

OCCUPATIONAL HEALTH AND SUPPORT DURING COVID-19 PANDEMIC

OH3 Occupational Health is here to support you and your employees during this challenging time. Many managers and employees still require OH support during this time to ensure the health & safety of the employees remains fully compliant as well as providing much needed support and guidance for employees off work sick, suffering from anxiety or returning to work after non COVID-19 illnesses as well as COVID-19 illness.

Updated Services:

1. COVID-19 health risk consultations can be provided to determine how vulnerable an employee is in relation to becoming seriously ill in the event of COVID-19 infection. This will enable employers to risk assess individuals in their workforce and to support business continuity planning.
2. COVID-19 pregnancy risk assessments for pregnant workers.
3. COVID-19 return-to-work assessments for employees, to provide fitness for work guidance to employees returning from a period of self-isolation or following symptoms or a diagnosis of COVID-19.
4. Our remote tele-consultations can be conducted by Senior OH Nurse Advisor or OHP doctor depending on the reason for referral and can be triaged by our medical team if you would prefer this option.
5. Absence management assessments. These referrals will continue as normal but will be conducted by tele-consultation or via skype as agreed. (Available with a senior OHA or OHP)
6. Online Remote workstation assessments (training and health assessment), ideal for those working remotely/from home.
7. Online New Starter Medical questionnaire assessments : These can be tailored to your departments i.e., Office/production/driver etc- as in the case of health surveillance, if base line tests are required, these can be conducted at a later date and if any health issues are identified as requiring further assessment from the initial paper screen, we would recommend a teleconsultation follow up
8. The HSE issued information advising that employers still need to conduct their statutory medicals and surveillance under COSHH and this is to be currently provided remotely via questionnaire screen (online or paper) and for certain types of assessments face to face consultations are still required.

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See below information from HSE:

Control of Substances Hazardous to Health Regulations 2002 (COSHH) For health surveillance under COSHH regulation 11, the assessment can be undertaken as a paper review by administering the appropriate health questionnaire (e.g. respiratory) remotely. If no problems are identified, then a full assessment can be deferred for three months. Those with problems can be assessed further, for example, by telephone in the first instance. A judgement can then be made on whether to see the worker face to face and, if so, how to do so safely.

For medical surveillance under COSHH Schedule 6, the appointed doctor can use discretion to determine the content of the review. Therefore, they can perform a telephone review and if there are no problems, schedule a full review three months later. Where there is a problem, a judgement can then be made on whether to see the worker face to face and, if so, how to do so safely.

By continuing with the online/paper screening you are continuing to be compliant in your risk-based health surveillance requirements. OH are still able to follow up on employees who may have started to exhibit any work related symptoms, ensuring the company and employee are given OH advice at the earliest opportunity.

9. Face to face assessments: We are making every effort to comply with government instructions to minimise contact as far as possible and convert as much as we can from F2F to remote assessment. We will still be conducting some essential face to face key worker medicals (i.e. DVLA D4 Driver medicals) and our clinics have been risk assessed to conduct these, urgent new OGUK and ENG1 medicals and new safety critical medicals. We have risk assessed all clinic procedures to protect the staff of OH3 and employees attending for urgent face to face assessments.

We have changed to only allow a maximum of 2 employees in the clinic at any one time, no entry prior to appointment times and temporarily removing the waiting room facility.

A COVID-19 health question screen will be asked on arrival and remote medical testing will be in use as much as possible with self-testing BP machines. We will also trial remote stethoscopes currently used in telemedicine once supplies arrive.

Staff will wear PPE and employees will be supplied with and asked to wear gloves on arrival and bring their own pens (disposable pens available if required). The rooms and any equipment are wiped down between patients and disposable products used wherever possible to ensure the highest standards of infection control measures are adhered to.

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I will be in touch shortly to discuss your ongoing OH requirements and if you need any support in the meantime, please do not hesitate to contact me on 07920 867626 or helen@oh3.co.uk

Kind regards

Helen

Helen Woodcock
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OH3 Ltd