**Sickness / Absence Management & Occupational Health (OH) Referral**

At a glance guide to Occupational Health referral

* Please complete all sections of this referral form.
* Please ensure the consent section is completed, otherwise the referral cannot be processed as it will not be compliant with GDPR / and clinician consenting requirements.
* Please confirm and sign you have discussed the content with / provided a copy to the employee / and that they have completed the consent options.
* This referral will form part of the individual’s Occupational Health Record

**What happens to the referral form once it is submitted to Kays Occupational Health?**

* On receipt, all submitted referrals are triaged to ensure the referral is clinically appropriate.
* Where the referral does not fit with one of the OH referral criteria identified below you will be signposted to the most appropriate contact / reference point where possible.
* Referrals are routinely screened by Occupational health Nurse Advisors in the first instant.

**What happens once a referral is progressed to an Occupational Health clinician?**

* On receipt of a fully completed and signed referral, the individual will be offered a telephone consultation appointment with an Occupational Health Adviser / specialist usually within 2 working days of receipt.
* The line manager will be made aware of the appointment by email. They are not required to attend / dial in, but should ensure the individual is aware of the appointment particularly when the individual is not at work.
* Once the consultation has been undertaken, an OH Management Advice Report will be completed usually within two days and issued to the line manager. This can only be done where consent to release the report is given by the employee.
* Where consent is withdrawn to participate in the intervention and / or supply a management advice letter, the referring manager will be informed.

**The OH Management Advice Report produced will cover:**

* Advice on the health condition(s) declared and likely prognosis
* An objective clinical opinion regarding fitness for work, with advice on current role related capabilities
* An estimated return to work date if they are off sick / absent
* A return to work plan if appropriate, including advice regarding amended duties
* Whether any further Occupational Health intervention is required i.e. referral to Occupational Health Physician; other specialist Doctor; Physiotherapy, GP report requested.
* Opportunity to ask three more specific questions regarding the management of the ill health condition in the workplace.

**Provision of Management Advice on withholding of consent**

On all occasions Kays Medical Occupational Health clinicians look to provide professional independent advice to management whilst supporting the employee’s health needs. Where consent is with-held or withdrawn by the employee that advice cannot always be given.

Noting the specific nature of many safety critical work environments, the default position for OH clinicians where consent is withheld, will on occasion be to confirm that the individual will reported to line management as unfit for task / role, thus ensuring as primacy the individuals workplace critical health and safety needs are managed effectively and potential risks to others and the public minimised as low as reasonably practicable.

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| **1. Please arrange an appointment for the assessment of:** |
| Employee Details: |
| Full Name | Click or tap here to enter text. | DOB: Click or tap here to enter text. |
| Location / Department | Click or tap here to enter text. |
| Job Title | Click or tap here to enter text. |
| Full / Part time | Click or tap here to enter text. |
| Home Address | Click or tap here to enter text. |
| Telephone | Work: Click or tap here to enter text. | Mobile: Click or tap here to enter text. |
| Work / Personal Email (consent required) | Click or tap here to enter text. |
| Length of Service | Click or tap here to enter text. | Time in current post: Click or tap here to enter text. |

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| **2. Reason for Referral** (tick appropriate box) |
| Frequent Short-term sickness absence or repetitive absences within last 12 months  |[ ]
| Long term sickness absence (4 weeks +) |[ ]
| Advice regarding health conditions impacting capability / fitness for work in role / specialist skills |[ ]
| Review of workplace adjustments due to a health condition |[ ]
| Fitness to attend a management meeting |[ ]

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| **3. Background Information** |  |
| Is the employee currently at work?  | Click or tap here to enter text. |
| First day of absence if known?  | Click or tap here to enter text. |
| Planned return to work date?  | Click or tap here to enter text. |
| Number of periods / days of absence in the last 12 months?  | Click or tap here to enter text. |
| Has the employee previously been assessed by OH for the same condition?  | Click or tap here to enter text. |
| Have any workplace adjustments been recommended and implemented?  | Click or tap here to enter text. |
| Is the referral related to an injury sustained at work?  | Click or tap here to enter text. |
| Is there a Musculoskeletal or Mental Health focus for this referral? | MSK [ ]  | MH [ ]  |

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| **4. Does the role involve any of the following?** (tick appropriate) |
| Office Based [ ]  | Public Facing / Contact [ ]  | Driving [ ]  | Safety Critical Work [ ]  |
| Day Shift / Night Shift [ ]  | Management [ ]  | Manual Handling [ ]  | Specialised Role / Risks [ ]  |
| Other: Click or tap here to enter text. |

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| **5. Specific Questions** |
| 1. Click or tap here to enter text.
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| 1. Click or tap here to enter text.
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| 1. Click or tap here to enter text.
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| **6. Additional Information** (Please supply any other relevant information in support of this referral. Example: Relevant background info) |
| Click or tap here to enter text. |

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| **7. Employee Consent** |
| Having a good appreciation of your health condition will enable the Occupational Health clinicians to advise the workplace and management of appropriate workplace controls and support mechanisms. To do this we may require clinical information from your treating specialist and / or GP or other health specialists concerned with your health condition.No confidential health information will be ever passed to any other person outside of the occupational health service without your express written consent. Health information will be referenced in more generic clinical terms in your Management Advice letter.In accordance with the Access to Medical Reports and Greater Date Protection Regulations, Occupational Health clinicians require your informed written consent to obtain a medical report from your General Practitioner or other treating specialist. We also required to ensure you are aware of the options available to you should you wish to see those reports, including any Management Advice letter to management or referral back to your treating specialists. |
| **Consent Options:** |
| I do | I do not |  |
|[ ] [ ]  Consent to the referral by line management |
|[ ] [ ]  Consent to Occupational Health receiving a report in regards to my state of health and fitness for work from my General Practitioner and / or treating clinician where necessary to manage my case effectively. |
|[ ] [ ]  Require access to the report before it is sent to the above-named person |
|[ ] [ ]  Consent to the supply of a report to line management by Occupational Health regarding my health and fitness for work |
|[ ] [ ]  Require access to the OH report before it is sent to line management |
| Employee Signature: Date: Click or tap here to enter text. |

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|  **8. Line Manager / Referee Details:** |
| Click or tap here to enter text. |
| Click or tap here to enter text. | Telephone No. | Click or tap here to enter text. |
| Please provide details of any HR Advisor who is supporting the case. HR should also be provided with a copy of the referral. |
| Click or tap here to enter text. | Telephone No. | Click or tap here to enter text. |

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|  **9. Checklist for Management Referral to be progressed:** |
|[ ]  Date of discussion and agreement to referral |
|[ ]  Copy of referral provided to employee |
|[ ]  Consent Section completed and signed dated |
|[ ]  All sections fully completed |
| Additional questions sent by email or following verbal communications cannot be considered even if they have been discussed with the individual concerned as they do not fall within the consenting process. |
| If you have any queries please email Management.referral@eastamb.nhs.uk |

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| **10. Manager Declaration** |
| I have discussed this referral with the employee prior to submission to Occupational Health and I have advised the employee of:* The reason for the referral
* Any specific questions asked for OH to answer
* Advised that the management advice report produced by OH will be used by line supervision / Human resources to plan appropriate management of the declared health condition(s) in order to support the employee back into work where appropriate, make arrangements for workplace adjustments, and / or to provide support to the employee to assist their health and well-being during health recovery
* Ensured the employee has completed section 6, consent.
* Offered the employee a copy of the referral
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| Manager Signature:Date: Click or tap here to enter text. |