



Supporting occupational health
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OH Technician - escalation criteria – Guidance for employers

Employee results should be considered for escalated for further consideration as indicated where the following values are exceeded. These values are intended as guidelines and discretion may be applied where additional information is available.

FITNESS FOR WORK			Contact OHA/OHP by telephone.	
	Consider GP or Optician (where applicable) referral	Clinical review.		Notes
General Health	Any health issues of note that may benefit from intervention or is a cause of concern to the employee. If YES responses to any question OHT/OHA to question further – if not an issue change to NO and add a comment. Declared no medical/health issues that impact on work in anyway.	Employee has existing restrictions in place or is subject to current medical referral. Any health issues reported that could compromise fitness to undertake current work tasks.	Any health condition that makes the task difficult to perform. Overriding Question: Do you have any concerns about this person's safety?	
H / W / BMI	N/A		BMI>35 and performs a physically active role or working in an adverse environment.	BMI>35 – review by nurse.



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<p>BP / Pulse</p>	<p>Systolic: > 140; and/or Diastolic: > 90 Resting pulse irregular or > 100</p>	<p>Systolic: > 160; and/or Diastolic: > 100 Pulse rate <55bpm refer to CMO UNLESS explainable and no medical history of problems.</p>	<p>Group 1 (car/motorcycle/ FLT): Systolic: > 180; and/or Diastolic: > 110 Resting pulse irregular or > 100 Group 2 (LGV/PSV) drivers: Systolic: > 180; and/or Diastolic: > 100 Overriding Question: Do you have any concerns about this person's safety?</p>	
<p>Glucose</p>	<p>Undiagnosed Blood: >7.0; or >8.0 if recent food Urine: >1+ Diagnosed Type1/Type2 Evidence of poor glucose control</p>	<p>N/A</p>	<p>Undiagnosed: >7.0 (if no food in last 2hrs); or >8.0 (if recent food intake) Urine: >1+ Diagnosed Type1/Type2 >10.0; or evidence or poor glucose control Urine: >1+</p>	
<p>Audiometry</p>	<p>Referral to GP if: Significant wax occlusion. HSE Cat 3, 4 or U. Persistent discharge/discomfort or tinnitus, balance problems.</p>	<p>HSE 3, 4 or Unilateral loss. Any increase in HSE categorisation from previous year's results. Persistent discharge/discomfort or tinnitus, balance problems.</p>	<p>Any concerns regarding role safety, such as communication difficulties in safety critical environments.</p>	<p><i>Tests should be conducted without hearing aids worn. If significant reduction in hearing - referral</i></p>

<p>Vision (FAR)</p>	<p>Refer to optician with both eyes open if visual acuity worse than 6/12 (20/40).</p> <p>Question – Do you have any eye problems – ‘Yes’ would trigger this referral to optician.</p>		<p>Group 1 (car/motorcycle/ FLT):</p> <ul style="list-style-type: none"> - Vision below 6/12 (20/40) with both eyes open. Glasses may be worn if needed. <p>Group 2 (LGV/PSV) drivers:</p> <ul style="list-style-type: none"> - Corrected vision worse than: 6/7.5 (20/25) in better eye; or 6/60 (20/200) in worse eye. - Complete loss of vision in one eye <p>Do you have any concerns about this person’s safety?</p>	<p>If safety critical role – refer to guidance set for that role – clinical review and escalation</p>
<p>Vision (NEAR)</p>	<p>Refer to optician if near vision results worse than N5. Corrected or uncorrected.</p> <p>Question – Do you have any eye problems – ‘Yes’ would trigger this referral to optician.</p>	<p>Refer to Optician via template letter if near vision results worse than N8. Corrected or uncorrected.</p>	<p>Refer to optician if near vision results worse than N8. Corrected or uncorrected.</p> <p>Overriding Question: Do you have any concerns about this person’s safety?</p> <p>Free field text to add content of conversation</p>	<p><i>This would be using the Sussex Vision N.V test types.</i></p>
<p>Vision (COLOUR)</p>	<p>Refer to optician if the Ishihara is a fail.</p>	<p>Refer to OHP. OHP to follow up the optician referral.</p>	<p>Overriding Question: Do you have any concerns about this person’s safety?</p>	

<p>Vision (FIELD OF VISION)</p>	<p>Optician referral if field of view <120° laterally and unexplained. Question – Do you have any eye problems – ‘Yes’ would trigger this referral to optician.</p>	<p>Field of view < 120° laterally if undertaking safety critical work. Refer to OHP. OHP to follow up the optician referral. Question – Do you have any concerns about this person’s safety?</p>	<p>Recent reduction in field of view in either eye if in safety critical role. Overriding Question: Do you have any concerns about this person’s safety?</p>	
<p>Spirometry</p>	<p>Any ‘YES’ response to questions.</p>	<p>FVC <80% predicted FEV1 <80% predicted FEV1/FVC <70%</p>	<p>Overriding Question: Do you have any concerns about this person’s safety?</p>	
<p>Musculoskeletal, mobility & balance.</p>	<p>Any musculoskeletal issues causing discomfort or concern to the employee</p>	<p>Any significant musculoskeletal, mobility or balance issues reported that could compromise fitness to undertake any safety critical role, including driving duties. Does this inhibit your capacity to perform your duties? If Yes: OHP referral. Or if fail to the mobility test.</p>	<p>Overriding Question: Do you have any concerns about this person’s safety?</p>	<p><i>Ask if they have any conditions, or suffer from restricted movement affecting their joints, muscles or ligaments e.g. arthritis, back/neck problems or fibromyalgia.</i></p>
<p>Alcohol / drugs abuse</p>	<p>If we thought, they were over the nationally recognised unit recommendations. Question – More than 14 units of alcohol on average per week (If pregnant no alcohol units allowed). Triggers a referral to health care worker.</p>	<p>If heavy drinker, then refer to GP.</p>	<p>Driver / Safety Critical work >40 u/wk. alcohol declared. Overriding Question: Do you have any concerns about this person’s safety?</p>	<p><i>If intoxicated – refer to line manager. Check Company drug and alcohol policy and if in safety critical role</i></p>

Chester Step Test				
Pre-assessment criteria	Pre-test questionnaire	<i>Any positive responses to pre-assessment questionnaire.</i>		
	Blood Pressure	<i>Well controlled BP, Systolic > 160; and/or Diastolic > 100 should not exclude from undertaking the test, unless other positive answers on questionnaire.</i>		
VO2 Max standards		<i>Fitness rating of average or better as per age norms data chart below</i>	<i>Contact OHP for advice if step test levels failed, or other contraindications to completing test.</i>	
HEALTH SURVEILLANCE			Contact OHA/OHP by telephone	
	Consider GP referral	Clinical review		Notes
Audiometry (FULL)	Referral to GP if: Significant wax occlusion. HSE Cat 3, 4 or U. Persistent discharge/discomfort or tinnitus, balance problems.	HSE 3, 4 or Unilateral loss. Any increase in HSE categorisation from previous year's results. Persistent discharge/discomfort or tinnitus, balance problems.	Any concerns regarding role safety, such as communication difficulties in safety critical environments.	<i>Tests should be conducted without hearing aids worn.</i>
Respiratory / Spiro	Any 'YES' response to respiratory questionnaire.	Any 'YES' response to respiratory questionnaire. FVC <80% predicted FEV1 <80% predicted FEV1/FVC <70% Fall in FEV1 > 15%	Overriding Question: Do you have any concerns about this person's safety?	



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Skin		Any skin conditions that may impact on work, or, be made worse by work. Refer to CMO if employee states problems affecting work.	Overriding Question: Do you have any concerns about this person's safety?	<i>Are your hands dry, red, cracking, blistered or do you have open sores?</i> <i>Do you have skin problems on other parts of your body?</i>
HAVS Tier 2	N/A	Any positive response on T2 questionnaire.	N/A	<i>For OHA's – make decision for T3</i>
HAVS Tier 3	N/A	Any positive findings on T3 questionnaire and assessment consistent with HAVS unless previously excluded. Any significant progression of HAVS - related symptoms. History of CTS or Raynaud's	N/A	

INFORMATION

Aerobic capacity

NORMS FOR AEROBIC CAPACITY													
Fitness rating	Male age groups						Female age groups						
	15-19	20-29	30-39	40-49	50-59	60-65	15-19	20-29	30-39	40-49	50-59	60-65	
Excellent	60+	55+	50+	46+	44+	40+	55+	50+	46+	43+	41+	39+	
Good	48-59	44-54	40-49	37-45	35-43	33-39	44-54	40-49	36-45	34-42	33-40	31-38	
Average	39-47	36-43	34-39	32-36	29-34	26-32	36-43	32-39	30-35	28-33	26-32	24-30	
Below average	30-38	28-34	26-33	25-31	23-28	20-24	29-36	27-31	26-29	22-27	21-25	19-23	
Poor	<30	<28	<26	<26	<23	<20	<29	<27	<25	<22	<21	<19	