RISK ASSESSMENT BASED MEDICAL EXAMINATION

1. Introduction

1.1 The following guidance is designed to support the implementation of the Home Office Strategy for a Healthy Police Service by suggesting how Forces may provide proportional and appropriate health Checks based on the principles of Risk Assessment. There are likely to be significant long-term benefits to be gained through adopting the approach expressed within this paper. This guidance should be read in conjunction with other guidance documents relating to the Strategy; Recuperative and Restricted duties (SHP 3,) Health Promotion and Maintenance of Health (SHP 4), Action Plans to Prevent Staff from Becoming Ill (SHP 5) and Health and Safety Guidance (SHP 7).

1.2 When a medical examination is offered to staff members, it should be pointed out that there are significant personal benefits arising from regular health checks. The employer and staff have a shared responsibility to ensure they are fit and healthy to undertake their role. **It should be emphasised however, that any medical examinations undertaken following this guidance will be offered to the staff member on a voluntary basis.** All records, including test results and medical notes will be maintained on the staff members confidential medical file. This will mean that the normal confidentiality of medical records will apply. The only information that will be released will be date of examination and any temporary arrangements/ adaptations that need to be made to facilitate recovery /treatment where considered necessary as a result of the examination by the OHA/FMO.

2. Benefits

In order to make the benefits of such a programme of risk assessed based medical examinations more tangible, BUPA have provided some information (Appendix A) which provides encouraging signs from companies who have undertaken similar programmes to both support employees at work and reduce sickness absence.

List of potential benefits:

- Early intervention, appropriate Health Promotion (See separate guidance on Health Promotion/Maintenance of Health – SHP 4) and placement of individuals in roles for which they are medically suited should result in improved operational efficiency and reduction of inappropriate, and premature, ill health and injury retirements.
- Individuals are encouraged to take responsibility for their own Health and Well-being.

- Injuries/Illness may be revealed at an early stage and appropriate intervention targeted.
- Opportunity to deliver immunisations, e.g. Hepatitis B.
- Protection of individual.
- Protection of co-workers.
- Protection of organisation.
- Protection of public and external contractors.
- Establishing baseline data and documenting evidence, which may assist in informing challenges to actions taken/not taken by the Force.

2.1 The Health and Safety at Work Act 1974 places a duty on employers to ensure that their employees are fit for their employment. Since the introduction of the Police (Health and Safety) Act 1997 this principle now applies to Police Officers, who were previously exempt from such legislation, as well as Support Staff to whom Health and Safety Law already applied. Police Officers and Support Staff have a duty to maintain a level of health which enables them to carry out their role. They may, during their employment, develop medical conditions of which they are not aware and such conditions may potentially affect their safety, the safety of their colleagues and, more broadly, the safety of the general public as they go about their work. (See separate Health & Safety guidance).

3. Methodology

3.1 To ensure Forces adopt best practice and to protect the Health and Safety of staff, they are encouraged to consider introducing a programme of Risk Assessment Based Medical Examinations of staff proportionate to the risk attached to their role. This would include roles considered “high risk” where the requirements of the role pose a greater risk to the safety of the staff member or others, if the person performing the role is medically unfit.

3.2 To avoid confusion with other forms of surveillance required under legislation e.g. lead regulations, these medical examinations could be termed Risk Assessment Based Medical Examinations (RABME’S) since they are tailored specifically to each job-role according to the risk attached. All tasks within the organisation should ideally be risk-assessed eventually. This would then inform the type and frequency of health surveillance most appropriate to need.

3.3 In the case of Police Officers it is suggested that one hour would need to be allocated to each examination which would be performed in work-time by a Occupational Health Nurse Advisor (OHNA) following the staff members completion of a health declaration in the form of a questionnaire. (Forces will already be in possession of, or will wish to design, their own questionnaire but a list of suggested and relevant questions can be found in Appendix C.) The allocation of one hour per client should ensure adequate time to perform the requisite examination and additional time for appropriate Health Promotion advice. (See separate guidance on Health Promotion/Maintenance of Health –

SHP 4). In the case of Support Staff the time allocated to each appointment will depend on the nature and complexity of the job-role and the range of the examination required.

3.4 Concerns arising from these examinations should only be referred to the Force Occupational Health Physician (OHP) if any significant problems are identified or where the OHNA is unsure as to whether or not the individual is fit for their role. -

3.5 There are very few job-roles for Police Officers, which do not carry some degree of risk. This means that by adopting this approach on a rolling programme virtually every Police Officer could eventually be offered such a medical check on a three-yearly basis and Support Staff considered to operate in high risk roles, on a three to five yearly basis. All staff will also receive at the same time appropriate Health Promotion (See separate guidance on Health Promotion/Maintenance of Health – SHP 4).

3.6 N.B. If an individual applies for a change of role or promotion they should be automatically offered an examination relevant and proportional to their new role.

3.7 The proposed medical examinations will take place only with the consent of the individual. Accordingly, it is not considered that there will be any interference with the individuals' right to respect of private life under ECHR article 8. However, if an individual who performs a high risk role is reluctant to attend an examination having been invited to attend, or having been examined, is assessed as having a medical condition which places them at risk in performing their role or is at risk of harm or harming others, managers will need to consider very carefully the medical advice. It is possible that the post holder may need to be moved to an alternative role having had the full implications explained to them. It should be stressed that should this be necessary, medical support will be offered and active participation in any suggested remedial activity will be necessary. The individual should be able to return to their role once medical advice suggests that it is safe to do so. See also guidance on Recuperative and Restricted duties – SHP 3. **Again emphasis is on the voluntary nature of such examinations.** Officers wishing to apply for high-risk rolls will be expected to undertake medical examinations as part of the selection procedure

3.8 It should be noted that from October 2004 the Disability Discrimination Act will apply to police officers and will need to be taken into full account in any Risk Assessment Based Medical Examination.

3.9 Staff who perform a role that is not considered high risk and who are reluctant to take advantage of the examination should receive advice from line managers and staff associations as to the benefits of participating in the scheme. Staff in roles considered to be high risk, but who consider that circumstances are such that taking them from their normal role is unjustified would have the right to have their circumstances reviewed by the Senior HR manager not previously involved

and/or appropriate ACC. It is advised that the Federation should be involved in this review. A written response would normally be provided within 10 working days.

3.10 Appendix B shows examples of roles likely to require a Risk Assessment Based Medical Examination. Forces will need to determine locally, using Risk-Assessments, which groups of staff should be offered such medical examinations.

4. Recommended Assessments

A comprehensive Health Questionnaire should be used and a suggested format is at: Appendix C)
Wherever appropriate the following tests should be considered

- Height/Weight. (B.M.I. Calculated)
- Blood Pressure
- Urinalysis
- Vision Check
- Hearing Check
- Lung-Function – where appropriate.
- Forces may wish to add other health promotion checks e.g. Cholesterol testing (if appropriate)

Time taken per medical:

- Police Officers - 1 hour. (Approx)
- Support Staff – Variable, depending on the role. E.g. Traffic Warden 1hour, Control Room Operative – 30 mins.

5. Psychological Issues

5.1 The Health Questionnaire should ideally include questions on the individual's Psychological as well as Physical Health. Forces may wish to use supplementary general health Questionnaires, e.g. GHQ-30. If responses indicate any potential psychological problems the client could be referred on for further assessment, either by a Psychologist/Force Occupational Health Physician or in cases where there is further concern, by a Consultant Psychiatrist.

5.2 It is suggested that either Psychology or Counselling Services could offer additional support to the High Risk Groups outlined in Appendix B. (Again it will be for Forces to draw up their own lists after Risk-Assessment). Some forces utilise Employee Assistance Programmes (EAPs) and may already be addressing the needs of High Risk Groups. This can be a significant area of concern for Forces and care should be taken in determining appropriate interventions for the benefit of the staff and the organisation.

6.Resourcing

6.1 It should be noted that the examinations are primarily Nurse based, with referral to the Occupational Health Physician only when issues are identified as significant or serious.

6.2 The performance of such medical examinations is labour intensive, requiring, on average, one hour of an Occupational Health Nurse's time per case. However, the abstraction time for an individual may be much longer depending on the location of the OH Unit and Force geography. Forces may consider that a 'mobile' OH unit may be a possibility worth exploring.

6.3 It should be remembered that the performance of any medical examination enables the gathering of much useful confidential clinical information in a structured manner. This protects both the individual and the organisation and also serves as a vehicle for appropriate Health Promotion. (See separate guidance on Health Promotion/Maintenance of Health - SHP 4). Establishing such a system also enables the rationalisation of many of the ad-hoc examinations currently carried out by many Forces and ensures that those who need such examinations, based on and proportional to risk, are offered to them on a rolling programme at set intervals, or when the individual transfers to a new role.

6.4 The number of Nurses required to operate such a system will clearly be determined by the size of the Force, the precise type of medical examination believed to be necessary following each Force's Risk Assessment process and also the range of other services currently provided by the OH Unit. Provision of such checks should therefore be more efficient than the current arrangements in many Forces where medical checks are performed on a "when necessary basis". To ensure that such a system works effectively however it is essential that Forces carefully consider the overall structure and resources of their OH Units. (See separate Guidance on Staffing of an OH Unit).

7. Summary

The conducting, on a voluntary basis of Risk Assessment Based Medical Examinations offer the re-assurance that all staff, both police officers and support staff, remain safe to perform their role. In doing so the Force will go some way to discharging their Duty of Care under Health and Safety Legislation.

- If the individual is considered to be unsafe to perform their role they are referred where appropriate for further assessment and/or treatment.

- Health Promotion (See separate guidance on Health Promotion/Maintenance of Health) is included, with follow-up appointments if necessary. If appropriate, cases are referred to the Occupational Health Physician for further assessment and advice.

- Appropriate remedial/rehabilitation plans are implemented, e.g. if individual is found to be obese (usually B.M.I. >30). If the risk of remaining in that post in the short term is deemed to be low then the individual is not restricted from performing their usual duties if they comply with a remedial/rehabilitation plan. If the individual does not comply with the remedial/rehabilitation plan then they are restricted. (In a worst-case scenario if the individual is deemed to be unsafe for their role and they remain of restricted fitness they are referred for a case conference involving appropriate personnel).

- Some cases may benefit from referral on to other professionals for appropriate assessment and advice, e.g., Physical Education staff, Physiotherapists and Psychologists.

- Medical Standards applied are based on National Standards, where these exist, but at the discretion of the Occupational Health Physician.

- Medical assessment performed by Occupational Health Nurse Adviser who is able to make decision on fitness in most cases. Problematic cases are referred to the Occupational Health Physician.

*** See Appendix D, showing a Flowchart for Summary of Process**