



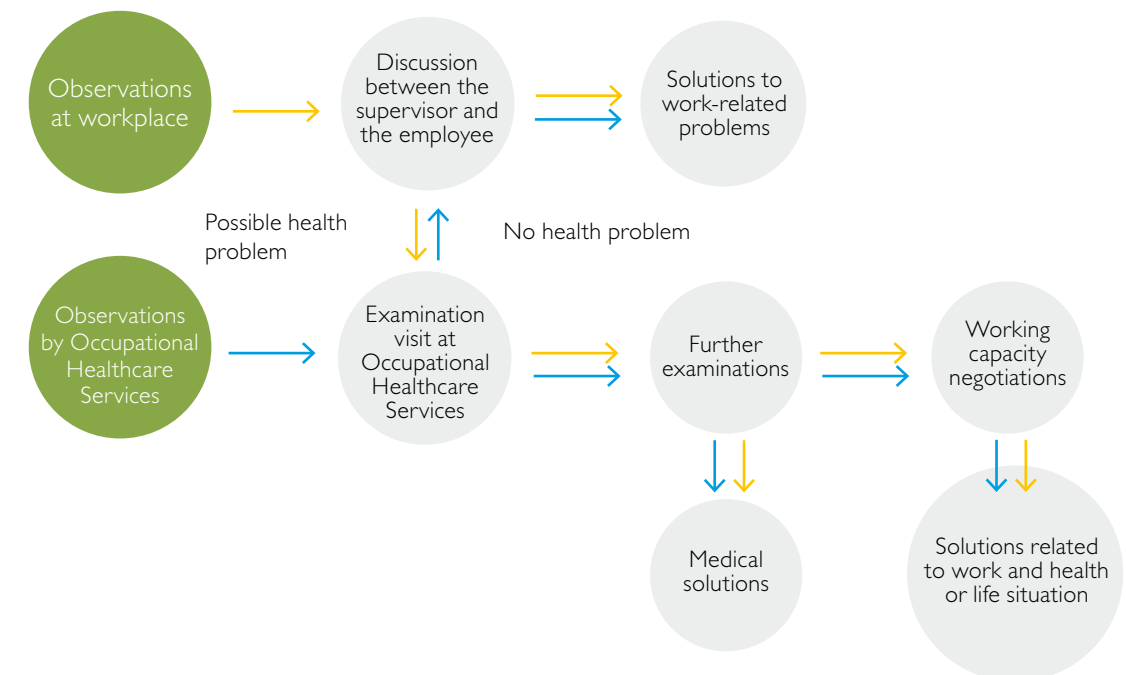
Early Intervention Model

Early Intervention Model

The Early Intervention Model is a tool for detecting, addressing and solving different problems in a work community and the entire organisation. Early intervention creates a caring and supportive atmosphere, and it is a part of the safety net of a functional work unit.

The Group for Well-being at Work at the University of Oulu has developed a model for early intervention for use by University units. The group consists of experts from University units, the work safety organisation, Occupational Healthcare Services, and University administration.

The purpose of the Early Intervention Model is to encourage members of the University, and especially supervisors, to give positive feedback and raise issues of concern and those requiring corrective measures. Effective early intervention reduces suspicions, fears, and harmful competition, and increases trust towards the supervisor and overall work community.



OBSERVATIONS AT WORKPLACE

Signs of threats to work and working capacity	Alarming signs	Measures	Responsibility
<p>Supervisor's observations</p> <p>Supervisors' observations of the employees at meetings and every-day work</p>	<ul style="list-style-type: none"> constant absence from common events isolation from others changes in behaviour concentration and learning difficulties lack of motivation looking for faults in others and blaming others being upset over "small things" undermining common rules complaints from customers/students work stress symptoms constant overtime work, immersion into work differences in stress-level Monday absences and other frequent absences neglecting work tasks changes in health condition reduced operating capacity or efficiency susceptibility to accidents at work abnormal behaviour 	<p>Supervisor addresses the issue</p> <ul style="list-style-type: none"> considering necessary changes in work tasks, conditions or work community considering guidance for work tasks or training considering whether it is necessary to contact Occupational Healthcare Services and agree on further procedures considering monitoring procedures evaluating the need for working capacity negotiations <p>(parties present at a working capacity negotiation are the employee, supervisor/unit management, Occupational Healthcare Services)</p>	<p>Supervisor, unit management, employee, Human Resources Management, Occupational Healthcare Services, occupational safety</p>
<p>Supervisor's observations on inappropriate treatment or sexual harassment</p>	<p>Signs of inappropriate behaviour</p> <ul style="list-style-type: none"> shouting talking about others disparagingly someone is not allowed to express his/her opinion bullying is harmful to work performance undermining the work of others <p>Signs of sexual harassment</p> <ul style="list-style-type: none"> sexually suggestive gestures and expressions inappropriate talk and suggestive jokes unwelcome physical advances 	<p>University guidelines:</p> <p>www.oulu.fi/tasa-arvo/ongelmatilanteet.html</p>	<p>Supervisor, unit management, employee, Human Resources Management, Occupational Healthcare Services, occupational safety</p>
<p>Supervisor's observations concerning substance abuse problems</p>	<ul style="list-style-type: none"> being late for work repeatedly, leaving the workplace early, or other neglect of working hours occasional and sudden absences from work repeated and surprising changes in work shifts requested by the employee coming to work or being at work with a hangover <ul style="list-style-type: none"> decreased work efficiency, neglecting work assignments and repeated mistakes at work certificates on sick leave from different doctors avoiding supervisors and colleagues recurring accidents driving under the influence unauthorised absences from work being at work intoxicated 	<p>Referral to treatment and procedures:</p> <p>www.hallinto.oulu.fi/yhallint/henkil_st_palvelut/www/private/intranet/paihde.htm</p>	<p>Supervisor, unit management, employee, Human Resources Management, Occupational Healthcare Services, occupational safety</p>
<p>Development discussion (joint discussion on goals at the unit and private development discussions)</p>	<ul style="list-style-type: none"> information provided by statistics, reports, working hours monitoring, occupational well-being questionnaire, or other material used in the unit indifferent or unconstructive attitude towards goal or development discussions set goals have not been achieved (follow-up throughout the year) problems with working capacity, coping with work, competence or work motivation lack of interest in developing one's professional skills 	<p>Supervisor/employee addresses the issue</p> <ul style="list-style-type: none"> considering necessary changes in work tasks, conditions or work community considering guidance for work tasks or training considering whether it is necessary to contact Occupational Healthcare Services and agree on further procedures considering monitoring procedures evaluating the need for working capacity negotiations 	<p>Supervisor, unit management</p>
<p>Employee's experiences and observations difficulties in coping with work</p>	<ul style="list-style-type: none"> problems with working capacity, coping with work, goals, competence or work motivation problems in work community operations 	<p>Employee addresses the issue with supervisor</p> <ul style="list-style-type: none"> considering necessary changes in work tasks, conditions or work community considering whether it is necessary to contact Occupational Healthcare Services and agree on further procedures 	<p>Supervisor, unit management, employee, Occupational Healthcare Services, occupational healthcare delegates, occupational healthcare officers, Human Resources Management</p>
<p>Inappropriate treatment or sexual harassment</p>	<p>Signs of inappropriate treatment:</p> <ul style="list-style-type: none"> shouting talking about others disparagingly insulting the work and life situation of a person restricting the social relationships of a person insulting the reputation and social position of a person a person is not allowed to express his/her opinion threatening a person with physical violence bullying is harmful to work performance <p>Examples on sexual harassment:</p> <ul style="list-style-type: none"> sexually suggestive gestures and expressions inappropriate talk and suggestive jokes unwelcome physical advances demeaning the other sex 	<p>Employee addresses the issue with supervisor</p> <ul style="list-style-type: none"> manner in which the inappropriate behaviour manifests itself supervisor addresses the issue with the parties involved considering whether it is necessary to contact Occupational Healthcare Services and agree on further procedures considering monitoring procedures considering discussion with shop steward/ occupational safety delegate considering necessary changes in work tasks, conditions or work community <p>University guidelines:</p> <p>www.oulu.fi/tasa-arvo/ongelmatilanteet.html</p>	

OBSERVATIONS AT OCCUPATIONAL HEALTHCARE SERVICES

Signs of threats to work and working capacity	Alarming signs	Measures	Responsibility
Individual level 1) health examinations	<ul style="list-style-type: none"> • <u>WCI</u>: moderate or lower, points less than 37 (Working Capacity Index) • <u>BMI</u>: over 30 (Body Mass Index) • <u>Score risk</u>: 5% or more (risk of death from coronary artery disease) • <u>DM</u>: 12 points or more, risk of diabetes • <u>BBI-15</u>: 50 or more, (at least moderate) burnout • <u>BDI-II</u>: 19 or more, (moderate) risk of depression • <u>AUDIT</u>: 15 or more, health risk caused by alcohol use <p>The numbers are provisional. Occupational Healthcare Services always conducts a comprehensive evaluation.</p>	Individual guidance and counselling: <ul style="list-style-type: none"> • referral to an occupational health doctor, occupational health nurse, occupational health psychologist, physiotherapist or nutritional therapist • referral to groups • work capacity conferences • work capacity surveys • rearrangements at work • work experiments • support return to work • rehabilitation (professional and medical) • considering retirement possibilities • recommendations by Occupational Healthcare Services 	<ul style="list-style-type: none"> • Occupational Healthcare Services • employee • In co-operation: Human Resources Services and supervisor
2) medical appointment focusing on occupational healthcare	<ul style="list-style-type: none"> • repeated visits with different reasons / vague symptoms • diagnosis does not correspond with the amount or length of sick leave • health indications on excessive use of alcohol or drugs • long-term illness 	see above	<i>Pension companies:</i> Valtiokonttori, Varma, Kela Supervisor/ work community Occupational Healthcare Services occupational safety
Work community activity:	<ul style="list-style-type: none"> • assessment of health risks performed in the workplace survey 	<ul style="list-style-type: none"> • Occupational Healthcare Framework Plan 	Occupational Healthcare Services supervisor Human Resources Management
1) workplace survey	<ul style="list-style-type: none"> • <u>risk assessment for the unit</u>, scale 1-5 (when over 3 refers to a moderate risk: intervention necessary) 		
2) work community activity	<ul style="list-style-type: none"> • notifications from the same unit and/or concerning the same issue related to the work community • notifications from the supervisor • results of the occupational well-being survey 		
Observations related to absences Sick leave and other absences			
1) long or prolonging absence due to sickness	<ul style="list-style-type: none"> • continuous absence due to sickness of more than 30 days • cumulative absence due to sickness of more than 30 days during one year 		
2) recurring short absences due to sickness	<ul style="list-style-type: none"> • more than 3 absences due to sickness or other reasons of 1-3 days within 4 months • three one-day absences connected to a weekend within six months • an absence of more than 7 consecutive days without notification and unrelated to work (termination of employment contract/ Employment Contracts Act) 	Supervisor/Employee addresses the issue, measures: <ul style="list-style-type: none"> • considering necessary changes in work tasks, conditions or work community • considering guidance to work tasks or training • considering whether it is necessary to contact Occupational Healthcare Services • considering whether it is necessary to agree upon closer monitoring of absences: certificate from the occupational health doctor or nurse concerning all absences • www.hallinto oulu.fi/lyhallint/henkil_st_palvelut/www/private/intranet/Tyoterv_sairausohje_2010.htm • when necessary, working capacity negotiations • working capacity examinations: occupational physiotherapist, occupational psychologist • Occupational Healthcare Services also react when alarming signs appear <p>Notification procedures for absences:</p> <ul style="list-style-type: none"> • record-keeping and consultations at Occupational Healthcare Services • follow-up on long absences 	Supervisor, Occupational Healthcare Services, employee, Human Resources Management

HUMAN RESOURCES