

Heales Medical Managers Portal Management Referral Case Guide

Leading Innovation in Occupational Health





TABLE OF CONTENTS

1.	BEFORE YOU BEGIN	3
2.	LOG IN TO THE PORTAL	3
3.	CREATING THE REFERRAL	5
	Entering the Employee Details	5
	Page 1 - Details about the Job	8
	Page 2 - Details about the Referral	
	Page 3 - Standard Questions	
	Page 4 - Additional Questions	
	Page 5 - Confirmation that the Employee is aware of the referral	12
4.	AFTER CASE SUBMISSION	13
5.	MANAGEMENT ADVICE REPORT	14
6.	FURTHER HELP	14



BEFORE YOU BEGIN 1.

Before you start to make a new Management Referral, please ensure that you have the following information to hand:

- First name
- Other Names/s
- Last name
- Title (Mr, Mrs etc)
 Date of birth
 Job Title

- Personal email
- Personal mobile
- Home telephone (If known)
- Home address (including postcode)

LOG IN TO THE PORTAL 2.

Log into the Managers Portal using your User Name, Password, and three letters from your secure word.

Once you have logged into the Manager Portal, there are a number of Help icons on the Welcome & Home Page, as shown below.

Please refer to these for further guidance.

	Staff Admin Update vour details
	Test2 Test2 (manage
Home	
Refer case	* (1)(1)(1)(1)(1)
Case list	Welcome
Case report	COVID-19 Long COVID
	As you may be aware many people are suffering from Long COVID, therefore we have provided a client guide in regards to this condition - Guidance for clients or Long COVID C*
	Vaccinations - COVID-19 Vaccination effect
	Please be aware that there needs to be a 7-day window both sides of a COVID-19 vaccination for another non-live vaccination (Hepatitis B, DTP (letanus) and seasonal flu), i.e. where employees are due or have received a COVID-19 vaccine they should not have any vaccines administered 7 days either side of this date.
	For a live vaccine (MMR and Varicella (Chicken Pox)) the vaccination may need to be delayed by 4 weeks, as per Green book advice chapter 11 page 9 ⁽²⁾ . If the live vaccine is not administered on the same day as the COVID-19 vaccination then a four-week minimum interval should be observed between vaccines.
	COVID19 Referral
	Referral is via a Health Surveillance case using the normal process through the main system or the Managers/Schools/GP Portal. If you are a line manager or nee- line managers to be able to refer a HS case for this and they can't already do so, please let your organisation OH manager or Heales contract manager know.
	Please use a Health Surveillance case to refer for an Occupational Health risk assessment for an employee returning to work if you need to. If you are seeking gen COVID-19 advice, cases should be referred using an OH Advice case, and for an individual at work a Management Referral case should be used unless it is after a COVID-19 test or for a COVID-19 health risk assessment, in which case refer via the Health Surveillance case.
	Welcome to the manager's Occupational Health portal. You can refer cases by clicking on the 'Refer Cases' link on the left. The types of cases you can refer are set according to your organisation Client Officer or the assigned Contract Manager for GP/Dental/Opthalmic clinics. Please contact the appropriate person if you need to other types of cases. You can also view a list of cases from the 'View Cases' link on the left or the status of pre-employment cases from the 'View Case Reports' link.
	? Help icons provide further context help throughout the portal
	This icon indicates video help is available by clicking on the icon
	The book icon provides further information

Managers Portal - Management referral Case Guide **COMMERCIALLY SENSITIVE - CONFIDENTIAL** Page 3 of 14



Throughout the process of referring a case, you will see these icons appear. Click on these icons if you require assistance with the current task.

There are 3 icons:



A question mark symbol (?) indicates that there are help notes that can be switched on or off by clicking the icon.



A white triangle within a grey circle indicates that there is a video - each video has sound, so please ensure the volume on your device in switched on.



The grey book indicates that there is further information available about Occupational Health, and how it works.

Once logged into the Managers Portal look to the left of the screen and you will see four options, as shown below:





3. CREATING THE REFERRAL

Entering the Employee Details

Once you have selected Management Referral, you will be asked to enter the First Name, Last Name and DOB of the employee. The employee you are referring may already be on the database.

If the employee is on the database, the system will populate the referral document with their details.

If the employee is not on the database, the system will advise you (as shown below) and give you the opportunity to add them, which you must do to continue with the referral.

Pre-employment Management Referral	Refer an em	ployee : Manageme	nt Referral		
Student Referral	You can view more info	ormation about Occupational Health by clici	king this icon.		
Health Surveillance	Please enter any details to	select the employee. If they do not exist yo	ou may enter details to add them.		
COVID-19 Vac Confirmation	Firstname	Last name	Date of Birth		
Needlestick/Sharps Injury	John	Smith	08/04/1991	<u> </u>	
III-health Retirement	Next				
Musculoskeletal Assessment/Treatment					
Counselling					
Advice (General, Policies etc.)					
Case list					
Case report					

If the employee is already on the system, you will be able to edit or add any job or personal details on the next page.

If the employee is not already on the system click the 'Add' button to add them to the system.



Pre-employment	Refer	an e	mployee	: Managem	ient Referral	
Management Referral				0		
Student Referral	You can view more information all			Occupational Health by	clicking this icon.	
Health Surveillance	Please ente	any detai	ils to select the emp	ployee. If they do not exi	st you may enter details to add them.	
COVID-19 Vac Confirmation	Firstname			Last name	Date of Birth	
Needlestick/Sharps Injury	John			Smith	08/04/1992	m
III-health Retirement	Next	Add	Cancel			
Musculoskeletal Assessment/Treatment	This person does not exist in details listed below. You may		not exist in the divi w. You may select t	Ision(s) you are in or bek the person from the list b OH database, change se	ow, there are however some existing employee velow by clicking on the Icon at the right of the r earch details and click 'Next' if you wish to chec	s with similar ow, click 'Add' k again, or
Counselling						
Counselling Advice (General, Policies etc.)	'Cance	ď.				
Counselling Advice (General, Policies etc.) Case list	'Cance	smith	1 Jan 1900	Head Teacher	,167277,Department C,Site CA	±

Adding employee to the system

Student Referral Health Surveillance	Please complete/check the					
Health Surveillance	i loube completereneou are	ese details before	submitting			
	Order Detalls					
COVID-19 Vac Confirmation	Order/Requisition/Budge	et number or cod	e			
Needlestick/Sharps Injury						
III-health Retirement	Job details					
Musculoskeletal ssessment/Treatment	? ⁼Job		Hours per week	2*Job Risks (click "N	o job risks' if there are nor	ne) 🕜 Req
Counselling	Cleaner	Ø	40	, Food Handler		
Advice (General, Policies	Please check the '?'help	icon, do not ente	er the work address h	ere		
tc.)	2*Div 1	Div 2		Div 3	Div 4	
case list	Department C	373428	8 6	Department C	Ø	I
ase report idicates minimum juired fields.	Div 6	Div 7	se ensure that the ap	g propriate job risks are ticked	t under 'Special Requirem	nents'.
ase report ndicates minimum quired fields. you do not have a mobile mber and personal e-mail	Div 6 If this role is for a health Employee Details	Div 7	se ensure that the ap	Propriate job risks are ticked	d under 'Special Requirem	ients'.
ase report ndicates minimum quired fields. you do not have a mobile imber and personal e-mail idress for the employee as Consumational Magith	Div 6 If this role is for a health Employee Details *First name	Div 7	se ensure that the ap Other	Ppropriate job risks are ticked	d under 'Special Requirem	nents'. Istname
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ase report dicates minimum quired fields. you do not have a mobile mber and personal e-mail idress for the employee en Occupational Health Il require an address to st forms (it is helpful to clude this data anyway if ssible).	Div 6 If this role is for a health Employee Details *First name John *Title Miss	Div 7	Se ensure that the ap Other Date of Birth 08/08/1949	ropriate job risks are ticked names *Gene	d under 'Special Requirem "La Do der Male © Female O Ne	istname pe putral O Prefer
ase report dicates minimum quired fields. you do not have a mobile mber and personal e-mail dress for the employee an Occupational Health I require an address to st forms (it is helpful to bude this data anyway if ssible). b. Under 'Employee	Div 6 If this role is for a health Employee Details *First name John *Title Miss Address 1	Div 7	Date of Birth 08/08/1949 Addre	ropriate job risks are ticked names *Gene ss 2	d under 'Special Requirem *La Do der Male © Female O Ne Ad	nents'. Istname De eutral () Prefer dress 3
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ase report indicates minimum quired fields. you do not have a mobile imber and personal e-mail idress for the employee en Occupational Health in require an address to ust forms (it is helpful to clude this data anyway if ussible). b. Under 'Employee estalls' please enter the nployee personal details, cluding mobile and e-mail known, NOT your own.	Div 6 If this role is for a health Employee Details *First name John *Title Miss Address 1 64 Zoo lane Town Abercromble Phone number	Div 7	Date of Birth 08/08/1949 Addre	ropriate job risks are ticked names *Genu ss 2 y	d under 'Special Requirem "La Do der Male Female Ne Ad Poo 2d 2d	astname autral O Prefer dress 3 stcode (56 9b/g rsonal e-mail

Managers Portal - Management referral Case Guide **COMMERCIALLY SENSITIVE - CONFIDENTIAL**



Job Title

Once you start to type the job title of the employee, a list of job titles will appear, select the relevant role from this list. If the role is not already in the list, continue entering the title and the system will add it to the database.

Hours per Week

Next enter the number of hours the employee works in a normal week.

Job Risks

The system stores a base line of job risks for each job, so some risks will already be ticked. Please check that these are correct and appropriate for the person you are referring. You can add or remove risks but this will only apply to the case which you are referring (it will not amend the base line).

You must complete this section. If there are no associated risks, then please select No Job Risks.

Job Risks are important as they indicate what the employee is exposed to as part of their job role. The associated risks also assist occupational health to advise you on any health surveillance or workplace alterations that may be required.

If the employee is a Health Care worker, there are two options:

Social Patient Contact refers to a job role such as a Medical Receptionist, Dental Assistant etc.

Exposure to body fluids refers to an RGN, Staff-nurse, Dental Hygienist, Home Care etc.

Job details	0
Healthcare Worker - Social Patient Contact	•
Health care worker (exposure to body fluids)	

Divisions

The division structures are very important and must be completed. If the divisions are left incomplete, you will not be able to find the record in the future and the system will assume that the person you are creating is in the same division you.

You will see that some divisions have been auto completed for you, the system has entered all divisions above and including you (as the referring manager).



Example

You are a Senior Manager, the employee you are referring is a Team Leader and there is a Line Manager between you both.

The system has completed the divisions above & including you and you fall into Division 4.

This would mean that the Line Manager below you would be entered into Division 5 and the Team Leader (the employee you are referring) would be the final entry in Division 6.

If the employee is in a division below you, you must now enter each division that falls between you and them, the final field should be the employees division.

To select a Division, click the pencil icon.

Employee Details

The next step is to check/enter the Employee Details - Names, Title, full address including Postcode, Telephone number, Home telephone (if applicable) and email.

Notifications

The system will send the employee notifications of appointments, for the system to do this a mobile number and personal email address must be entered into the correct fields, as shown below:

Mobile number	Personal e-mail
Enter employee personal email address a	and telephone number

Without both of these, notifications will only be sent via post which will cause delays to the process.

Once all of the above fields have been completed, you can select the NEXT button and you will be taken to a new screen.

Page 1 - Details about the Job

Page 1 will start by asking you to select the reason for referral, along with a main category of referral. For example: Long Term Sickness, due to Infections.

There is then a series of questions, asking you if you have provided relevant information and in what format. For each of these you can 'attach' evidence such

Managers Portal - Management referral Case Guide	Page 8 of 14
COMMERCIALLY SENSITIVE - CONFIDENTIAL	

					Test2 Tes
Home					
Refer case - Pre-employment	Management	Referral	Form		
Management Referral	hundgemene	Referrat	1 on m		
Student Referral	Confid	dential			
Health Surveillance					
COVID-19 Vac Confirmation	Miss John Doe, 08/08/1949, Cleaner, (Sample Company 1) Department C,373428,D	epartment C			
Needlestick/Sharps Injury			He First	M Previous	1 of 5
III-health Retirement	Please enter job risks/details for employee, if applicable	, Food Handler			
Musculoskeletal Assessment/Treatment	Reason for referral				
Counselling	Please enter main category of referral if applicable				
Advice (General, Policies etc.)	Please confirm the following:-				
Case list	Job description is attached to employee OH record or attached/sent with this referral	~	If sent, please state		~
Case report			method		
Case report	Whether a job risk assessment is attached /sent with this referral	•	If sent, please state		~
			method		
	Whether a H&S risk assessment is attached /sent with this referral	•	If sent, please state method		~
	Any other applicable information attached/sent with this referral	~	If sent, please state		~
	The other approace mentation and the contract manual recents		method		

as a job description by selecting the 'attach' option from the drop down list and selecting the file from your documents by clicking on 'browse'.

If you are unable to attach the required evidence/information, then you can select 'sent' and provide the method of sending in the second drop down box, for example: via post, email or fax.

You can also choose N/A if the question being asked is not related to the case.



Page 2 - Details about the Referral

Page 2 will start by asking you what capacity the employee is currently at work and then ask a series of questions that can only be answered as yes or no.

11			Test2 Test2 (manager po
Home			
Refer case Pre-employment	Management Referral For	m	
Management Referral	0		
Student Referral	Confidential		
Health Surveillance			
COVID-19 Vac Confirmation	Miss John Doe, 08/08/1949, Cleaner, (Sample Company 1) Department C,373428,Department C		
Needlestick/Sharps Injury		He First He Previous 2	of 5 Next H
III-health Retirement	Is the employee		
Musculoskeletal Assessment/Treatment	At work full OAt work limited OAt work re-deployed Ooff	work O	
Counselling	Is there any indication that the reason for absence is work related?	Yes O No	
Advice (General, Policies etc.)	Are you aware of any medical conditions the employee has which may affect or be affected by work?		
Case list	Are you aware of any problems or concerns in the individuals home or personal life which may be relevant?		
Case report	Are you aware if the employee has or is undergoing any treatment in connection with their medical condition?	Yes O No	
	Have any actions in relation to adjustments in the work place already been considered/taken in this case?	Yes O No	
	Has re-deployment been considered in this case?	Yes O No	
	Is there any further information you would like to add?	Yes O No	
		HI First 41 Previous 2	of 5 Next IV Last I
ge 2			
0			

Page 3 - Standard Questions

Page 3 provides 10 pre-set, frequently asked questions, that will be answered in the report or taken through the case until answered. Some questions may require additional information, such as a GP/Consultant report or a review appointment, if agreed with the organisation.



What is the employee's current state of health and how does that affect the employee's attend	ance or performance?
In your opinion is the illness/injury caused by work or exacerbated by work?	
Is the employee currently fit for work? If not when will they be able to consider a return to work	?
Are there any further treatments that should be considered?	
Are there any adjustments or restrictions on their hours or duties which should be considered medium term (1-3 months), long-term (> 3 months) or permanent basis?	on their return to work? If so are they on a short-term (1-4 weeks),
Will the employee be able to provide reliable and consistent attendance from now on?	
s the employee's medical condition likely to fulfil the criteria for disability under the Equality A	t 2010?
Should alternative employment or ill-health retirement be considered at this point?	
s the employee fit to attend a disciplinary hearing?	
s the employee fit to attend a meeting with their line manager and/or HR?	
	H4 First 44 Previous 3 of 5 Next >> La

Only select those which are relevant to your referral and that you wish for your employee to be asked during their appointment.

Page 4 - Additional Questions

Page 4 allows you to add in any additional questions that you have for OH. Only one question can be put into each text box.

Additional questions may require additional time to respond to. Appointment times are allocated in 15 minute blocks.	
Additional questions (one question per row)	
	00
Page 4	
If you wish to enter more than one question, use the the syn another text box.	nbol to create
If at any point you wish to delete a text box, use the 🤤 icon	to remove.
Top Tip	

We can answer up to 8 questions in a 45 minute appointment, over 8 questions will require an extended appointment. If you select more than 8 questions a pop up warning will appear. Complex cases and Psychological cases will require an appointment that is 60 minutes or over.

Managers Portal - Management referral Case Guide Page 11 of 14 COMMERCIALLY SENSITIVE - CONFIDENTIAL



Page 5 - Confirmation that the Employee is aware of the referral

Page 5 asks three questions that need to be answered to comply with legislation and ethical practices.

In order to comply with legislation and ethical principles it is a requirement that the employee is i	nformed when they are referred to Occupational He	alth and the reasons fo
that referral. Please confirm the following as appropriate:-		
The employee has been made aware of the referral, the reasons for the referral and that an app visit Occupational Health.	ointment has/may be arranged for them to	Yes O No (
The employee has been informed that Occupational Health may contact them by telephone, e-n depending on information available.	nail or letter either at work or at home	Yes O No (
The employee will be provided with a copy of this referral form.		Yes O No (
Submit Referral		
	HI First H Previous 5 of 5	Next I Last III
age 5		

It is best practice that the responses to all of the above three questions is answered as Yes, although the final decision does lie with the referrer.

Please be aware If the employee is not made aware of the referral to Occupational Health (question one), the appointment may be cancelled or terminated, however, the charge will still apply. Once you are happy that you have completed all pages 1 to 5, as thoroughly and accurately as possible, you can submit the referral by clicking on the button: Submit Referral Managers Portal - Management referral Case Guide Page 12 of 14 **COMMERCIALLY SENSITIVE - CONFIDENTIAL**



4. AFTER CASE SUBMISSION

Once you have submitted the referral you will be given a Case ID that is 6 digits, for example: 311899. Please record the case ID as this will be required should you need to contact a member of the Heales Medical Team to discuss the case.

If you have provided us with an email address for the employee you have referred, they will receive a courtesy email advising them of the referral and that Heales Medical will contact them in the near future.



All of the cases you submit will be listed in this section with the current status of each case.

Key : 🖿 o	Closed case	눧 Open case	Draft case (not submitted to Occupational Health)
Case Status	s Key		

If the case you have just submitted is showing as a Draft case, you will need to go back into this case, ensure that all relevant fields have been completed and resubmit the case.

If you are struggling to do this or experience any other problems you can contact your HR or contact Heales Medical directly.

Heales Medical 0333 344 9089

Managers Portal – Management referral Case Guide Page 13 of 14 COMMERCIALLY SENSITIVE - CONFIDENTIAL 29 Bridge Street, Hitchin, Hertfordshire, SG5 2DF - 03333 449 089 - sales@heales.com - www.heales.com



5. MANAGEMENT ADVICE REPORT

Once the employee has attended their appointment, a Management Advice Report will be produced. If the employee has asked to view the report prior to it being sent to their referring Manager, they will be sent the report and given 3 days to respond. If we do not hear from the employee within these 3 days, the report will automatically be sent to you to view.

You will receive an email to let you know that the report has been completed and is ready for you to view, within this email there will be instructions on how to view the report.

The report will only be available to view for 15 days. If for any reason you have not viewed the report within this time, you will need to contact Heales directly to ask for a copy to be sent.

It is recommended that you download/extract the report when you first view it, for your future reference & records.

6. FURTHER HELP

For advice on Pre-employment cases, please refer to the guide **How to Create a Pre-Employment Case**.