



SEQOHS 2015 Standards and Evidence Guide

For occupational health services
Including the NHS and construction industry requirements

Author: Wendy Ladd, RGN SCPHN (OH)
SEQOHS Assessment & Quality Lead
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About this document

This document has been reviewed to assist Occupational Health Services (OHS) to prepare for accreditation. It defines the key evidence requirements to meet the standards for SEQOHS accreditation.

Physiotherapy-led occupational health services should not use this guide, but should contact the SEQOHS office for the physio specific evidence guide.

Aim

The aim of the standards and supporting evidence is to support the delivery of safe, appropriate, effective and quality OH services.

Purpose

The purpose of this document is to give context to the standards and define the evidence requirements that apply to OH services participating in the SEQOHS accreditation scheme.

Scope

The evidence requirements apply to all OHS with or without dedicated facilities, whether they be in-house or contracted, whether they employ multiple staff or are a single handed practitioner (SHP)

Principles

The evidence requirements were developed with the following principles in mind:

- **Significance:** standards and the evidence requirements will reflect existing national policy, guidelines and professional guidance.
- **Objectivity:** eligibility for the award of accreditation shall be assessed on the basis of the collection and presentation of suitable and reasonable documentary evidence and on observation.
- **Prudence:** ideally evidence should be produced as a by-product of another routine activity to avoid causing excessive administrative burden.

OHS seeking accreditation should not have to change their own information gathering or reporting cycles to fit the accreditation review, but should use the most recent information they have, provided it has been gathered within the last 12 months.

Evidence requirements

The core SEQOHS requirements for OH services are grouped into six domains. All standards must be supported by evidence to demonstrate compliance with the standard, and contextualized by adding an informative comment against each standard.

There may be some standards that are not applicable, for example E1.4 is not applicable for in-house services; applicability is explained against each standard.

If an OHS believes any standard does not apply to their particular type of service, it can be made exempt if sufficient reason is given

Table 1-SEQOHS Standards

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| A - Business probity | B - Information governance |
| A1- An OHS must conduct its business with integrity A2- An OHS must maintain financial propriety | B1- An OHS must maintain adequate occupational health clinical records B2- An OHS must implement and comply with systems to protect confidentiality |
| C – People | D - Facilities and equipment |
| C1- An OHS must ensure that its staff are competent to undertake the duties for which they have been employed C2- An OHS must ensure appropriate clinical governance | D1- An OHS must conduct its business in facilities that are safe, accessible and appropriate for the services provided D2- An OHS must ensure that medical equipment is safe and appropriate for the services provided D3- An OHS must ensure that any medicines are handled appropriately |
| E - Relationships with purchasers | F - Relationships with workers |
| E1- An OHS must deal fairly and ethically with purchasers E2- An OHS must be customer focused in its relationships with purchasers | F1- An OHS must ensure that workers are treated fairly and in line with professional standards F2- An OHS must respect and involve workers |

This guide provides a list of examples of evidence, and are what would be expected to be present in the majority of occupational health services, however it is accepted that no two services are the same and therefore there is flexibility in the presentation of evidence.

Further, more detailed, guidance documents are available on the SEQOHS Knowledge Management System (KMS).

The listed evidence is not intended to be exhaustive, however **it is strongly recommended that all the evidence (or an alternative) is provided**, except where otherwise noted.

The OHS is requested to not exceed 10 pieces of evidence against each standard where possible; they should therefore identify the most relevant evidence / documentation that demonstrates compliance. Where one piece of evidence applies to more than one standard, the OHS should link it through to each.

OHS providing services to any devolved Nation should be aware of any specific requirements; guidance for providing service to Republic of Ireland is available on the KMS.

NHS services or others providing an OH service to the NHS

NHS OH services must provide the specific NHS evidence highlighted in the standards. The extra evidence requirements are applicable to standards **A2.1, C2.5, E1.2, E1.3, E1.4** and **E2.2**.

Non-NHS services which provide or plan to provide a service to the NHS should provide all of the extra evidence highlighted in the standards if they wish to be accredited for the NHS.

Services which do not provide these services do not need to provide this further evidence.

OH services providing a service to the construction industry

Services which provide or plan to provide a service to the construction industry should provide all of the extra evidence highlighted in the standards. The extra evidence requirements are applicable to standards **C1.2, C2.4** and **E1.4**.

Services which do not provide these services do not need to provide this further evidence.

For all standards services may, with the agreement of the assessors, provide the most suitable evidence they have available to show compliance with each standard, whether or not it appears in this guidance.

A RAG rating column has been included to assist with your self-assessment.

A. Business Probity

| A1 An OH service must conduct its business with integrity | | | | RAG rating | | |
|--|--|---|---|-------------------|---|---|
| Standard | Explanation | Examples of evidence | Applicability | | | |
| A1.1 | <p>An OH service must only publish information about services which is factual and verifiable</p> <p>Consider any marketing material you may have; you must be able to verify whatever you use to publicise your services, including your website, leaflets, promotional material etc. and demonstrate that it is true and factual. You should also demonstrate that you regularly undertake content reviews. Information should describe the range of services being offered, be written in plain English and be suitable to meet all workers requirements (e.g. translated or interpreter if required). Furthermore, you should consider compliance with the Companies Act 2006, as well as other applicable legislation.</p> | <ul style="list-style-type: none"> • A file containing all information about the service published in leaflets or on a website. • A system of regular content review to ensure that the information is factual and verifiable. <ul style="list-style-type: none"> ▪ A system of document control. ▪ Promotional leaflets / literature ▪ Website / Intranet • Evidence of GDPR compliance, privacy policy for example. • Inclusion of your company registration number, place of registration (e.g. Scotland or England & Wales) and your registered office address. | Mandatory for all OH services, including in-house OH service's regarding their service provision. | □ | □ | □ |
| A1.2 | <p>An OH service must take reasonable steps to ensure that all of its staff are honest and trustworthy</p> <p>Your service needs to demonstrate that when you recruit staff, you have made suitable checks on them, and continue to ensure their ongoing honesty etc. once they are employed.</p> <p>* If DBS checks are undertaken, the OHS must ensure they are in line with GDPR; i.e. they should have a policy for processing personal data, including criminal records, and give it to job applicants and employees.</p> | <ul style="list-style-type: none"> • A documented recruitment and selection procedure that includes clearly defined vetting criteria, i.e. references, security clearance • DBS or similar type checks* • A system of self-declaration for criminal convictions, i.e. a procedure and signed self-declaration • Where applicable, any investigations or disciplinary action taken by an organisation responsible for regulating a health care professional, e.g. GMC, NMC, NCAA or HCPC. • Alternative vetting procedure whether employed, self-employed or subcontracted. | Mandatory for all OH services, that have any staff. | □ | □ | □ |

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| A1.3 | An OH service must maintain systems to check the qualifications of and monitor the standard of clinical work that is outsourced to clinical third party providers | <p>Think about what clinical work is provided by any third parties and list who / what they are, i.e. clinicians who are not directly employed, network OHP's, nurses, Agency, independent consultants, physio, EAP provider. Then demonstrate to the assessors that you regularly check their work and that they remain suitably qualified.</p> <p>It should be noted that where the 'outsourced' service does not fall within your own governance structure then this may fall within the SEQOHS outsourcing policy, for example where part of an OH service such as immunisations, is outsourced to another provider. You are advised to refer to the SEQOHS Outsourcing Policy for further clarity.</p> | <ul style="list-style-type: none"> • Summary list of outsourced work and who that work is outsourced to. • Agreements in place with 3rd party providers, including GDPR requirements, such as sub-processor agreements if applicable. • A process that documents how checks are undertaken against the qualifications, registrations and indemnity insurance of any third party providers. • A process that describes how quality assurance is undertaken against their reports/outputs; the process should outline the frequency and the content of the review. • actual registration checks / qualification, feedback, meeting notes and /or audit. | Mandatory for all OH services, that use any clinical 3rd party providers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A1.4 | An OH service must only conduct or participate in research compliant with published professional ethical guidance | If your organization is involved in conducting research, you need to provide evidence of compliance with ethical guidance. | A list of research undertaken and documentation of ethical approval, company consent and consultation with employees, or the documented rationale why any of these were not necessary. | This standard only applies to OH services that undertake research. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

A2: An OH service must maintain financial propriety

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| A2.1 | An OH service must have appropriate systems of financial and asset control to protect the services that it provides to purchasers | <p>You need to demonstrate to the assessors that the OH service is financially viable, show who looks after the budget, and how the finances are tracked etc. Procedures and processes may be included in one core document about the service.</p> <p>For NHS services only: The business plan should consist of a statement of the key planned work activities and areas for improvement or service development. The plan must be for a minimum of 12 months and up to 5 years. There must be evidence that the plan is being reviewed and updated annually. A service development plan in either draft or approved state is acceptable.</p> | <ul style="list-style-type: none"> • Written procedure for budgetary control and auditing. • Demonstration of clear lines of budget responsibility including demonstration that income and expenditure are tracked. • Submission of annual accounts to Companies House or to the Charity Commission. • For small businesses, formal accountant’s records are acceptable. • For SHP’s - Formal accountants’ records are acceptable or evidence of self-reporting (tax return). • NHS requirements – Business plan | Mandatory for all OH services; evidence will vary subject to size of organisation. | | □ | □ | □ |
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B: Information Governance

B 1 An OH Service must Maintain adequate occupational health clinical records

| Standard | | Explanation | Examples of evidence | Applicability | | | |
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| B1.1 | An OH service must ensure that occupational health clinical records, wherever held, are maintained to standards which meet legal and regulatory compliance and professional practice recommendations | <p>Services need to demonstrate that they ensure all the clinical records are written / recorded in line with NMC/GMC/FOM guidance by undertaking record keeping audits. The audit should assess the standard of record keeping, including but not limited to: that entries are legible and documented in such a manner that they cannot be erased, are dated and signed or otherwise identified with the name of the author, not inclusive of abbreviations, jargon and speculation.</p> <p>This needs to include all clinicians and be proportional to the number of records created, i.e. the audit should cover a representative sample size of occupational health clinical records / reflect the size and type of service e.g. single or multi-site structure. The audit approach might be a monthly audit of records (e.g. 10 per month) or six monthly with a larger sample size (e.g. 50-100).</p> <p>A definition of clinical records is contained in the FOM Ethics Guide.</p> | <p>A system of clinical audit or peer review of health clinical records performed within the last year:</p> <ul style="list-style-type: none"> ▪ A documented process ▪ Template / criteria used specific to record keeping. ▪ The audit cycle ▪ Action taken / report <p>It applies to both written and electronic notes.</p> <p>For SHP's, a peer should conduct the audit ideally once a year (or more frequently if it is your desired approach).</p> | Mandatory for all OH services, including in-house OH services. | | | |

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| B1.2 | An OH service must ensure there are clearly defined arrangements for backing up computer data, back-up verification and a safe back-up system | You need to demonstrate to the assessors that any electronic records are securely held and backed up, that you have a suitable policy in place, and that all staff are trained and compliant. It may be advisable to have one core information security policy, subject to the type of organisation, that covers all standards relating to IT requirements, which can then be cross-referenced to the relevant standard. | <ul style="list-style-type: none"> • An information security policy or documented procedure for managing the risks associated with clinical records in all electronic media, including how it is backed up. • A records management policy which includes a description of the duties and legal obligations that apply to records; process for creating, tracking, retrieving and backing-up records, process for retaining and disposing of records • A process for monitoring compliance with all of the above. • Registration with the Information Commissioner's Office – certificate from ICO. | Mandatory for all OH services; evidence will vary subject to size of organisation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B1.3 | An OH service must ensure that procedures exist for the transfer of records on change of contract or closure of business. | Assessors will be looking to see what procedures cover the transfer of records. For example, if a service needed to transfer notes to or from another OH service; if there is a closure of business, a win or loss of a contract, TUPE transfer of staff. The service needs to provide evidence that there are procedures in place, and evidence of compliance if any transfers have taken place. | <ul style="list-style-type: none"> • A documented policy for transferring records. • Contract with purchasers highlighting the transfer process. • Evidence of compliance where a transfer has taken place, i.e. demonstration that each party involved had a nominated individual responsible for the transfer process. • In the case of an in-house OH service, a written procedure covering what would happen to the records in the event of closure of Business, service outsourcing and TUPE transfer of personnel in or out of the organisation. | Mandatory for all OH services; evidence will vary subject to type of organisation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B2 An OH Service must implement and comply with systems to protect confidentiality

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| B2.1 | An OH service must ensure that staff understand their responsibility to protect confidentiality | This means showing that your staff understand about confidentiality, through training / signed agreements, not only medical confidentiality but also any client commercially confidential information, i.e. their 'trade secrets', or of their own employer's intellectual property. (See also B2.4) For in-house OH service this might be included in contract of employment. | <ul style="list-style-type: none"> • A documented confidentiality policy, to include confidentiality of customers' commercially sensitive information. • Individually signed confidentiality agreements for clinical and non-clinical contracted or employed staff. • Records to demonstrate that all staff, including admin, have been trained/updated in relation to confidentiality. | Mandatory for all OH services; unless a single handed practitioner with no admin or other support. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B2.2 | An OH service must ensure that paper occupational health clinical records, wherever held or transported, are accessed, stored and disposed of safely and securely | The assessors need evidence of where and how clinical records are kept. For example, if paper records are kept, that they are in suitably locked cabinets and that the keys are also kept securely. If you take records off site, how they are transported, and then how any records are destroyed. | <ul style="list-style-type: none"> • A record management policy, including safe transportation, access, storage, retention (GDPR) and disposal of records. • Evidence that occupational health clinical records are kept in lockable rooms or coded cabinets - photographs for example. • A signed declaration that only OH staff have access to the keys. • Evidence that access codes are securely managed, i.e. included in the record management or security policy. • Evidence of a suitable method for transporting records, i.e. photograph of lockable bag / case, the method should be included within the procedure. <p>This applies to all sites where records are kept.</p> | Mandatory for all OH services unless in the unlikely event they do not have any paper records, such as questionnaires, consent forms, GP letters etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| B2.3 | An OH service must ensure there is an effective policy to control access to computerised data and to prevent unauthorised access at all times | This standard is about ensuring IT access is securely managed, i.e. how passwords are kept, that data is secure, encrypted etc. This includes emailing reports or other sensitive data. | <ul style="list-style-type: none"> • A policy to show the governance of user access to IT systems and programs. • A documented procedure, which defines how password protection and encryption of sensitive data on devices has been implemented. • Procedure for emailing reports • Signed agreements of understanding / compliance. | Mandatory for all OH services; evidence will vary subject to size of organisation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B2.4 | An OH service must ensure that the intellectual property of purchasers is protected | As in B2.1, this standard is about commercially sensitive information, the Assessors will want to see that this is covered in service level agreements (SLA's) or equivalent, i.e. how you will protect their information. | <ul style="list-style-type: none"> • Contracts, SLA's or standard business terms which define how the intellectual property (IP) of customers is protected. • Signed confidentiality / non-disclosure agreements for all contracts with purchasers / staff / contractors. | Mandatory for all OH services, including in-house services where the IP of their employing organisation needs to be protected | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| C: People | | | | | | | |
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| C: An OH service must ensure that its clinical staff are competent to undertake the duties for which they have been employed | | | | | | | |
| Standard | Explanation | Examples of evidence | Applicability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C1.1 | An OH service must ensure that its clinical staff are registered with the relevant regulatory body on the appropriate part(s) of its register(s) | The assessors will expect to see a <u>list</u> (or matrix) of <u>all</u> clinical staff, with dates of registration and systems to show how it is monitored and maintained. You may wish to create a spreadsheet of all staff and include other requirements (C1.2, C1.3) to demonstrate SEQOHS compliance, i.e. indemnity, appraisals, tasks undertaken / skill set / competencies / CPD. It should still be linked through to each relevant standard. | <ul style="list-style-type: none"> • A list of all clinical staff with annual verification of registration for every employed, self-employed associate or contracted health care professional (e.g. locum) who works within the OH business, which is held on file. • A summary table of all registered staff, with the dates of checks and the process used to undertake those checks. | Mandatory for all OH services . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| | | For an SHP, you should provide evidence of your own qualification and that you have a system in place to ensure your registration is maintained, such as a diary reminder. | One summary table can be used for standards C1.1 – C1.4 - template is available on the SEQOHS KMS | | | | |
| C1.2 | An OH service must ensure that its staff have the knowledge, skills, qualifications, experience and training for the tasks they perform | <p>The information requested here could also be incorporated into the list (or matrix) for C1.1; the assessors will want to see a <u>list</u> of <u>all</u> clinical staff, the clinical tasks they undertake and evidence to show they have appropriate skills / qualification / knowledge / experience to undertake those tasks.</p> <p>* For SHP's – provide a list of clinical tasks you undertake with corresponding evidence of qualifications / training, such as training certificates.</p> | <ul style="list-style-type: none"> • A list of all clinical staff and documentary evidence of qualifications, training, and how this links to their scope of practice.* • Job descriptions or defined roles and responsibilities for all staff - these would not all be uploaded to the webtool, but be available for inspection during the site visit. • Evidence of competencies to support staff practices and a system to check their use and adherence. <p>For the construction industry only: Evidence of work experience, training records, competency certificates and induction to support:</p> <ul style="list-style-type: none"> ○ Safety critical workers (SCW) medicals ○ Noise and hearing surveillance ○ Respiratory / Skin health ○ Assessments of musculoskeletal Hand-arm vibration assessment <p>Including a process and referral system for each.</p> | Mandatory for all OH services . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| C1.3 | An OH service must support its clinical staff in maintaining continuing professional development and revalidation | <p>You need to demonstrate what CPD has been undertaken for each clinician; this can again be included within the above-mentioned matrix.</p> <p>For SHPs, this will just be in relation to maintaining your own continuing professional development and revalidation.</p> | <ul style="list-style-type: none"> • A list of all clinical staff and documentary evidence of adequate participation in CPD for each. • Show evidence of CPD participation, i.e. a random selection of certificates of attendance. • Personal and professional development for nurses, revalidation folders can be shown as part of the on-site visit. | Mandatory for all OH services . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C1.4 | An OH service must ensure that all staff have an annual appraisal and that their personal development plans for continuing professional development meet the needs of the staff member and the occupational health service. | <p>The service should demonstrate to the assessors that all staff have annual appraisals, and that development plans have been agreed, and which are in line with the needs of the service. You may choose to include appraisal dates / reviews on the list / matrix in C1.1.</p> <p>A service may use self-employed associates on an ad hoc basis, in which case an annual appraisal may not be appropriate, but A1.3 would be applicable.</p> <p>For SHPs this is not relevant per se, however you might have plans for your own development and how this fits with your business needs; specific updates for example, with proposed personal / professional development plan.</p> | <ul style="list-style-type: none"> • A list of all staff and dates of last annual appraisals. • Personal development plans that link continuing professional development to the needs of the individual, the occupational health service, and its clients. • Where a service has self-employed associates, a documented procedure to annually review their competencies to ensure their skills knowledge and behaviours continue to match the needs of the OH clients. • A documented procedure, which defines the process to ensure that copies of annual appraisals are retained in employee's personnel files along with clear personal development plans. • Staff files can be inspected during site visit. | Mandatory for all OH services . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| C1.5 | An OH service must familiarise new staff with the OH service policies and procedures, duty of confidentiality, health and safety and their roles and the roles of others and accountability for service quality and delivery | <p>You need to demonstrate that any new members of staff / new recruits to the OH service, have had a suitable induction, including all things related to the OH service. It should be local to the department if in-house / part of a larger organization.</p> <p>For SHPs - this would be relevant if the SHP employs or accesses admin support: evidence of orientation manual / checklist.</p> <p>Furthermore that any 3rd party clinician commissioned to cover holiday etc. has been sufficiently orientated to your policies and procedures to work on your behalf.</p> | <ul style="list-style-type: none"> Staff orientation manual and records of completion which must be specific for the OH service and not just for an organisation that provides other services. It is acceptable to have core induction activities in a large organisation e.g. fire training. Completed induction checklist | Mandatory for all OH services that have or have access to any staff. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C2 An OH service must ensure appropriate clinical governance | | | | | | | |
| C2.1 | An OH service must employ at least one occupational health professional who has a qualification in occupational medicine or occupational health. | <p>You need to provide evidence that you do <u>employ a qualified OH professional</u>, whether that's a doctor or a nurse.</p> <p>For an SHP, you should provide evidence of your own qualification, i.e. that you are a qualified OH professional, Doctor or Nurse and that you have a system in place to ensure your registration is maintained, such as a diary reminder.</p> | <ul style="list-style-type: none"> Evidence of a recognised qualification in occupational medicine together with demonstrable experience, i.e. CV. for a Doctor Or The name and qualification of at least one nurse with a recognised qualification in Occupational Health Nursing together with demonstrable experience, i.e. CV. Print verification of GMC and NMC registration. | Mandatory for all OH services . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C2.2 | An OH service must verify that all clinical staff are professionally indemnified | How can you show you check that your clinicians have suitable indemnity cover? You may consider including this is the matrix for C1.1. This includes your own professional and public liability insurance. | <ul style="list-style-type: none"> A valid insurance/indemnity certificate(s) that covers all clinical staff and subcontracted services. A process to ensure that the OH service checks professional indemnity and public liability insurances of all subcontractors | Mandatory for all OH services . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| C2.3 | An OH service must have access to an identified occupational physician, listed on the GMC specialist register, including for the escalation of cases. | <p>Services need to demonstrate they have access to a named OHP who is on the Specialist register, i.e. MFOM or FFOM. You may actually employ one, though if not, you should show that you have an agreement in place and how you would escalate cases if required.</p> <p>For SHP's who are themselves MFOM or FFOM, evidence of this should be provided.</p> | <ul style="list-style-type: none"> • A signed agreement (where the OH service do not directly employ a specialist OHP), which includes the arrangement where a consultation would be made. • An agreed method or procedure for each OH contract for the involvement of an accredited specialist in occupational medicine, should the need arise. • A contract of employment where the OH service does directly employ a specialist OHP. • Evidence of having previously accessed an OHP for Nurse-led services. | Mandatory for all OH services . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C2.4 | An OH service must demonstrate clinical governance and compliance with evidence- based and consensus-based guidelines, as well as with professional legal requirements. This includes compliance with the Faculty of Occupational Medicine's guidance on ethics. | <p>You need to provide the assessors with evidence of having suitable protocols in place, i.e. a list of all clinical activities, written templates and/or clinical protocols covering the range of work carried out. Each protocol should have a reference number / review date or other way to demonstrate document / version control. Furthermore the protocol should reference any appropriate external guidance document / evidenced based practice.</p> <p>Plus then demonstrate how you ensure compliance and understanding of the protocols, and a system to review as required.</p> <p>Flexibility will be granted with SHP's, as it is recognised that if they are absolutely the only clinician undertaking clinical activities, a full set of clinical policies may not be required. They should however have an overarching document that states they practice in line with evidenced based / national guidelines and when updates / reviews are required.</p> | <ul style="list-style-type: none"> • A summary list of all clinical protocols with dates of issue and planned review. • Some example protocols / policies • Evidence of audit of practice/checks to ensure that these are being applied. • For the construction industry only: Written policy and procedures to cover: <ul style="list-style-type: none"> ○ SCW and referral system ○ noise and hearing surveillance and referral system ○ respiratory health and referral system ○ skin surveillance and referral system ○ assessments of musculo-skeletal health and referral system ○ hand-arm vibration assessment and referral system ○ Training records showing that relevant staff have been trained and understand the requirements of the protocols . | Mandatory for all OH services . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| C2.5 | An OH service must undertake systematic audit of clinical practice and provide evidence of action taken | <p>How do you ensure the clinical practice is safe, appropriate and in line with your protocols? The assessors will need to see evidence of a full audit cycle, and action taken as required, i.e. further training.</p> <p>For SHPs consider a peer review or clinical audit of practice.</p> | <ul style="list-style-type: none"> • The annual audit plans, with evidence of having undertaken two audits in this period; one with a clinical basis and one process driven (clinical records or management report audit). • Evidence of audit results, recommendations and feedback. • For NHS services only: <ul style="list-style-type: none"> ○ Records of two local clinical audits every year and participation in any national NHS OH clinical audits. ○ Types of audit could include immunization, HAV's, Spirometry for example. | Mandatory for all OH services . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C2.6 | An OH service must have systems in place to detect and address, as early as possible, unacceptable clinical practice and concerns regarding the conduct, performance or health of a health professional with whom they are working to deliver a service. | The assessors will want to see all associated policies, plus any evidence of action taken etc. if any complaints have been made. | <ul style="list-style-type: none"> • Documented complaints procedure, grievance, job performance and capability & disciplinary process/procedure and performance appraisal process. • Copy of a whistle-blowing policy or equivalent and a process which allows employees to raise concerns about the manner in which services are delivered. • Arrangement with an independent OH service for OH provision for own staff. | Mandatory for all OH services . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D: Facilities and Equipment

D1 An OH service must conduct its business in facilities that are safe, accessible and appropriate for the services provided

| Standard | | Explanation | Examples of evidence | Applicability | | | |
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| D1.1 | An OH service must implement and monitor systems to ensure the general health and safety of service users, staff and others | <p>This standard demonstrates how you ensure your own staffs safety, both within the department and when going off site to client sites, as well as that of your service users.</p> <ul style="list-style-type: none"> • What risk assessments do you have in place? • What emergency plans are in place, e.g. fire evacuation? <p>Services should demonstrate that they have taken all the above into account and have suitable risk assessments and control measures in place.</p> | <ul style="list-style-type: none"> • Documented relevant risk assessment(s) identifying risks, hazards and control measures. • Documented procedures that cover: <ul style="list-style-type: none"> ○ Fire safety ○ Emergency plan for evacuation ○ Health and safety policy ○ Lone working policy <p>Where landlord's facilities do not meet minimum requirements, documented evidence that this has been raised with the landlord.</p> | Mandatory for all OH services, for their own and / or client facilities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D1.2 | An OH service must take all reasonable steps to ensure that services are delivered in facilities that allow access by persons with a disability | <p>You will need to provide evidence that you have considered / assessed disability access, both for your own site and client sites where workers are seen.</p> <p>If access is not possible, the assessors will want to see what arrangements you have in place. You may consider a checklist that covers off most requirements within the D domain along with systems of review being in place.</p> <p>Under equality legislation, adjustments must be made where disabled people experience a 'substantial disadvantage'. This means that service providers may have to make more adjustments or alternative arrangements.</p> <p>Service providers must think ahead and take steps to address barriers that impede disabled people. In doing this, it is a good idea to consider the range of disabilities that actual or potential service users might have.</p> | <ul style="list-style-type: none"> • Documented assessments of each facility's compliance with relevant equality legislation along with any improvement plans. • Photographic evidence of compliance. • Spreadsheet matrix that shows self-assessment of all requirements covered in domain D. • Appointment letter that covers alternative arrangements if required. | Mandatory for all OH services , for their own and client facilities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| D1.3 | An OH service must take all reasonable steps to ensure that the facilities are suitable with respect to design, layout and service users' rights to privacy and dignity | Evidence needs to demonstrate how you assess that the facility is suitable for OH use, respecting worker privacy and dignity, i.e. can conversations be overheard? The assessors will want to see evidence you have considered this both on your own and client sites. The assessors will also view facilities as part of their site visit. | <ul style="list-style-type: none"> Records of inspection shows that consulting rooms provide privacy, i.e. doors and walls are adequately soundproofed and people are unable to see in through windows. A report on the annual customer feedback undertaken by the service outlining the results, recommendations and actions. Spreadsheet matrix that shows self-assessment of all of the areas covered in domain D. (Template available as an annex to the SEQOHS 'Outsourcing Policy'). | Mandatory for all OH services , for their own and client facilities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D1.4 | An OH service must ensure that the facilities provided for service users are well maintained | You need to include this in your customer satisfaction questionnaires so you can demonstrate that you have assessed and reviewed this in a report demonstrating any action required / taken. This may also link in with your risk assessments under D1.1. | <ul style="list-style-type: none"> A report on the annual customer feedback undertaken by the service outlining the results, recommendations and actions. Spreadsheet matrix that shows self-assessment of all of the areas covered in domain D. | Mandatory for all OH services , for their own and rented facilities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D1.5 | The OH service must provide hand hygiene measures in examination and treatment rooms | You need to show that you have a system in place to check hand hygiene facilities are available in all clinical areas and if not that you have acted upon it as required. | <ul style="list-style-type: none"> Inspection or peer review confirms that the facilities have hand hygiene measures available in examination and treatment rooms. A list of examination and treatment rooms and details of the hand hygiene measures made available. Spreadsheet matrix that shows self-assessment of all of the areas covered in domain D. | Mandatory for all OH services , for their own and client facilities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D2 An OH service must ensure that medical equipment is safe and appropriate for the services provided | | | | | | | |
| D2.1 | An OH service must provide medical equipment relevant to the services provided | You need to demonstrate that you have a sufficient quantity of the right equipment to deliver the services you offer. This could be a matrix incorporating the services offered with the calibration / maintenance due dates; a template is available on the KMS. | <ul style="list-style-type: none"> A summary list (spreadsheet) of all equipment. | Mandatory for all OH services that require any equipment for provision of services offered. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| D2.2 | An OH service must have systems in place to ensure regular inspection, calibration, maintenance and replacement of medical equipment and that it is safe to use | How do you make sure you stay on top of your calibration / maintenance requirements? You need to show the assessors this, perhaps as suggested above. | <ul style="list-style-type: none"> • Records and audits that cover inspection, calibration and validation of medical equipment. • A summary list (spreadsheet) of all equipment used with dates of calibration checks and maintenance. • A process for the inspection of equipment. • Maintenance contracts and certificates for medical equipment. • Services can provide their certificate if they are ISO accredited, but needs to back up by other evidence. | Mandatory for all OH services that use any equipment for provision of services offered. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D2.3 | An OH service must ensure that dedicated vaccine refrigerators are provided and maintained if vaccines are stored | If you provide an immunization service, you must have a dedicated and validated vaccine fridge, which meets national guidance; the vaccine refrigerator should be lockable or in a locked room, able to record minimum and maximum temperatures, is connected to a designated electricity outlet and records of daily temperature readings. Vaccines stored in the validated vaccine fridges must be kept in their original packaging. | <ul style="list-style-type: none"> • A suitable and sufficient procedure for maintaining the cold chain for stored vaccines and documented checks of adherence to the procedure. • Photograph's of fridges, socket and contents. | Mandatory for all OH services that require use of a vaccine fridge. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D3: An OH service must ensure that any medicines are handled appropriately

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| D3.1 | An OH service must ensure that nurses follow a recognised framework for medicines management | <p>Depending what type of service you are, the assessors will want to see what you have in place with regards to medicines management, e.g. signed PGD's or written instructions.</p> <p>NB - PGD's cannot be legally used in non-NHS organisations providing Occupational Health Services. The exemptions in the Human Medicines regulations are the only legal mechanism which can be used in these non-NHS services.</p> | <ul style="list-style-type: none"> • A procedure or protocol for medicines management signed by a doctor, which addresses ordering medicines, safe custody administration, disposal, and in the case of immunisation consent and documented evidence of audit. • A suitable and sufficient procedure for storing, handling and administering vaccines and documented checks compliance with the procedure. • Examples of patient group directive (PGD) or equivalent • A comprehensive paper or electronic audit trail of ordering, receipt, supply and disposal of medicines . • Peer review or clinical audit of practice. | Mandatory for all OH services that provide immunisation or other medicines. | □ | □ | □ |
| D3.2 | An OH service must ensure that staff who advise on or give immunisation are clinically competent according to national minimum standards | <p>How do you ensure your nurses are competent to undertake immunization?</p> <p>The assessors will want to see that they have received training in line with national minimum standards.</p> <p>https://www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare-practitioners</p> | <ul style="list-style-type: none"> • A list of all staff that perform immunisations. • Records of training from either an external provider, online approved trainer or train the trainer in house provision. • Records of internal training against a policy or protocol for vaccination management which addresses: <ul style="list-style-type: none"> ○ Receiving vaccines ○ Maintaining correct temperature of stored vaccines ○ Handling vaccines during immunisation sessions ○ Disposal of vaccines ○ Actions in the event of interruption of the cold chain and the treatment of anaphylaxis. • Peer review or clinical audit of practice. | Mandatory for all OH services that provide immunisation or other medicines. | □ | □ | □ |

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| D3.3 | An OH service must ensure that emergency treatment is always immediately available for anaphylactic reactions whenever immunisation or injection therapy is undertaken | <p>What arrangements do you have in place in the case of an anaphylactic reaction?</p> <p>The assessors will expect to see evidence of this, how it is monitored, accessed etc.</p> | <ul style="list-style-type: none"> • A list of equipment • Evidence showing the presence of in-date drugs, which are available to deal with anaphylaxis, i.e. photographic. • Evidence of basic life support training that includes treatment for anaphylaxis. | Mandatory for all OH services that provide immunisation or other medicines. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D3.4 | An OH service must ensure that staff follow national guidelines for storing, handling, administering and disposing of vaccines | <p>This may be a stand-alone procedure or form part of a wider medicines management policy.</p> <p>The assessors will want to see evidence of your procedures, which need to be suitable and sufficient, and must include the procedure for storing, handling and administering vaccines.</p> <p>Furthermore you need to provide evidence of how you ensure that the staff understand and follow the procedure(s)</p> | <ul style="list-style-type: none"> • A suitable and sufficient procedure for storing, handling and administering vaccines. • Documented checks of staffs' understanding of the procedure. | Mandatory for all OH services that provide immunisation or other medicines. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

E. Relationships with Purchasers

E1 An OH service must deal fairly and ethically with Purchasers

| Standard | Explanation | Examples of evidence | Applicability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
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| E1.1 | An OH service must provide purchasers and potential purchasers with clear and user-friendly information on fees | How do you inform potential purchasers of your costs, the standards state that these should be user friendly, i.e. easy to understand; the assessors will expect to see evidence to demonstrate that is the case. For example, this could be a letter, email or SLA . | <ul style="list-style-type: none"> • Letter or SLA, which displays the fees of the service. | Not applicable for in-house services not charging purchasers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| E1.2 | An OH service must agree with purchasers, at the outset and at contract reviews, the services to be delivered and the resources required to deliver the service and the extent and scope of any business continuity planning that is required to protect service delivery | <p>This standard is about what you agree with the purchaser up front, when you win that contract etc. This includes what you will deliver when and how, including who by, when they will visit and what you will do in the event that you cannot deliver as agreed.</p> <p>For in-house services, this might be meetings with management where the service provision is agreed and reviewed, plus the arrangements for Business continuity.</p> | <ul style="list-style-type: none"> • Example of signed agreement with review dates where applicable. • Evidence of regular review of contract, via meeting minutes or email etc. <p>For NHS services only: A current costing model/tool that covers the main areas of pay and non-pay expenditure. It should include an allowance for ‘non-revenue-generating time’ e.g. annual leave, other absences, training and development, etc. It should allow for supporting professional activity. It must incorporate an allowance percentage for Trust overheads. An OH service not providing external services must be able to demonstrate that it has costed out its own internal service provision to its host Trust.</p> | Mandatory for all OH services | | | |
| E1.3 | An OH service must agree with purchasers, at the outset, the processes for referrals to the OH service, case management and reporting of cases of occupational disease and any onward referral of workers for further investigation | <p>This standard follows on from standard E1.2. How can you demonstrate you ensure the purchaser knows how to use the service including the process for them to make a referral, how the cases will be managed, what happens if they need to be referred on to another specialist. The service should also show that if you identify a case of occupational disease that it is the purchaser’s responsibility to report it under RIDDOR; this needs to be clarified in the SLA or other agreement.</p> <p>For in-house services this would include referral processes, how to access the OH service, and arrangements for onward referral if required. Additionally in-house services should clarify arrangements with their employer regarding responsibility for RIDDOR reporting.</p> | <ul style="list-style-type: none"> • Signed contract(s) / service level agreements, or another document with purchasers, • For NHS services only: Record of an audit within the last 12 months showing that the mean waiting time for access to a service are within the criteria set out in the SLA or contract. Record of an audit within the previous 12 months showing the mean time for dispatch of reports are within the criteria set out in the SLA or contract. | Mandatory for all OH services | | | |

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| E1.4 | An OH service must advise purchasers of the value of conducting an OH needs assessment and of active and timely management of work-related ill health | <p>This standard is about promoting appropriate OH services, trying to get purchasers to understand the importance of really looking at what the occupational health needs are; health protection, work related ill health prevention and timely management. The assessors will want evidence that you have had that dialogue with the purchaser, whether or not they have agreed.</p> <p>Where health surveillance is undertaken, examples of redacted health outcomes / health records sent to employer.</p> <p>For NHS OH services - the six core services are:</p> <ol style="list-style-type: none"> 1. Prevention: the prevention of ill health caused or exacerbated by work. 2. Timely intervention: easy and early treatment of the main causes of sickness absence in the NHS. 3. Rehabilitation: processes to help staff stay at work or return to work after illness. 4. Health assessments for work: supporting organisations manage attendance, retirement and related matters. 5. Promotion of health and well-being: using work as a means of improving health and wellbeing and using the workplace to promote health. 6. Teaching and training: promoting the health and wellbeing approach amongst staff and managers. | <ul style="list-style-type: none"> • Documentation of an offer to provide further advice about needs assessment. • Promotional material about the range of services offered, if needs assessment included. • Communication regarding potential work related ill-health matters. • Evidence of needs assessment template. • Protocol for health reporting, including anonymised group data / trend analysis. <p>For the construction industry only:</p> <ul style="list-style-type: none"> • Examples of health outcomes sent to both employer and principal contractor as appropriate. • Written guidelines to outline responsibilities of health reporting. <p>For NHS services only:</p> <p>A SLA, contract or other document describes an agreement setting out arrangements for each of the six NHS core services, or documentation to demonstrate that the OH service offered such services and that the commissioner declined. There must be active progress towards the development of an SLA for each of the core six services. One in draft format is acceptable.</p> | Not applicable for in-house OH services | | | |
| E2 An OH service must be customer focused in its relationships with purchasers | | | | | | | |
| E2.1 | An OH service must understand purchasers' needs based on reliable and recent information. | <p>How does the service keep up to date with its clients' needs? E.g. do you meet with them regularly, attend meetings, undertake tours / inspections, seek their feedback?</p> <p>The assessors will want to see evidence of this.</p> <p>For in-house OH services, this could be meeting with health and safety, or other method of assessing OH requirements.</p> | <ul style="list-style-type: none"> • Evidence of feedback from purchasers or regular review of service provision. • Management satisfaction surveys. As an example, this can be an email, minutes or a record of a telephone conversation. | Mandatory for all OH services | | | |

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| E2.2 | An OH service must define an explicit service level agreement for each customer organization so that purchasers understand from the outset what they can expect from the service | <p>An SLA should be in place with each purchaser. Each SLA should contain as a minimum: what services are included (and ideally any that are excluded), the target waiting times for appointments (KPI's), turnaround of reports, and the process for providing feedback to employers on suspected and confirmed new cases of work related ill health.</p> <p>SLA's should include a clause on Intellectual Property and Business Continuity if appropriate. (See E1.2 and E1.3)</p> <p>For in-house OH services, this is about a documented agreement regarding the service provision, what is required by the organisation and scope for development or inclusion of other services etc.</p> | <ul style="list-style-type: none"> • Service level agreements for each purchaser organisation that stipulate the range of services that are included and excluded in the contract for services as well as target waiting times for appointments and the process for providing feedback to employers on suspected and confirmed new cases of work related ill health. • RIDDOR and intellectual property requirements to be included within the SLA's, along with data protection clause updated for GDPR; information regarding data sharing, and role of the data controller/ processor. <p>For NHS services only:Notes of review meeting with the NHS customer dated within the last six months, and documented amendments to the schedule of services if applicable. There must be clear documented feedback of meetings and review of progress with the service level agreement.</p> | Mandatory for all OH services | | | |
| E2.3 | An OH service must ensure ongoing familiarity with the hazards, risks, processes and controls for each purchaser's operations, where a comprehensive OH service is provided. | <p>If you provide a comprehensive OH service at all, how do you stay abreast of the needs and what the hazards and risks are?</p> <p>Does the service carry out workplace visits / inspections, attend H&S meetings?</p> <p>You need to be able to evidence that annual health surveillance programmes are appropriate.</p> | <ul style="list-style-type: none"> • Records of systematic workplace inspections and/or feedback. • Reports or meeting notes that indicate a full working knowledge of the workplace hazards, changes to the controls, additional or removed hazards, COSHH reports, environmental reports for example. | Mandatory for all OH services | | | |
| E2.4 | An OH service must use formal and informal methods to regularly seek information about customer satisfaction | <p>How do you seek feedback from both the purchaser, i.e. at a contract level, and also from referring managers using the service? Questionnaires or review meetings can be demonstrated for this standard.</p> <p>For in-house feedback might be from referring managers, or appraisals.</p> | <ul style="list-style-type: none"> • Customer feedback, which should be undertaken by the service and the results. • An alternative to a questionnaire is documented feedback of the customer satisfaction from the service through contract review meetings. | Mandatory for all OH services | | | |

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| | from purchasers and referring managers | | | | | |
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F: Relationship with Workers

F1: An OH service must ensure that workers are treated fairly and in line with professional standards

| Standard | Explanation | Examples of evidence | Applicability | | | |
|----------|---|---|-------------------------------|---|---|---|
| F1.1 | <p>An OH service must inform workers about how their personal health information is recorded and used, how to access their personal information and their rights in relation to how their personal health information is used and shared</p> <p>This domain outlines information you need to provide to the worker, (in any form). The service should upload evidence that this information is provided.</p> <p>It is therefore worth looking through each standard when reviewing your chosen media – information sheets / leaflets / appointment letters / intranet etc. to ensure all requirements are covered. This particular standard states you must inform workers about their information and their rights in line with Data Protection Legislation / GDPR for example – that they have a right to access their entire OH record and how.</p> <p>You should also consider whether you are sharing data with third part clinicians, outside of your own IT systems for example, and if so, whether your privacy statement covers that, whether a sub processor agreement is required and how you inform the worker that their data is being shared to third party providers.</p> <p>Furthermore, that is it made clear to the worker, who will be writing the report and their right to view any report written about them i.e. the original contractor report and any subsequent report that may be based on it.</p> | <p>Documents that are given to workers containing explicit statements to describe how personal health information is used and how workers may access that information.</p> <ul style="list-style-type: none"> ▪ Health questionnaires and other health forms ▪ Leaflets ▪ Posters ▪ Handouts ▪ Appointment letters <p>You should include the data protection information required for GDPR including your Privacy Notice and Subject Access Request process.</p> <p>Sub processor agreement if relevant.</p> | Mandatory for all OH services | □ | □ | □ |

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| F1.2 | An OH service must ensure that clinical staff obtain informed consent for procedures and for the use of workers' personal health information in accordance with professional guidelines | How do you ensure that consent is obtained, in any format? Do you have a policy / procedure for your OH team to follow? This standard is about ensuring the worker understands what they are attending for, that they have been informed of the type of procedure for example, and that they have agreed to it, plus what will happen to their information. How do you ensure your team follows that procedure? | <ul style="list-style-type: none"> Procedures or protocols for consent so clinicians understand all aspects of consent Include evidence of the process for the withdrawal of consent | Mandatory for all OH services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F1.3 | An OH service must ensure that workers are informed of the professional role of clinical staff and the purpose of different interventions | Similar to standard F1.2, this standard says you should inform the worker of the role of the clinical staff member they will be seeing and why. | <ul style="list-style-type: none"> Feedback from workers that demonstrates workers have been informed of the purpose of different interventions. Promotional literature and introductory information about the service e.g. appointment letters. Documentation to ensure the worker understands the reason for attending the appointment and who they will be seeing; leaflets, letters, posters, handouts. | Mandatory for all OH services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F1.4 | An OH service must promote a culture of equality and treat workers fairly. | You need to provide evidence here that workers are treated fairly and in line with your Diversity and Equality Policy. Such a policy must be in place and you must ensure your team are familiar with it / have received training etc. Feedback should be obtained from the worker to confirm they did feel fairly treated. | <ul style="list-style-type: none"> A diversity and equality policy. Documented evidence of adherence to that policy e.g. records of training of all staff and signed statements of understanding of the policy. Link to training matrix used as evidence for other standards. Customer feedback from workers, their representatives or worker. | Mandatory for all OH services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| F2: An OH service must respect and involve workers | | | | | | | |
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| F2.1 | An OH service must use formal and informal methods to regularly seek information and feedback from workers and/or their representatives | This includes all feedback, including complaints. Services should seek feedback from the worker and provide evidence of the complaints procedure. The assessors will expect to see how any complaints that have been received have been dealt with – i.e. an audit trail. | <ul style="list-style-type: none"> • Feedback or customer satisfaction surveys from workers. • A folder containing relevant e-mails and other informal feedback. • A complaints procedure, which defines the circumstances in which workers may make a complaint, to whom workers should complain, and how complaints will be managed. • A comprehensive paper or electronic audit trail of all complaints received, the investigations performed, responses to workers, and any remedial measures. | Mandatory for all OH services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F2.2 | An OH service must consult and involve workers or their representatives regarding the provision of OH service and material occupational health issues | This is for in-house OH services only: If you are in-house, you need to provide evidence of how you involve the workers or their representatives, i.e. Health and Safety Committee or union representatives / managers etc. Perhaps you attend meetings where this is an agenda item? If this does not apply to a particular type of service, this can be made exempt if sufficient reason is given. | <ul style="list-style-type: none"> • Minutes of meetings with workers or their representatives regarding occupational health issues, e.g. provision of services, accident and disease statistics, sickness absence information and recommendations for corrective actions. • Documents to show that all workers have been informed of the occupational health provision and the services that it offers to workers | This standard only applies to in-house OH service. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The following document control log contains a record of all key revisions to this document:

| Version | Last Updated | Key updates | Author |
|---------|--------------|---------------------------------------|-----------------|
| 1 | 22-Mar-15 | Signed off version one | Debbie Johnston |
| 2 | 01-Jul-18 | Updated with guidance section | Wendy Ladd |
| 3 | 01-Jul-19 | Reviewed as part of transition to FOM | Wendy Ladd |