



Royal College
of Nursing

Roles and responsibilities of occupational health support workers

RCN guidance



Royal College of Nursing (RCN) guidance was developed following a stakeholder workshop convened by the RCN Public Health Forum in 2010. The workshop concerned the need for standards and competences for occupational health support workers (OHSW). Following the workshop and further consultation, an agreed definition of an OHSW and descriptors for three levels of OHSW practice were developed.

This document provides best practice guidance on the roles and responsibilities for occupational health support workers. It includes summary discussion of the RCN consultation process and the outcomes, definitions and parameters of the OHSW role, training pathways and supervision.

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Introduction

Occupational health practice has traditionally been delivered by registered nurses supported by occupational health (OH) physicians. NHS practice has been structured around this model – although population demographics, nursing staff shortages and budgetary constraints have been the drivers for creating a more efficient skill mix.

Tasks traditionally seen as nursing duties – for example, measurement of blood pressure, ECG or venepuncture – are now being safely performed by health care assistants (HCAs). HCAs are employed in posts at an NVQ level 1, 2, or 3 and are supervised by registered nurses. This allows registered nurses more time to use their knowledge, skills and experience more effectively. Registered nurses have also expanded their roles to include tasks previously performed by physicians and have developed their practice as nurse consultants and specialist practitioners.

It is estimated that there are between 5,000 and 7,000 specialist community public health nurses (SCPHNs) in occupational health, practising in the UK (Kirk, 2009). SCPHNs are registered nurses who have completed an NMC post registration course in the specialty of public health nursing (Occupational Health Nursing).

Growing demand for occupational health services has highlighted that there is a shortage of SCPHN (OHN) and therefore the need for a multidisciplinary workforce which includes competent occupational health support workers (OHSWs) who are able to support a range of occupational health service requirements.

In an occupational health context, OHSWs work in a similar way to health care assistants. OHSWs are sometimes also known as occupational health technicians.

At present, health care support workers are unregulated. This lack of regulation has meant that there is little control over entry to employment and standardisation of roles, competences and education.

Policy context

In 2010, the Faculty of Occupational Medicine of the Royal College of Physicians published Occupational Health Service Standards for Accreditation. Standard C1 noted that ‘an OH service must ensure that their staff are competent to undertake the duties for which they have been employed’ and Standard C2 noted that ‘an OH service must ensure adequate clinical supervision’.

This is supported by the Nursing and Midwifery Council Code of Conduct (2008) which states:

- 29: you must establish that anyone you delegate to is able to carry out your instructions
- 30: you must confirm that the outcome of any delegated task meets required standards
- 31: you must make sure that everyone you are responsible for is supervised and supported.

In 2010, the Nursing and Midwifery Council (NMC) commissioned the National Nursing Research Unit at King’s College London (NMC, 2010) to research the regulation of health care support workers (HCSWs). The review had three objectives, to:

1. Assess the evidence of risks presented to public protection from an unregulated health care support workforce.
2. Identify and consider key questions to be addressed in developing models of regulation.
3. Make recommendations for further work required in taking health care support regulation forwards.

The conclusions of the report were based on a review of the evidence of whether unregulated health care support workers present a risk to the public. Evidence was reviewed in terms of uncontrolled access to employment, lack of standardised competences and mandatory education, and lack of supervision of certain tasks.

The report concluded that while little evidence can currently be deployed to show that regulation would reduce the risk to the public associated with HCSWs, there was nonetheless a strong case for regulation, particularly arising from the de facto deregulation of professional work that is clearly associated with some HCSW work.

Scoping of the RCN guidance

Initial workshop

The RCN Public Health Forum acknowledges the important role of occupational health support workers in the delivery of occupational health practice. The forum convened a multidisciplinary stakeholder workshop in 2010 to examine the role of these support workers and the need for standards. The workshop included representatives from OH nursing and medicine, OH technicians and educators, NHS Plus and representatives from the Association of Occupational Health Technicians, together with practitioners in community public health.

The objectives of the workshop were to:

- consider the need to develop national standards of competences for OHSWs
- identify the main areas of practice and how these link with the role of NHS HCSWs
- consider whether existing HCSW educational material could be used to form the base for OHSW training
- agree the specific domains under which standards would be developed
- explore the specific additional skills which should be acquired by the OHSW working in an occupational health setting.

Many participants were concerned about the role and responsibilities of OHSWs, and workshop discussion included exploration of the key tasks that could be undertaken by support workers in occupational health, and which assessment and audit criteria would be relevant.

Unlike registered practitioners, OHSWs are not accountable to any regulatory body, such as the Health Professional Council or NMC. Some have joined the Royal College of Nursing as health care assistants, which, while the RCN is not a regulatory body, at least provides support workers with membership benefits including indemnity insurance, access to educational materials and networking opportunities.

Workshop participants considered the regulation of OHSWs, and discussed the potential use of the title 'assistant practitioner' (a title with defined

parameters which have been developed in a number of areas of health care practice).

Following the workshop, a small group of lead personnel took forward the work to develop standards for OHSWs, under four main domains

1. Definition of an occupational health technician (OHT) and OHSW
2. Roles and responsibilities – the scope and main aspects of the role
3. Education requirements – with consideration of specific training needs, and whether there should be a defined academic level for OHSWs.
4. Supervision.

Further consultation

Further consultation took place following the initial meeting. The stakeholders explored relevant publications and processes and, in particular, considered the NHS *Education for Scotland Guide to Healthcare Support Workers' Education and Role Development*, to inform the development of RCN guidance (NHS Education for Scotland, 2008).

The domain leads met again to further refine the standards. They considered the report commissioned by the NMC on the regulation of health care support workers (NMC, 2010), and in particular took into account the recommendation that the HCSW role should be developed as a hierarchy of posts, each with levels of responsibilities and competences.

The domain group leads also took into account the need to future-proof these standards in light of the potential introduction by the NMC of regulation of HCSWs.

The group leads agreed to replace the title of occupational health technician with occupational health support worker as they considered that the title of OHSW would address the concerns of the NMC that health care support workers are increasingly extending their role to undertake tasks previously undertaken by registered professionals while remaining an unregulated workforce.

The consultation outcomes were:

- an agreed definition of an OHSW
- descriptors for three levels of OHSW practice.

Role definition

An occupational health support worker (OHSW) is an individual who delivers occupational health services to and for individuals and groups. OHSWs will have a required level of knowledge and skills in the recognition of the influence of their work on health, and will work under professional supervision within the guidance of established protocols and procedures.

Within the occupational health setting, the OHSW will perform agreed health screening and surveillance of the workers. This may include elements such as health education and collection of health data which contributes towards the assessment of health risk arising from any work activity.

Role parameters

These role parameters take into account the need for career progression, and consider generic and specific skills and the extent to which OHSWs are able to work across different occupational health settings. They also meet the recommendations in the report published by the National Nursing Research Unit on the regulation of health care support workers (National Nursing Research Unit, July 2010). The defined levels of role and responsibility also reflect the NHS Career Framework (NHS Careers, 2011).

Occupational health support worker Level 1 (NHS Career Framework Level 2): roles and responsibilities

In this role, the OHSW will perform protocol-based tasks. The OHSW may enter the occupational health service without previous health care experience, but may have transferable core skills identifiable during the selection process for the role.

When they commence employment, the employer should give the OHSW an opportunity to familiarise themselves with the equipment to be used and any relevant documentation, and to observe occupational health clinicians in the workplace undertaking relevant activities. The employer should also give the OHSW training in:

- introduction to occupational health
- basic knowledge of anatomy and physiology
- basic life support
- principles of infection control
- confidentiality, accountability and data protection.

In accordance with relevant occupational and industry standards and protocols, OHSWs should be trained, using National Occupational Standards where applicable, (National Occupational Standards, 2011) and assessed as competent to:

- measure blood pressure, pulse, height and weight including BMI
- do urinalysis
- interpret new starter questionnaires*
- do audiometry
- measure visual acuity to occupational standard
- measure colour vision to occupational standard
- do lung function testing to include peak flow and spirometry
- assess mobility**
- do drug and alcohol testing
- keep records
- use communication skills
- use IT skills
- use health and safety legislation (for example: *Health and Safety at Work Act 1974, Management of Health and Safety at Work Regulations, Control of Substances Hazardous to Health Regulations, Display Screen Equipment Regulations*)
- include concepts of health promotion and prevention of ill health
- order stock.

* It is intended that the OHSW role at this level would be restricted to the assessment of new starters' responses to questionnaires, and limited to identifying and reporting the outcome only where the responses to questions raise concerns which should be discussed with a registered OH practitioner.

**Limited to a practical assessment of the employee's ability to perform a series of functional activities such as a squat, touching the toes, stepping over a static object.

Occupational health support worker Level 2 (NHS Career Framework Level 3), roles and responsibilities of Level 1, plus:

- venepuncture
- ECG
- interpretation of food handler questionnaires*
- Chester step test
- skin assessment
- Hand Arm Vibration Syndrome (HAVS) Assessment to level 1 and 2
- occupational health hazards and risk management.

* It is intended that the OHSW role at this level would be restricted to the assessment of food handler questionnaires, and limited to identifying and reporting the outcome only where the responses to questions raise concerns which should be discussed with a registered OH practitioner.

Occupational health support worker Level 3 (NHS Career Framework Level 4), roles and responsibilities of Level 1 and 2, plus:

- Display screen equipment (DSE) assessment
- Interpretation of lung function and audiometric results

Competence in health and safety

‘Competence’ is a word used frequently in reference to organisational arrangements for health and safety management. More specifically, it is a requirement of the Management of Health and Safety at Work Regulations (MHSW), where Regulation 7 requires employers to appoint one or more competent persons to assist them in meeting their legal obligations.

The MHSW Regulations (2002) Approved Code of Practice and Guidance on the subject do not prescribe any level of training, qualification or experience as necessary to fulfil the role. As a consequence interpretation of the term varies widely.

In measuring the competence of OHSWs it is expected that processes will be in place within organisations to measure and record competence to undertake the proposed tasks within each level. This could be achieved by peer review, clinical audit and outcome audits.

Assessment of competence

OHSWs must maintain a personal development file which demonstrates their attainment of specific task-orientated skills. The assessment of these skills is the responsibility of the employer and must be carried out by someone competent to do so, such as a registered occupational health nurse or physician. This will also support clinical staff in maintaining continuing professional development (CPD). OHSWs must also ensure that they take part in an annual appraisal, and undergo a periodic clinical audit process.

Clinical audit

An accepted definition of clinical audit, endorsed by the National Institute for Health and Clinical Excellence (NICE), is:

“A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, process and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team or service level and further monitoring is used to confirm improvement in healthcare delivery” (NICE, 2002).

The key component of clinical audit is that performance is reviewed or audited to ensure that what should be done is being done, and where it is not, the audit provides a framework to enable improvements to be made.

We recommend that clinical audit of OHSW tasks is carried out using a standard-based audit process, where the application of operational and clinical standards are measured using an agreed format with adherence to the standards measured against the norm. Several models will be used by different specialties of occupational health, so a prescriptive approach is not within the remit of this document.

Education and career pathways

Entry into the role of an OHSW allows for those without previous experience of working in health care to be appointed to an occupational health team. In these circumstances, it is important to take account of the initial training and educational needs of new staff. However, once in the service, it is expected that individuals will be provided

with opportunities to undertake further learning relevant to their role and the occupational risks of which they are expected to be aware.

Learning may be achieved through a variety of methods, such as formal learning, competency-based learning, experiential and work-based learning.

Clinical supervisors and HCSWs throughout all health care sectors require a transparent skills escalator system. From it they can identify the level of competence for the role being undertaken and where an individual sits on this level. Core skills are required of all HCSWs within any environment and these should be visible for OHSWs within any educational programme. The minimum level of achievement set by Skills for Health for associate practitioners is a foundation degree or equivalent (Skills for Health, 2009). However, an OHSW may not be working as a qualified assistant practitioner and will be required to follow an educational development programme aimed to meet work-related learning needs and the scope of activities undertaken within their role.

From January 2011, all vocational qualifications, including those for the health sector, in England, Wales and Northern Ireland are regulated within the Qualifications and Credit Framework (QCF) (Office of Qualifications and Examinations Regulation, 2008). Further information and guidance on the application of these new vocational qualifications is available at: www.skillsforhealth.org.uk

Scottish qualifications continue to be regulated by the Scottish Qualifications Authority.

Attendance on a vocational course alone will not determine competency. An OHSW's application to practice and experience will need to be assessed by their clinical supervisor.

Supervision of occupational health support workers

A Guide to Healthcare Support Workers' Education and Role Development (NHS Education for Scotland, 2008) presents a supervision model for the use of registered nurses and HCSWs. We recommend that registered OH practitioners and OHSWs refer to this publication when considering supervision needs.

The document describes two distinct types of supervision, direct and indirect supervision:

- 1 Direct supervision: In interpreting this for occupational health support workers, direct supervision would be where the registered OH practitioner observes and directs the activities of the OHSW, supported by working alongside the OHSW. This allows for immediate guidance, feedback and intervention if required.
- 2 Indirect supervision: This is where the registered OH practitioner will not be physically present working alongside an OHSW, but where the OHSW is governed by set processes for direction, guidance and support.

As in all health care activity where tasks are delegated by the registered OH practitioner, in accordance with the NMC Code NMC, (2008) registered practitioners are required to establish that anyone to whom they delegate is able to carry out their instructions, to confirm that the outcome of any delegated task meets required standards and that everyone for whom the registered OH practitioner is responsible is supervised and supported.

In support of the application of these standards, registered OH practitioners and OHSWs should also refer to the Faculty of Occupational Medicine's *Occupational Health Service Standards for Accreditation* where, in Standard C, there is a requirement to ensure that staff are competent to undertake the duties for which they have been employed.

Delegation of duties by registered nurses

The NMC's document *Advice on delegation for Registered Nurses and Midwives* (2008) states that: "A nurse or midwife who delegates aspects of care to others remains accountable for the appropriateness of that delegation and for providing the appropriate level of supervision in order to ensure competence to carry out the delegated task. The nurse or midwife remains accountable for the delivery of the care plan and for ensuring that the overall objectives for that patient are achieved".

The NMC states that if a nurse or midwife is delegating care to another professional, health care support staff, carer or relative, they must delegate effectively and are accountable for the appropriateness of the delegation. The Code (NMC, 2008) requires that nurses and midwives must:

- establish that anyone to whom they delegate is able to carry out their instructions
- confirm that the outcome of any delegated task meets required standards
- make sure that everyone they are responsible for is supervised and supported.

Selection and recruitment

This document is not intended to be prescriptive in its approach to the selection and recruitment of occupational health support workers. It is accepted that employers will have existing procedures in place for staff recruitment.

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