EMPLOYEE CARE:

STRESS MANAGEMENT
STANDARD OPERATING PROCEDURE

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EMPLOYEE CARE POLICY STATEMENT

Feeling good, working well

Why are we doing this?
Working for BTP can be tough and, sometimes, stressful. By minimising the impact of stress we can help all our people cope with the demands of their jobs and get the most out of their working lives.

What do we want to achieve?
We are focusing not just on physical and mental health, but all-round well-being; the feeling of being ready to put the most into your work and get the most out of life. We want to reduce the impact of work-related illness and sickness, not just for the benefit of our overall performance, but for every man or woman who works with us.

Who does this policy affect?
Everyone – all officers and staff. We’ll also expect organisations who supply staff and services to fully embrace the spirit of what we want to achieve, even if they have their own health and well-being policies and practices.

Making it happen
We will seek and provide expert, professional help and support from the best possible sources, external as well as internal.
We will be proactive as well as reactive – promoting safe working practices and providing good advice for healthy living as well as making sure expert services are on hand when people fall ill.
We will provide confidential access to expert help and advice on a whole range of health and personal problems.
Our own performance will get a regular 'health check' to make sure we are keeping our promises and meeting all our commitments in health and welfare.

Where to go for help or advice
If you have any questions about this policy and how it affects you, talk to your Human Resources Department or the Occupational Health Advisors. The appropriate support group can also help; you can contact them through the Intranet.
1 AIM

1.1 This Standard Operating Procedure (SOP) aims to set out the framework for a proactive approach to stress and an effective support service which will benefit management and British Transport Police (BTP).

1.2 BTP is committed to sustaining an environment which helps all employees to look after their health, safety and welfare at work. BTP is also committed to ensuring that all employees who develop, have or have experienced symptoms of stress are treated responsibly and in an understanding and sympathetic manner.

1.3 BTP acknowledges the importance of identifying and reducing stress in the workplace.

1.4 This SOP aims to provide simple, easy to understand information to help managers and employees to identify the causes, signs and symptoms of stress in themselves and others. Education and prevention should assist in reducing stress related sickness absence.

1.5 Stress management provides support to employees affected by stress and provides access to advice and counselling through the employee assistance programme.

2 OVERVIEW

2.1 BTP is required to provide a safe and healthy work environment under the Health & Safety at Work Act 1974 and the Management of Health & Safety Regulations 1992 and as amended 2002. New guidance from the Health & Safety Executive informs employers of their duty in law to ensure that work does not have a negative impact on employees.

2.2 Under common law employers have a duty of care to provide a safe system of work, which includes provision of a safe and healthy working environment and ensures employee competency.

2.3 The key objectives of Stress Management are:

- Early recognition of traumatic stress symptoms in BTP employees.
- Introduction of an early intervention to mitigate the impact of traumatic stress exposure.
- Early referral of traumatised employees for trauma debriefing and counselling.
- Reduction of sickness absence and medical retirements due to post traumatic stress.

2.4 BTP acknowledges that as part of its general duty to safeguard the health of its employees it is obliged to take steps to ensure employees do not suffer
unreasonable levels of work related stress. BTP also understands that the nature of police work can give rise to difficult and potentially traumatic incidents demanding particular attention.

2.5 This SOP will differentiate between pressure and stress and the potential effects of both.

3 SCOPE AND DEFINITIONS

3.1 Scope

3.1.1 This SOP applies to all police officers, police community support officers, police staff and special constables employed by BTP whether on full time, part time or fixed term contracts.

3.1.2 This SOP is applicable in England, Scotland and Wales.

3.2 Definitions

3.2.1 The Health and Safety Executive (HSE) define stress as – “the adverse reaction people have to excessive pressure or other types of demand placed upon them”.

3.2.2 Stress is perhaps best described as feeling anxious, brought about by an individual’s perception of being unable to cope or fears about being put in a position where this might occur. It is a physiological state in which the physical and mental energy used by the body to cope with pressure is greater than the body’s ability to restore that energy.

3.3 Equal Opportunities

3.3.1 All employees have a responsibility to ensure that no unlawful discrimination occurs on the grounds of age, colour, disability, ethnic origin, family commitments, gender, gender dysphoria, marital status – marriage or civil partnership, nationality, national origins, political beliefs, race, religion or belief, sexual orientation, trade union activity or any other unacceptable grounds when operating this SOP.

4 STRESS MANAGEMENT

4.1 Health and Safety Executive – Stress Management Standards

4.1.1 The Health and Safety Executive (HSE) approach to stress provides managers with a basis for managing stress at work. It demonstrates good practice through risk assessment, allows measurement of the current situation and promotes active discussion with employees and other professionals to decide on the practical improvements which can be made to reduce stress/stressors.

4.1.2 The HSE Management Standards identifies six key aspects of work (or ‘risk factors’) that can be causes of or contribute to work-related stress if not managed properly.
These are:

- **Demand** – workload, work patterns and the work environment.
- **Control** – how much say the individual has in the way they do their work.
- **Support** – the encouragement, sponsorship and resources provided by the organisation, management and colleagues.
- **Relationships** – promoting positive working relationships to avoid conflict and dealing with unacceptable behaviour.
- **Role** – whether people understand their role within the organisation and whether the organisation ensures that the individual does not have conflicting roles.
- **Change** – how organisational change (large or small) is managed and communicated in the organisation.

### 4.2 The Disability Discrimination Act

#### 4.2.1

The Disability Discrimination Act (DDA) 1995 (amended 2005) prohibits discrimination against disabled people in various circumstances including employment and occupation. The act defines a disabled person as “as an individual with "a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities". An impairment is to be taken to affect the ability of an individual to carry out normal day to day activities only if it affects the person in respect of one or more of the following:

- mobility;
- dexterity;
- physical co-ordination;
- continence;
- ability to lift, carry or otherwise move everyday objects;
- speech, hearing or eyesight;
- memory or ability to concentrate, learn or understand; or
- perception of the risk of physical danger.

#### 4.2.2

The DDA previously required that where impairment arose from or consisted of a psychological illness such as stress, the impairment had to be clinically recognised. This requirement has since been removed. However any impairment either physical or psychological has to meet the definition of being ‘a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities’.
4.2.3 Whether a person is disabled by stress for the purposes of the DDA is generally determined by reference to the effect that the impairment has on individual’s ability to carry out normal day to day activities.

4.3 Roles and Responsibilities

4.3.1 British Transport Police – The Organisation

4.3.1.1 As an organisation BTP is committed to the promotion of the positive mental well-being of employees by:

- Identifying all workplace stressors and conducting risk assessments to eliminate stress or control the risks from stress.
- Regularly review the risk assessments undertaken.
- Provide training for all managers in the identification and management of stress via the CLDP programme.
- Monitor stress, using sickness absence records.
- Provide initiatives which have various health benefits and which may help to reduce stress.

4.3.2 Managers

4.3.2.1 It is the managers’ responsibility to provide a supportive work environment to facilitate the early identification and rehabilitation of stress related conditions.

4.3.2.2 Managers have a responsibility to deal with potential work related stress for three main reasons; statutory legal, performance business and ethical. However since stress can arise from a variety of pressures, which may or may not include issues in the workplace, therefore, where management responsibilities may also include problems arising outside of work.

4.3.2.3 Often managers may be the first to identify that an employee may be experiencing difficulties that could be stress related. Where this appears to involve work related issues, a discussion between the manager and employee should take place followed by the completion of a risk assessment to identify the areas of concern and the control measures either in place or to be put in place.

4.3.2.4 Managers should encourage the employee to utilise the services of Care First, the employee assistance provider which offers both telephone and face-to-face counselling support.

4.3.2.5 The outcome of a risk assessment may result in the production of an action plan to identify, where reasonably practicable, control measures to assist in the elimination or reduction of any stress/stressors indicated.

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1 For more information on Roles & Responsibilities, refer to Appendix A – Allocation of Responsibility.
4.3.2.6 Managers must encourage individuals identified as suffering from stress to attend Occupational Health for assessment, support, follow up and where appropriate referral to a suitable external agency. Managers can refer employees to Occupational Health by completing the Occupational Health Referral Form – HR3:1.1 – Appendix A of the Occupational Health Service SOP. Once completed the form should be submitted along with any other relevant information, such as the employee’s sickness absence record, any risk assessments and actions plans generated to the Area/FHQ HR Manager\(^2\). Prior to a referral to Occupational Health being submitted the manager should discuss fully with the employee the reasons for the referral and any questions they wish the Occupational Health Advisor to address as part of the referral. Where possible the referral should be signed by the employee concerned.

4.3.2.7 Managers must take measures to reduce the common causes of stress in the workplace; they should:

- Ensure good communication between management and employees, particularly where there are organisational or procedural changes.
- Ensure employees are competent to discharge their duties and provide necessary training to assist with this.
- Seek to provide employees with meaningful developmental and training opportunities.
- Monitor workloads to ensure that employees are not overloaded.
- Work with employees to plan workloads and alleviate unnecessary pressures.
- Ensure that bullying and harassment is not tolerated within their area of control and that employees are aware of appropriate standards of behaviour.
- Recognise and monitor the effects of emotional strain relating to work activities.
- Offer additional support to employees who are experiencing stress outside of work; e.g. bereavement.
- Be aware of the signs of stress and be prepared to talk to their employees.
- Where possible managers should be flexible when faced with an individual’s problems; consider family friendly policies. Area/FHQ HR are available for assistance.
- Monitor working hours of employees and encourage them to take their lunch breaks, annual leave entitlement, rest days etc.

\(^2\) Full details on how to make an occupational health referral can be found in Section 7 – Occupational Health Assessments of the Occupational Health Service SOP HR3:1; reference details for which are in Section 8 - Further Information.
4.3.2.8 Unfortunately, despite best efforts, some individuals in the workforce will still become stressed. These individuals may either identify themselves as being stressed or alternatively, managers or other employees can identify that someone is potentially experiencing stress related difficulties from observations. Consider a referral to Occupational Health (refer to paragraph 4.3.2.6) or remind the employee about the availability of confidential counselling via Care First.

4.3.2.9 Whilst managers are encouraged to proactively assist employees, they must remain aware of limitations in respect of their personal authority and ability, and where necessary, seek appropriate help and assistance from specialist support via the Wellbeing Section, FHQ.

4.3 Employees

4.3.3.1 Employees must undertake any relevant training and, where required, participate in any staff surveys or audit questionnaires that are generated to identify any potential BTP related issues.

4.3.3.2 Employees must become aware of their own range of emotions and reactions to stressful situations. Individuals are encouraged to have an awareness of the signs and symptoms of stress and raise issues or concerns with their manager, or Area/FHQ HR Manager.

4.3.3.3 Employees must attend an OH appointment if referred for an assessment; managers must fully discuss any referrals to the OH service with the employee, explaining to them that they will be contacted by the OH Advisor who will assess their current difficulties and offer appropriate advice and support.

4.3.3.4 All employees must take reasonable steps to ensure that unnecessary stress is not caused to others.

4.3.3.5 It is also the responsibility of all employees to recognise warning signs of excessive stress being suffered by colleagues and to encourage the individual to seek help from the many support services available to BTP employees; managers, Area/FHQ HR Manager, OH Advisors, and the external employee assistance programme providers.

4.3.4 Occupational Health

4.3.4.1 The role of the Area/FHQ OH Advisor is to provide specialist advice and support to all employees who may be experiencing difficulties with stress related issues. They can assist managers by identifying any trends that may be apparent in relation to sickness absence, investigating and assessing potential risk levels in relation to stress and support for both managers and employees dealing with stress.

4.3.4.2 Where appropriate the Area/FHQ OH Advisors will participate in stress management training.

4.3.4.3 The Area/FHQ OH Advisors provide confidential ongoing support to employees who are referred by management. Where possible they enable individuals who
may be experiencing stress related symptoms to remain in work. They can support managers in relation to rehabilitation of an employee returning to work following a period of sickness. Where appropriate the Area/FHQ OH Advisor may refer the employee to an external medical service provider for further assessment.

4.3.4.4 It is also the responsibility of Area/FHQ OH Advisors to provide advice to Area/FHQ HR Managers, managers and employees on factors which could contribute to the increase of stress and how to reduce and manage these factors.

4.3.4.5 The Area/FHQ OH Advisors are responsible for identifying individual’s fitness for employment during the pre-employment medical questionnaire and throughout the individual’s employment. Furthermore, they are responsible for continuing to provide confidential health screenings for employees whose work is particularly stressful, such as Family Liaison Officers, Scientific Support Staff, Counter Terrorism Support Unit (CTSU) and Special Response Unit (SRU) officers.

4.3.4.6 The OH Section is responsible for identifying trends or stress related accidents/incidences and consulting with the appropriate managers to implement action plans and control measures to reduce stress/stressors.

4.3.5 Welfare

4.3.5.1 The Wellbeing Team is available to provide all employees with confidential support.

4.3.5.2 General welfare advice and counselling can also be provided through the employee assistance programme.

4.3.6 Health and Safety

4.3.6.1 Area/FHQ Heath and Safety (H&S) Advisors provide guidance and advice on the working environments in which employees work.

4.3.6.2 Area/FHQ H&S Advisors monitor accident/injury reports to identify trends that may indicate difficulties in relation to stress. They are also available to assist managers in conducting risk assessments in relation to stress.

4.3.7 Human Resources Managers

4.3.7.1 Area/FHQ HR Managers are available to provide advice and support to managers when considering stress related problems. They are also available to offer support to employees in relation to stress related problems and to facilitate referral to the Area/FHQ OH Advisor for an OH assessment if appropriate.

4.3.7.2 It is the responsibility of Area/FHQ HR Managers to assist with stress management training for managers and employees, including ensuring that employees are aware of all relevant BTP policies and procedures. They must also arrange the undertaking of an organisational stress audit as appropriate.
4.3.7.3 Area/FHQ HR Managers must monitor the effectiveness of measures put in place to reduce and control stress/stressors, by collating sickness absence statistics and acting on any areas of concern.

4.4 Pressure and Stress

4.4.1 Pressure

4.4.1.1 There is no such thing as a ‘pressure free job’. Every job has its own set of tasks, responsibilities and day to day problems; the pressures and demands this places on individuals is often an unavoidable part of working life. An individual’s ability to deal with pressure is not limitless, however excessive pressure, whether from home or work related sources and the stress to which it can potentially lead, can be harmful. It can affect performance and undermine the health of the workforce.

4.4.1.2 When people, in their private lives or at work, are placed in a position of being challenged they are considered to be under pressure.

4.4.1.3 Everyone will respond to pressure differently. Some will thrive and actually perform better when subjected to a manageable degree of pressure. It is when this pressure becomes unmanageable for the individual that they may begin to suffer from the effects of stress.

4.4.2 Recognising Stress

4.4.2.1 Anyone can potentially experience stress, nobody is immune. Stress itself is not an illness but if prolonged or particularly intense it can lead to an increase in health problems; physical and psychological or behavioural.

4.4.2.2 Individuals can react in many different ways when stressed. An individual’s reaction to stress can be influenced by their personality, experience and level of support they receive from their family, friends, colleagues and managers. Appendix B – Effects and Symptoms of Stress - identifies some of the common physical, psychological, behavioural and work related reactions people may experience in relation to stress.

4.4.2.3 Stress can also be responsible for increasing the symptoms associated with other underlying health conditions, for example asthma, eczema and diabetes.

4.4.3 Common Causes of Stress

4.4.3.1 Stress can arise from a variety of pressures, which may or may not include the workplace. There are many factors that could be considered to contribute to someone experiencing stress related symptoms. A list of potential stressors can be found in Appendix C – Common Causes of Stress.

4.5 Common Causes of Stress

4.5.1 Stress can come from a variety of sources and can often occur in the workplace.

4.5.2 Physical conditions can also be stressful, e.g. excessive noise, heat, humidity, bad lighting or lack of space.
4.5.3 The source of stress may also be from outside the workplace. Individual’s experiencing stress caused by home, family or financial pressures may find it difficult to separate these from their working life and consequently are not able to deal with work matters efficiently and effectively.

4.6 Monitoring Stress

4.6.1 Taking action to reduce stress can result in better health, reduced sickness absence, increased performance and output, better working relationships and lower staff turnover.

4.6.2 Area/FHQ HR Managers are to monitor stress levels by looking at:

- Long term and short term sickness absence levels relating to stress.
- Stress related ill health retirement.
- Staff turnover rates.
- Accident statistics.
- Feedback from exit questionnaires and interviews.
- Staff surveys.

4.6.3 Where a medical certificate is received which identifies stress/depression as the cause of absence, a referral to the Area/FHQ OH Advisor should be made, using the Occupational Health Referral Form – HR3:1.1.

4.7 Trauma Management

4.7.1 Traumatic stress may best be defined as a series of normal reactions to an abnormal event or series of events. Such events can lead to an individual or group feeling threatened or overwhelmed, physically or emotionally.

Trauma management includes:

- Early recognition of trauma related symptoms in employees.
- Introduction of early interventions to mitigate the impact of a traumatic stress exposure.
- Early referral of BTP staff for trauma debriefing and counselling.
- To reduce sickness absence and retirements on medical grounds due to traumatic stress reactions.

4.8 Post Traumatic Stress Disorder (PTSD)

4.8.1 The American Psychiatric Association classifies the criteria relating to Post Traumatic Stress Disorder (PTSD), these describe the traumatic incident, the trauma symptoms and the duration and effect of the symptoms on the individual’s personal and work life. The three main symptom groups for PTSD are:
• Re-experiencing.
• Avoidance.
• Arousal.

The three main phases for post traumatic stress reactions are:
• Immediate reaction to the situation at the time of the trauma.
• Acute reactions in the period following the trauma.
• Chronic or long-term reactions.

4.8.2 The magnitude and duration of trauma responses is determined by a number of factors; including:
• Nature and intensity of the traumatic incident.
• Individual’s perception of the trauma.
• Individual’s level of training and ability to meet the demands of the trauma.
• Availability of support.

4.8.3 The nature of police work is such that employees may encounter traumatic incidents demanding particular attention.

5 ACTIONS TO BE UNDERTAKEN

5.1 Primary Interventions

5.1.1 Assess the risk of stress and its causes, which lead to the removal of hazards, reduction of exposure and reduced risk; undertaken by an organisational stress audit. Risk assessments are essential to find out whether existing control measures preventing harm are sufficient or whether more needs to be done.

5.1.2 In addition, offer individuals a personal stress assessment as part of a health screening system and undertake individual risk assessments where individuals are identified as suffering from stress. If, as a result of assessment problems are identified, then a programme of action must be instigated by managers and employees to reduce or remove the stress where practical.

5.1.3 The frequency and type of assessment will depend upon the employee’s individual needs. This will be assessed and reviewed by the Area/FHQ Occupational Health Adviser.
5.2 Secondary Interventions

5.2.1 Assist managers to develop the ability to recognise problems and deal with them effectively. Train managers and employees to recognise their own stress and that of other colleagues.

5.2.2 BTP will provide mandatory training for all managers in the recognition and management of stress. Training will then be offered to all employees on the self-management of stress.

5.3 Tertiary Interventions

5.3.1 Provide support and rehabilitation for those individuals experiencing stress of any cause. Support will include occupational health support/health screening, counselling and develop further the employee support programme.

5.3.2 Employees should ensure that they maintain their awareness of stress and its potential effects. They should access the support services that are available either by self-referral or referral by their management to seek assistance at the earliest opportunity.

5.4 Caring for Those Experiencing Stress

5.4.1 If an employee identifies that they may be stressed it is important to make time to listen to their concerns and then take action, documenting all actions taken.

5.4.2 Try to assist them to identify the possible source(s).
- Are there any personal issues?
- Are there any work issues?
- Is it the work environment?
- Is it a training issue?
- Is it relationships within the workplace?
- Does it relate to bullying or harassment?
- Is it just this individual that feels this way or are there others?

5.4.3 Managers should create a culture that encourages employees to seek help at an early stage, whilst assisting them to manage their own support needs.

5.4.4 Managers must ensure that they do not penalise employees for feeling the effects of too much pressure and for highlighting this to them. They should actively encourage employees to manage their own well being at work and provide them, where possible, with the support to do this.

5.4.5 Individuals should try not to be panicked by their feelings of emotion. A demonstration of acceptance, reassurance and a calm measured response can
often help. Often the individuals themselves have a clear sense of their own needs. Employees should be encouraged to discuss with their managers non-work related issues that may be causing them difficulties.

5.4.6 There are a number of sources of help both internal and external. Staff should consider making an appointment with their GP to discuss the issues, assistance that has been offered and further assistance that may be needed.

5.4.7 BTP offers a wide range of support services that can be contacted either by phone, email or face-to-face contact:

- Area/FHQ OH Advisors.
- Area/FHQ H&S Advisors.
- Support Groups.
- Chaplaincy Service.
- External Counselling Service (with referral from the OH Service).

5.4.8 An employee’s domestic circumstances can affect them at work; therefore employees are encouraged to make their manager aware of home related difficulties so that appropriate support can be considered.

5.5 Return to Work

5.5.1 An effective manager is one who takes an interest in the well being of their employees. As part of this process it is important to make employees understand that every absence is noted and that there is a genuine concern for their welfare. This is most effectively done at a return to work interview, which is to be documented on the Return to Work Interview Form.

5.5.2 The interview must be completed on the first day that the employee resumes duty whenever possible. It is likely that if left to a later date, the interview could lose its impact. Any failure to comply with this must be documented on the Return to Work Interview Form.

5.5.3 Once the interview has taken place, the completed ‘Return to Work Interview Form’ must be sent to the Area/FHQ HR Department marked ‘Restricted – Staff’.

6 CONFIDENTIALITY

6.1 All OH professionals and employees involved in the OH service have a responsibility to maintain the confidentiality of the information, both medical and personal, in their possession; this is governed by the OH professional guidelines as set by the Nursing Midwifery Council and General Medical Councils. The

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3 Refer to Sickness Absence SOP- HR1:6 – Appendix C – Return to work Interview Form  HR1:6.3.
4 For further information on the Return to Work procedure please refer to Sickness Absence SOP HR1:6 Section 18 – Returning to Work.
principles which apply to the Area/FHQ OH Advisor apply equally to the external medical services provider and the external counselling services provider. Human Resources staff; including Health and Safety Advisors, are bound by the occupational standards governing their profession.

6.2 Employees have a right to a confidential service and to expect that the Area/FHQ OH Advisor will not disclose information without their informed consent, except when there are exceptional circumstances. When disclosing information with the individual's consent, the Area/FHQ OH Advisor must ensure that the individual understands what will be disclosed, who the information is being disclosed to, the reasons for disclosure and the likely consequences, they must also be able to evidence that the disclosure is for legitimate and justifiable reasons. Exceptional circumstances are when there is a foreseeable risk of serious harm or death to the individual, other employees or members of the public; confidentiality may also be breached for reasons such as statutory requests, every effort will be made to gain the support of the individual.

7 AUDIT AND COMPLIANCE
7.1 This SOP will be reviewed on an annual basis.
7.2 If there are high levels of non-compliance with this SOP prior to the formal review, these will be addressed through an internal audit process.

8 RECORD KEEPING AND MONITORING
8.1 All employee information will be treated with integrity and personal data will be kept confidential and be marked appropriately in accordance with the Government Protective Marking Scheme.
8.2 BTP adheres to the principles of the Data Protection Act and these will be practiced by all individuals with access to employee’s personal information.
8.3 Guidance on document retention is available on the Information Compliance Unit intranet site, details for which can be found in section 10– Further Information.

9 REFERENCES AND LEGISLATION
9.1 The Stress Management SOP will be subject to regular review and BTP reserves the right to amend the procedure from time to time in accordance with any requirements of law or good employment practice. Employees will be given reasonable notice of any such changes.
10 FURTHER INFORMATION

10.1 Related Policies and Documents

10.1.1 The following polices and SOPs belong to the HR Department and can be accessed via the HR Polices and Procedures page:

- Sickness Management SOP – HR1:6
- Occupational Health Service SOP – HR3:1
- Flexible Working SOP – HR4:1
- Health and Safety Policy: Risk Assessment – HSPP21
- Force Equal Opportunities Policy (PNLD D60216)

10.1.2 The following belong to other BTP Departments and can be accessed via the BTP Policies page:

- BTP Protective Marking Scheme

10.1.3 Other BTP pages on the BTP Intranet:

- BTP Homepage
- BTP Glossary of Terms

10.2 Guidance and Advice

10.2.1 Guidance and advice is available from:

- Occupational Health, FHQ and Area.
- Health and Safety, FHQ and Area.
- Wellbeing Team, FHQ
- HR Managers, FHQ and Area.

11 APPENDICES

- Appendix A Allocation of Responsibilities
- Appendix B Effects and Symptoms of Stress
- Appendix C Common Causes of Stress