

# Occupational Health Report

Confidential

Company Name	
Referrer Name:	

Employee	
DoB	

Thank you for your recent referral. Following an appointment with one of our clinicians, please find below the report.

## Summary

Date of consultation	1st Sep, 2020 17:00 pm
Date of report	1st Sep, 2020 17:54 pm

Type of consultation	OH Advisor Teleconsultation
Reason for referral	Concern about work related capability or performance
Outcome	Fit for phased return to work + adjustments
Anticipated return to work	See report
Disability legislation	Likely to apply
Review/Recall	No review recommended
Consent	Consent to release, with copy at same time
Employee email	
Employee Address	
Street Address 2	
City	
County	
Postcode	

Background	<p>Thank you for your referral of the above-named employee whom I consulted today for an assessment. They gave their verbal consent to the following information and are aware of the content of the report. They have requested to receive a copy of this report at the same time as their employer.</p> <p>Mr X is a full-time Production Operative who was referred following an absence since the 22nd May 2020, when they were diagnosed with a</p>
------------	--

cardiac condition called third-degree atrioventricular (AV) block, also referred to as third-degree or complete heart block (CHB); this was identified after they experienced symptoms of dizziness, fatigue, shortness of breath, and chest pain, which culminated in cardiac arrest as a result of an abnormal heart rhythm disorder (arrhythmia). They were subsequently fitted with a permanent pacemaker that same day before being discharged from the hospital on the 23rd of May 2020, once their heart had resumed a regular rhythm, and management now wishes to understand what impact their condition will have on their fitness for work.

#### Fitness for work

The employee states that since having their pacemaker inserted, they feel more healthy and are now able to go about their activities of daily living without feeling breathless although they are concerned about how they will manage more physically demanding tasks upon their return to work.

After their initial 9 week recovery period following the insertion of their pacemaker, they attended the pacemaker clinic on the 3rd of July 2020 and were prescribed more appropriate treatment to further reduce their heart rate, and were advised by their cardiologist to consult occupational health before resuming work again.

They are next scheduled to see their specialist at the pacemaker clinic in January 2021; in the meantime, their pacemaker is remotely monitored at the cardiac clinic 24 hours a day; if any issues are identified, then they will be alerted and their pacemaker has an inbuilt defibrillator should any issues arise.

#### In your opinion is the employee fit for their full duties

In my clinical opinion, the employee will be fit to resume a phased return to work programme without any restrictions in place unless their GP / specialist can justify otherwise, once management has conducted a workplace risk assessment with the employee, to formally identify any issues which may impact upon their ability to perform their manual handling duties as a result of their condition.

While I fully accept that the availability of a phased return to work programme is a matter for an individual's employer, my advice is that they work the following hours given the length of time the employee has been absent from work:

Week 1: 50% of contractual hours;

Week 2: 50-75% of contractual hours;

Week 3: 75-100% of contractual hours;

Week 4: 100% of contractual hours.

This plan should be monitored in a one to one meeting at regular intervals to ensure that the employee is progressing at the expected rate. The hours can be adjusted accordingly and either increased or slowed for the individual if required. Please consider the distribution of hours worked and ensure that duties are commensurate with the hours worked. I am fully aware that the availability of adjusted work is a matter for an individual's employer. It is ultimately a managerial and not a medical decision as to the availability of adjusted work, which needs to be considered in line with determining what is reasonable and balancing your operational requirements against the needs of the employee.

#### In your opinion is the employee fit to attend meetings

In my clinical opinion, although the employee is medically fit to attend a meeting, the employer has a duty of care to make reasonable adjustments where an employee has a chronic condition which is likely to come under the provisions of the Equality Act 2010, to the work environment and to provisions, criteria, and practices which place disabled employees at a disadvantage, and this includes disciplinary, capability and grievance procedures.

Please note that the employee has declared no need for any adjustments at this stage although it is the role of management to consider what is reasonable with respect to the Equality Act and to document any decisions made, and this needs to be considered in line with determining what is reasonable and balancing your operational requirements against the needs of the employee.

#### In your opinion is the employee likely to have further absences due to this illness

Complete heart block (CHB) is a chronic condition which implies that there is the likelihood of further episodes in the future. I am unable to predict the frequency and pattern of this occurring and although it is generally the case that past absence levels are the best guide to what may be seen in the future, their condition is now being more appropriately managed and I would anticipate that such steps would better enable them to render reliable service and attendance into the future once their treatment has had time to fully take effect.

In my clinical opinion, this condition and any absence related to treatment associated with it should be considered in line with your attendance policy; I believe it would be seen as a reasonable adjustment to treat any absences related to the treatment of their condition separately to other unrelated illness that cause absence. It is ultimately a managerial and not a medical decision as to the tolerance of sickness absence. The amount by which sickness absence triggers are adjusted needs to be considered in line with determining what is reasonable and balancing your operational requirements against the needs of the employee.

#### In your opinion is it appropriate to consider ill health retirement

In my opinion, it is not appropriate to consider ill-health retirement at this stage, given the employee's prognosis.

#### Is this condition likely to be considered a disability as described in the Equality Act 2010

The employee's cardiac condition is likely to have a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities without treatment at this stage, although ultimately this would be a legal and not a medical decision.

#### Recommendation

In my clinical opinion, the employee has a chronic condition that is likely to come under the provisions of the Equality Act 2010 and it would be seen as a reasonable adjustment to:

Consider allowing flexibility in the work schedule to allow the employee time off to attend medical appointments, where these cannot be accommodated outside of core working hours.

Consider a reduction in targets during this rehabilitation period, as a way to help promote ongoing attendance.

Ensure standard practice of sufficient rest breaks and job rotation is followed on the floor, and correct posture for manual handling tasks are adhered to.

Where manual loading and weight-bearing activities are involved, my advice to the employee is that they are responsible for their own safety and to inform their manager if they feel that they are unable to perform their duties safely, preferably before they do so, to enable a colleague to cover such activities during their work rehabilitation programme.

It is the role of management to consider what is reasonable with respect to the Equality Act and to document any decisions made, and this needs to be considered in line with determining what is reasonable and balancing your operational requirements against the needs of the employee.

Please note that it is impossible for me to predict a timeframe for how long my above recommendations are likely to remain in place, given the unpredictable frequency and pattern of such symptoms recurring, although my recommendations are intended to reduce this likelihood however I would recommend that management make contact with their employee before they resume work, to discuss how best to implement my recommendations ahead of their planned return to work date.

In the meantime, I do hope the above information has been of assistance to you. However, please do not hesitate to contact me should you wish to discuss this report further.

**Please contact us on [resolve@honeydew-health.com](mailto:resolve@honeydew-health.com) if you require any further information.**

Yours sincerely

A handwritten signature in black ink, appearing to read 'Nic Lee', with a long horizontal flourish extending to the right.

Nic Lee  
Occupational Health Advisor  
RGN (SCPHN OH)  
NMC No 0610652E