3 The Occupational Health Unit

The ideal is for the rooms in the unit to be purpose-built and to involve the company doctor and nurse from the planning stage. Where existing rooms have to be adapted, some of the suggestions which follow may not be practical but should give ideas for a successful adaptation.

Ready identification is essential. The title given to the rooms is important. ‘First Aid Room’ would be appropriate if there is no doctor or nurse present, but when either or both is employed this description takes no account of the many other duties performed there. ‘Sick Room’ over-emphasises sickness rather than health promotion, negating the preventive medicine approach which is the core of occupational health. ‘Surgery’ is misleading – the only surgical procedures will be the dressing of injuries and the removal of stitches. ‘Nurse’s Room’ is descriptive but could indicate a dental or children’s nurse, nanny, or so on. Nursing Officer or Adviser is the title for a company nurse, or occupational health nursing officer (OHN) if OHN Cert. trained. Either of these terms makes an unwieldy room title. ‘Health Services Unit’ suggests health promotion, ‘Occupational Health Unit’ is an alternative. It is inappropriate to include ‘medical’ in the title unless a doctor is present. The title ‘department’ signifies a certain minimum size and may not correspond with company structure if there is but one nurse in two rooms.

The occupational health unit must be readily accessible and well advertised. The extension number could be on every telephone. Concern that this will encourage staff to visit without good reason in order to take a break from work is not borne out in practice. The nurse’s attitude is all important and he or she should recognise and discourage this trend. The nurse is an adviser with decisions about staff movement taken by management. Every office notice board should list the location of the unit, the nurse’s hours of work and telephone extension.

The unit must be readily accessible to ambulance staff and convenient to an exit for transport to hospital or home. Rooms in the unit require good natural light, privacy and adequate soundproofing.
between rooms in the unit, the unit and the corridor (preferably not a main corridor), and the unit and adjoining offices.

The unit may comprise a treatment room, rest room, office, waiting area and toilet but with increasing emphasis on prevention rather than treatment this can be scaled down. General requirements for the unit include pastel-coloured washable walls; washable cushion-tread non-slip vinyl flooring (with carpet in the office area only); coved floors and ceilings to avoid dust traps; vertical slat blinds for privacy (these collect less dust than venetian blinds); 13 amp power points at convenient heights (that is, at working level in the treatment room); doors wide enough to take a wheelchair; hot and cold water supply; mains drinking water; battery beacons in case of power failure; ‘enter’ and ‘engaged’ calling system for waiting area; clear notices showing the location of the unit; and cleaning equipment for the unit in adjacent corridor cupboard.

EQUIPMENT NEEDED

Treatment room

This room will be used by first aiders when the nurse is out. There should be a wall-mounted Anglepoise lamp, a disposable-towel holder, a paper-cup holder, a clock with sweep-second hand, a stocked first aid box, coat hooks and a soap dispenser. Also required are a stainless-steel sink unit with elbow taps and adjoining laminated work surfaces with rounded edges coved to the wall and with lockable kitchen-unit-type cupboards underneath and overhead. Add a Snellen eye-test chart, an electric antoclave for sterilising reusable equipment, a small refrigerator (for vaccines and blood samples), an examination chair with headrest, a waste-disposal unit, an examination couch, screens on castors, a mobile illuminated magnifying glass, a carrying-chair/stretcher, a weighing machine kg/lbs plus height attachment cms/ins, a stainless-steel pedal bin, a dressing trolley, stainless-steel scissors, splinter forceps, dressing forceps, a tongue depressor, stainless-steel dressing bowls, galley pots, kidney dishes, a stainless-steel jug, a stethoscope, an auroscope (for examining ears), a blood pressure machine, glass dressing jars with stainless-steel lids, splints for fractures, a tendon hammer, a tape measure and a dressing gown/disposable gowns.

There must be the means for the safe disposal of used disposable