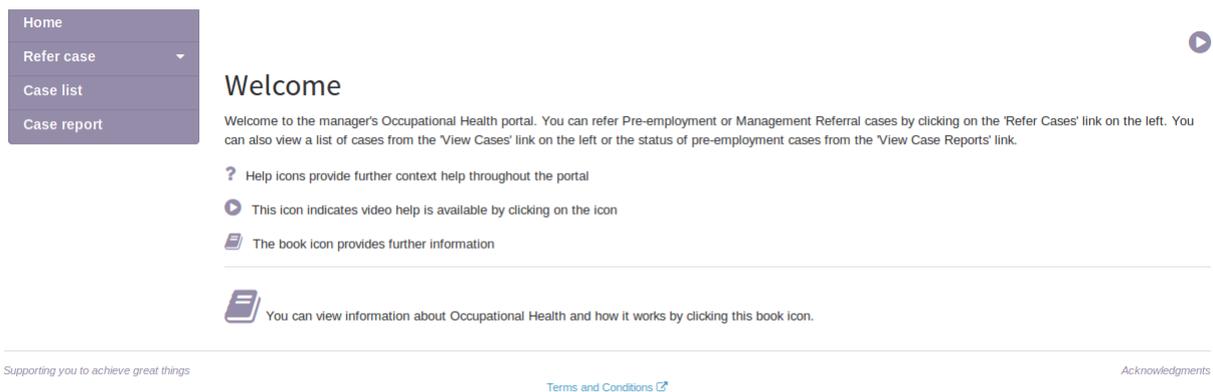


## Portal Users - Creating a Management Referral

Please note that once you have logged into the Manager Portal, there are a number of Help icons on the Home Page. Please refer to these for further guidance. The icons are located at the top right of the screen.

A right pointing triangle in a grey circle, indicates that there is a video that you can watch to assist you. The video has sound, so you will need to make sure that your volume is turned up



? in a grey circle indicates that there are help notes that can be switch on or off by clicking the ? Icon

Once logged into the Managers Portal look to the left of the screen and you will see the following options:



Select Refer cases and a drop down will appear: Select Management Referral



Before you start to make a new Management Referral, please ensure 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)



Select Management Referral. The screen will change and you will be presented with a new screen – Refer an employee: Management referral



## Refer an employee : Management Referral

 You can view more information about Occupational Health by clicking this icon.

Please enter any details to select the employee. If they do not exist you may enter details to add them.

Firstname	Last name	Date of Birth	
<input type="text" value="vicky"/>	<input type="text" value="green"/>	<input type="text" value="17/04/1974"/>	
<input type="button" value="Next"/>	<input type="button" value="Add"/>	<input type="button" value="Cancel"/>	

 This person does not exist in the division(s) you are in or below. You may click 'Add' if you want to add this person to the OH database, change search details and click 'Next' if you wish to check again, or 'Cancel'.

The employee you are referring may already be on the database. Type in their first name, last name and date of birth nn/nn/nnnn

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



## Refer an employee : Management Referral

 You can view more information about Occupational Health by clicking this icon.

Please enter any details to select the employee. If they do not exist you may enter details to add them.

Firstname	Last name	Date of Birth	
<input type="text" value="vicky"/>	<input type="text" value="green"/>	<input type="text" value="17/04/1974"/>	
<input type="button" value="Next"/>	<input type="button" value="Add"/>	<input type="button" value="Cancel"/>	

 This person does not exist in the division(s) you are in or below. You may click 'Add' if you want to add this person to the OH database, change search details and click 'Next' if you wish to check again, or 'Cancel'.

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

Start to type the job title, the system will give you options of job titles that meet what you have typed. If the job title is there, then select it. If the job is not in the list, continue entering the job and the system will add the job title to the database.

Enter the number of hours the employee will work in a normal week

In the **Job Risks** field, you may already see associated risks, please check that these are correct and appropriate for the person you are referring. If not you can click the pencil icon and add in the risks, or amend those that are already there, by removing the tick or by adding additional risks. This will not update the base data, but will only update the risks for your particular candidate. 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 vaccinations that are required at the time of employment.

With regards to the Job Riks of Health Care worker. Please ensure you click this field if the candidate is in fact a health care worker. There are two healthcare worker option, Social Patient Contact, refers to for example: Receptionist, Dental Assistant. Health care worker (exposure to body fluids would refer to for example, RGN, Staff-nurse, Dental Hygienist, Home Care

Healthcare Worker - Social Patient  
Contact  
Health care worker (exposure to body  
fluids)

Please do not click this job risk otherwise.

Check/Enter the first name, other name and last name.

Check/Enter the Title by clicking the drop down and select as appropriate

Check/Enter the date of birth, this can be type directly into the field, the format is xx/xx/xxxx or alternatively you can use the calender icon.

Check/Enter the Gender.

The Division structure are very important and you must complete them all. The system will assume that the person your are creating is in the same division as you and these divisions will be auto populated. If they are in a division below you, please ensure your complete each field, until the candidates final reporting division has been entered. You may or may not need to complete all of the divisions levels to achieve this. To select a Division, click the pencil icon

Check/Enter the full address, including Postcode.

Phone number. If you have the employee home phone number please enter it.

For notification to the employee to work as intended, your candidate **must** have a personal mobile and personal email and your must enter these in to the correct fields, before you submit the case.. **Please ensure you enter the personal mobile into the Mobile number field.** The reason for this is that the system looks at the Mobile number field when it sends text messages to the candidate/employee. If the mobile is in the wrong field, the system will assume you have not provided the mobile and the Management Referral case will revert to Post.

Please enter the Personal e-mail for your candidate. If the personal email is not entered, the case will revert to Post.

Once all of the above field have been completed, then you can select the Submit button.

The screen will change and you will be direct to Page 1 or 5. You must respond to each line in turn. Information can be attached as you would to an email. The section regarding any other information, such as the sickness absence record.

First Previous 1 of 5 Next Last

Please enter job risks/details for employee, if applicable

Please enter job hours, work pattern if applicable.

Reason for referral

Please enter main category of referral if applicable

Please confirm the following:-

Job description is attached to employee record or attached/sent with this referral  If sent, please state method

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 method

First Previous 1 of 5 Next Last

Once Page 1 or 5 is complete, go page 2 of 5. Answer each question in turn. The more information you provide, the more robust our advice will be. If you answer Yes to any of the points, the system will present a text box, where you must give further details to support your Yes selection

First Previous 2 of 5 Next Last

Is the employee  At work full  At work limited  At work re-deployed  Off work

Is there any indication that the reason for absence is work related? Yes  No

Are you aware of any medical conditions the employee has which may affect or be affected by work? Yes  No

Are you aware of any problems or concerns in the individuals home or personal life which may be relevant? Yes  No

Are you aware if the employee has or is undergoing any treatment in connection with their medical condition? Yes  No

Have any actions in relation to adjustments in the workplace already been considered/taken in this case? Yes  No

Has re-deployment been considered in this case? Yes  No

Is there any further information you would like to add? Yes  No

First Previous 2 of 5 Next Last

Once Page 2 of 5 is complete, click next for Page 3.

Page 3 provides 10 pre-set frequently asked questions. Only select those which are relevant to your referral. There are a finite number of questions that can be responded to in a standard 45 minute appointment, do not waste that time. If the questions on Page 3 do not cover what you wish to ask, you can add additional questions of Page 4.

To select the question, click the radio button to the right of the question line.

First Previous 3 of 5 Next Last

You may indicate which particular questions you require answers to below or add further questions on page 4.

*A first appointment for an OH practitioner is 45-60 minutes and a review appointment is 30 minutes. An OH practitioner will generally answer up to 8 questions in an hour appointment. Additional questions may require additional time to respond to. Appointment times are allocated in 15 minute blocks.*

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

First Previous 3 of 5 Next Last

Once page 3 of 5 is complete, click next for Page 4 where you can add any additional questions.

First Previous 4 of 5 Next Last

Additional questions may require additional time to respond to. Appointment times are allocated in 15 minute blocks.

Additional questions (one question per row)	
Additional questions (one question per row)	+ -

First Previous 4 of 5 Next Last

It is important that you only add one question into each line, as the questions are imported from the Referral into the <Management Advice report, for the clinician to respond to. If further questions are required, click the + for a new question line.

Any manually added questions are counted with those selected on page 3, if you exceed 8 questions, further time, in increments of 15 minutes will be added to the appointment slot.

When/if you have added any further questions on page 4 then click next for page 5, which is the final page.

Page 5 has three questions that are asked to comply with legislation and ethical principals

- 1) The employee must be aware of their referral to occupational health, the employee must know why they are being referred and that an appointment will be arranged for them.
- 2) The employee must be informed that occupational health will contact them, either by telephone, email and text or by letter.
- 3) The referrer must confirm if the employee will be provided with a copy of the referral form.

First Previous 5 of 5 Next Last

In order to comply with legislation and ethical principles it is a requirement that the employee is informed when they are referred to Occupational Health and the reasons for 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 appointment has/may be arranged for them to visit Occupational Health. Yes  No

The employee has been informed that Occupational Health may contact them by telephone, e-mail or letter either at work or at home depending on information available. Yes  No

The employee will be provided with a copy of this referral form. Yes  No

Submit Referral

First Previous 5 of 5 Next Last

It is best practice that the responses to the questions on Page 5 are all Yes, although the final decision lies with the referrer. If the employee is not made aware of the referral to occupational health, the appointment may be cancelled or terminated, and a charge will still apply.

You can go back and forth between the pages, but once you are satisfied, then click the Submit Referral button at the bottom left of page 5.

You will receive an email into your work email account, that will advise you that the referral has been received and the unique case number.

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

This concludes the process for raising a Management Referral via the portal.