li>• Hall Keepers</li> <li>• Catering</li> <li>• Environmental Health</li> </ul>
Extrinsic alveolitis (including farmer's lung).	Exposure to moulds, fungal spores during agriculture, horticulture, loading, unloading mouldy vegetable matter, caring for or handling birds.	<ul style="list-style-type: none"> <li>• Grounds Transport and Cleansing</li> </ul>
Occupational asthma	<p>exposure to:</p> <ul style="list-style-type: none"> <li>• proteolytic enzymes (including enzyme washing powder).</li> <li>• where the exposure agent is unknown.</li> <li>• Isocyanates</li> <li>• Animals</li> <li>• dusts arising from the sowing, cultivation, harvesting, drying, handling, milling, transport or storage of barley, oats, rye, wheat or maize or the handling, milling, transport or storage of cereal grain, meal or flour</li> <li>• antibiotics</li> <li>• wood dust</li> <li>• glutaraldehyde</li> <li>• any other sensitising agent bearing the warning "may cause sensitisation by inhalation"</li> </ul>	<ul style="list-style-type: none"> <li>• Social Work</li> <li>• Building Services</li> <li>• Grounds Transport and Cleansing</li> <li>• Education Technical Departments</li> <li>• Catering</li> <li>• Facilities Management</li> </ul>

\* This list is not exhaustive if any Service area feels that they should be included they should contact Health and Safety on ext.2715 or by email at [health.safety@inverclyde.gov.uk](mailto:health.safety@inverclyde.gov.uk).

Under the requirements of Section 6 of the Council's Health and Safety arrangements "Incident Reporting" the Corporate Director or Chief Officer of each Service will act as or designate *responsible persons* who will notify the Health and Safety Executive (HSE) of accidents, dangerous occurrences and reportable diseases which are within the scope of RIDDOR 1995 and who will keep the appropriate records.

If a diagnosis has been made which matches any condition listed above the responsible person should contact the Council's Health and Safety Section to inform them of the diagnosis and complete an H&S OH Referral Form and sent it to the Health and Safety Team Leader.

The responsible person should ensure that the disease is reported to the Health and Safety Executive using any of the means detailed below:

1. Online via the reporting line website [www.riddor.gov.uk](http://www.riddor.gov.uk)

A copy of the completed F2508A form should be sent to the Health and Safety Team Leader, Human Resources.

**If there are any questions regarding the reporting of Diseases contact the Council's Health and Safety Section for advice and guidance.**

Year	Average no of days absence per FTE employee.	
	Medical Certified Absence	Self Certified Absence
2008	9.6	3.6
2009	8.4	2.6
2010	8.6	2.7
2011	8.9	2.5

