

<b>Occupational Health Policy</b>	<b>Type: Policy</b> <b>Register No: 10115</b> <b>Status: Public</b>
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Consulted With	Post/Committee/Group	Date
All HR Managers	HR Department	August 2017
All Occupational Health Staff	OH Department	August 2017
<b>Professionally Approved By</b>	Dr G Sofoluwe	August 2017

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Author/Contact for Information	Sue Breitsameter – OH Manager
Policy to be followed by (target staff)	All Staff
Distribution Method	Intranet & Website
Related Trust Policies (to be read in conjunction with)	All Occupational Health Policies All Infection Control Policies Investigation of and learning from Adverse Events, Complaints and Claims Policy Risk Management Strategy and Policy Mandatory Training Policy (incorporating training needs analysis grid) Supporting staff involved in an adverse event incorporating incidents, complaints and claims Sickness Absence Policy

Document Review History

Version No	Reviewed by	Active Date
1.0	Cathy Paget	29 <sup>th</sup> November 2010
2.0	Sue Breitsameter	7 <sup>th</sup> November 2017

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## **1. Purpose**

- 1.1 To ensure that the Occupational Health Department (OH) provides a comprehensive service available to all employees, ensuring all employees experience a working environment for which they are physically and mentally suited and which promotes and protects not only the individual workers health but also the general wellbeing of the patients, visitors and contractors.

## **2. Aims**

- 2.1 To promote and maintain the physical, mental and social wellbeing of all employees.
- 2.2 To ensure all staff have access to an OH service and are aware of the clinical services available to support them in maintaining optimum health.
- 2.3 To ensure that the physical and mental demands imposed on employees at work by their respective jobs are properly matched with their individual anatomical, physiological and psychological capabilities, needs and limitations.
- 2.4 To contribute to increasing the effectiveness of the Trust by enhancing staff performance and morale through reducing risks at work that may lead to ill-health, staff absences and accidents.
- 2.5 To support and advise accordingly both the employer and employee in any issues pertinent to Occupational Health.
- 2.6 To advise both staff and management on the protection of employees against any physical or environmental hazard, which may arise from their work.
- 2.7 To ensure compliance to any legislation or recommendations pertaining to OH at work i.e. health surveillance.
- 2.8 To contribute to reducing sickness absence by providing a managed service with effective operating systems.

## **3. Scope**

- 3.1 This policy applies to all staff who are directly employed by the Trust, whether full-time or part-time, permanent or temporary including those employed by the Trust via the Staff Bank.
- 3.2 This policy is also applicable to all employees within external organisations for whom the Occupational Health Department provides services under Service Level Agreements.

## **4. Definitions**

### **4.1 Healthcare Worker (HCW)**

Any employee that may have contact with patients and/or blood or body fluids, therefore this would include pathology, therapists, security, portering staff and domestic service assistants

## 4.2 Exposure Prone Procedures (EPP)

EPPs are those invasive procedures where there is a risk that injury to the worker may result in exposure of the patients open tissues to the blood of the worker. These include procedures where the workers gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (e.g. spicules of bone or teeth) inside a patient's body, cavity or confined anatomical space where the hands or fingertips may not be completely visible at all times.

## 5. Responsibilities

### 5.1 Chief Executive

The ultimate responsibility for Health and Safety lies with the Chief Executive who must ensure that all parts of the organisation have a suitable policy and that its implementation is monitored regularly to ensure its effectiveness.

### 5.2 Occupational Health Manager

- To ensure implementation of this policy
- To ensure provision of a comprehensive and effective occupational health service
- To assist operational managers to achieve their responsibilities under this policy
- To ensure the department complies with local and national guidelines with reference to health and safety, infection prevention and immunisations
- To ensure the occupational health department works within relevant statutory guidance
- To identify income generation opportunities with regard to provision of Occupational Health Services to outside organisations

### 5.3 Occupational Health Physician

- To provide clinical leadership to the occupational health department
- To support the occupational health manager to fulfill their role
- To ensure clinical occupational health practice is compliant with all relevant and applicable practice

### 5.4 Occupational Health Staff

- To stress the importance of comprehensive occupational health management being integrated into mainstream management responsibilities
- To highlight the potential of the occupational health service to help employers and managers improve effectiveness and reduce costs through the reduction of sickness absence and aim to improve the quality of patient care and other Trust services through improved staff morale
- To reduce ill-health in the workforce caused or exacerbated by work and consequently improve patient care and health

- To decrease the quantity of long-term sickness by helping employees back to work earlier than anticipated through phased return programmes, restriction of duties, referral to specialists etc. with the collaboration of Human Resources (HR) and Line Managers
- To comply with the Occupational Health Policy. Failure to do so will be dealt with as an employment issue

## 5.5 Trust Managers

- Ensure that occupational health related policies are available to all staff within the Trust
- In collaboration with the Risk Management team, assesses and manages risks to health caused by the working environment, according to the Health and Safety legislation
- In collaboration with other equally accountable parties ensure a safe and healthy working environment for employees, contractors, members of the public and visitors
- With the aid of risk management and recent COSHH assessments, determine the risk to health from microbiological and chemical hazards. Aim to prevent and/or control exposure. Inform employees of the risk, monitor exposure where required and instigate health surveillance and/or prophylactic measures where required
- Report injuries, diseases and dangerous occurrences according to regulations locally, nationally, and legally
- Ensure all staff have access to a confidential occupational health service
- Ensure all successful candidates for employment complete a health questionnaire which is referred to the occupational health department for screening
- Ensure staff are referred to OH in line with Sickness Policy. Where relevant managers can contact OH or HR department for advice
- Ensure staff are referred when work may be a contributing factor to the individual's ill-health or for work performance related issues which may be contributed by ill-health

## 5.6 Employees

- All employees should be aware of this policy and the functions of the OH
- All employees must attend appointments with the OH when requested to do so by their line manager, failure to attend for appointments without reason or notice may result in disciplinary sanctions being imposed
- All employees must inform the OH of any changes in their health which may affect their ability to work

## 6. Access to the Service

- 6.1 The OH department is situated on the second floor of West Wing – C453 within Broomfield Hospital and is open Monday to Friday (excluding bank holidays) between the hours of 08.00 - 4.30pm.
- 6.2 Individuals who require urgent assessment following a high-risk sharp, needle stick or body fluid exposure outside of these hours are advised to contact the Emergency Department.

6.3 OH operates an appointments system although it may be possible to see individuals who do not have an appointment.

6.4 Contact numbers for the OH are:

Reception / Appointments;	Ext 4089
Administrator:	Ext 6755 / 4088
OH Advisers:	Ext 6148 / 6825 / 6906
Needlestick Hotline	Ext 4065

## **7. Confidentiality and Storage**

7.1 No details of an employee's medical condition will be communicated to a third party without the specific written consent of the individual employee, unless in the interest of public health, under this circumstance permission would be sought from the Caldicott Guardian.

7.2 Patient information is stored electronically on the OH database (Cohort) which is password protected. Only occupational health clinical and administrative staff have access to this system. Information in paper format is stored in locked cabinets within a locked room in the occupational health department. Access to this area is restricted to occupational health staff only.

7.3 Copies of occupational health notes are only released to the employee following receipt of a written request.

## **8. Functions of the Service**

### **Health Screening**

8.1 The purpose of the work health assessment is to assess the health of the employee in relation to the physical and psychological demands of the proposed employment.

8.2 The assessment also aims to ensure as far as reasonably practicable that the prospective employee does not represent a risk to others.

8.3 The health screening questionnaires of all successful candidates to whom job offers have been made are forwarded to the occupational health department within a sealed envelope following interview thus maintaining confidentiality.

8.4 Questionnaires and health clearances are also required to be updated by existing employees of the Trust transferring between posts within the Trust.

8.5 If a young person aged 14 to 18 years is employed in whatever capacity then a young person's risk assessment must be completed. If any hazards are identified then these must be discussed with the parents or guardian of that young person prior to commencing employment.

### **The Process**

8.6 In accordance with the Equality Act 2010 employers are not permitted to ask the applicant questions relating to their health until after an offer of employment (on a conditional or unconditional basis) has been made.

- 8.7 The HR department will send the health at work screening questionnaire (Appendix 1) to successful candidates following their interview.
- 8.8 The completed questionnaire will then be sent to the HR department who will then forward to the occupational health department to be processed within 2 working days of receipt.
- 8.9 All details within the questionnaire will be entered onto the Cohort database system and triaged by the Occupational Health Nurse Advisor who will advise on fitness or whether there is a delay in connection of the individual's fitness.
- 8.10 The HR department will then be notified of the decision which will be one of the following:
- **Fit for post without restriction:** Where the information in the health questionnaire satisfies the criteria in relation to the proposed employment. No appointment at the Occupational Health Department will be necessary.
  - **Clearance deferred awaiting further information:** The employee will be informed fully about the information required to satisfactorily complete clearance.

An interim clearance with applicable restrictions or adjustments may be issued.

Deferment may be due to requiring information from GPs and/or previous occupational health departments, confirmation of vaccination status or completion of serological investigations pertinent to their proposed employment.

8.11 **Circumstances where individuals must attend an occupational health assessment/telephone assessment**

Attendance/telephone assessment will be required at the discretion of the Occupational Health Adviser.

- 8.12 The Occupational Health Adviser / Physician is not involved in the selection process for employment.

Occupational health clearance relates to fitness for role and any adjustments needed to benefit for role.

**9. Sickness Absence Management and Ill Health Performance Services**

**Referral Procedure**

- 9.1 Self referrals if appropriate are available to all staff. Referrals will be seen during normal working hours.
- 9.2 Staff referred to OH by their manager must be aware of the referral and of the reasons for the referral (Appendix 2).

The member of staff must sign the form to indicate that they have given informed consent to the referral. The management referral form should be sent to OH inbox ([occupational.health@meht.nhs.uk](mailto:occupational.health@meht.nhs.uk)) in advance of the employee's attendance. Staff are reminded that attendance at OH if requested by their manager is obligatory under their Terms of Contract and as per the Trust's Sickness Policy.

- 9.3 Referring managers must provide full details of their reason for referral and stipulate any specific information that is required.  
Any background information they have which may aid the OH Physician / Adviser should be provided as this will improve the quality of the outcome report.
- 9.4 Referring managers should state exactly what the problem is or the problem as described by the member of staff.  
A current job description should accompany all referrals.  
Upon receipt in the Occupational Health department a member of the Occupational Health team will triage all referrals, and it is their decision solely which member of the Occupational Health team sees employee.
- 9.5 Reports to Managers will respond as appropriately as possible to the questions asked whilst maintaining the confidentiality of the staff member.  
The Staff member and relevant HR Manager (if requested and appropriate consent given) will receive a copy of any correspondence.

The Occupational Health Adviser / physician reserves the right to withhold letters from employees if they believe that they may cause unnecessary distress.(the manager will be notified of this if appropriate)

- 9.6 The Occupational Health report will include appropriate information to answer the questions asked. It will also address if adjustments are recommended and the duration of those adjustments.
- 9.7 If a referral is required for the staff member to see a specialist or to have investigations undertaken within the Trust then a referral via the GP is required as the Occupational Health Department do not have any referring rights
- 9.8 Return to work should be as soon as the employee is fit to return to work.
- 9.9 The duration of rehabilitation if not to full duties is at the discretion of the manager or in compliance with Trust policy.
- 9.10 Any modification to role has to be with the agreement of the referring manager.

## **10. Medical Retirement**

- 10.1 A recommendation for retirement can only be made by an appropriately competent person which will usually be the occupational health physician.

## **11. Suspension on Medical Grounds**

- 11.1 The Occupational Health Physician / OH Adviser may direct suspension of an employee on medical grounds (The grounds for making such a recommendation must be compliant with Trust and employment law). Relevant personnel will be advised of the suspension and the employee will be reviewed in the Occupation health at an appropriate and pre-agreed interval.

## **12. Health Surveillance: Infection Prevention and Control of Substances Hazardous to Health (COSHH)**

- 12.1 Legislation requires that people who work with specific substances, or in certain environments, or engage in particular employment, known to be particularly hazardous to

health must have tests or examinations as laid down in the regulations applicable to the particular circumstances and as per individual risk assessment for the area. Screening will be offered to these employees on a regular basis, as identified in risk assessment by agreement with the manager.

- 12.2 **Food Handlers:** all food handlers must be screened prior to commencing employment and following infection prior to return to work. All food handlers must be referred to the department with any skin condition especially on the hands.
- 12.3 **Drivers:** Assessments will only be done if there exist an agreed policy with standards of fitness. The default will always be to the appropriate DVLA regulations.
- 12.5 **HIV, Hepatitis B, and Hepatitis C Infected Healthcare Workers:** Affected healthcare workers involved in exposure prone procedures (EPP) are assessed and managed according to DH guidance.

### 13. Control of Infection

- 13.1 All staff should report to OH as soon as possible any of the following symptoms:
  - Vomiting and Diarrhea
  - Needle-stick and Sharps/splash Injuries

### 14. Vaccination and Immunisation

- 14.1 Immunisation programmes are available to protect staff against infectious diseases such as Tuberculosis, Hepatitis B, Hepatitis A, Chickenpox, Measles, Mumps, Rubella and Influenza.
- 14.2 Please refer to Occupational Health Policies for further information on treatment and management of affected healthcare workers.

### 15. Exposure Prone Procedures

- 15.1 Staff who perform exposure prone procedures in the execution of their duties are required under Department of Health 2007 guidelines to have blood testing for Hepatitis B antibodies and Hepatitis B antigen, Hepatitis C and HIV antibodies. Photo ID will be required by way of a passport, driving license or Trust ID badge.
- 15.2 Any staff member found to be an infectious carrier of a blood borne virus (BBV) will require further testing and may be prohibited from performing exposure prone procedures. Their case will be managed by the Occupational Health Consultant
- 15.3 Regulatory Bodies have appropriate requirements to fulfill to perform exposure prone procedures which must be complied with.

### 16. Needle-Stick and Sharps Injuries

- 16.1 All needle-stick and sharps injuries should be reported to OHD during office hours and to A&E outside of office hours as in accordance with the BBV policy.

## **17. Other Service Interventions**

### **17.1 Clinic Services**

17.2 OH offers a very limited clinic service but in no way, is it intended as an alternative to a GP service or the A&E Department. First aid facility is not a provision of the OHD.

### **18. Fast-Tracking**

18.1 Fast-tracking access can be applied to both out-patient and hospital admission. GP referrals of Mid Essex Hospital Services NHS Trust employees will be treated as a priority wherever possible.

18.2 All decisions regarding priority for the fast-tracking of staff will be made by Consultant staff and such decisions will be ultimately based on clinical priorities.

18.3 To take advantage of this scheme the individual must have seen their GP for them to initiate the referral process. Once in the system OH can expedite the process through liaison with relevant Trust departments.

### **19. Counselling and Psychological well-being**

19.1 An entirely independent confidential counselling service is available to all Mid Essex Hospital Services NHS Trust which Trust employees may facilitate. With the exception of statistical data, no feedback will be given to the Trust. All staff members are entitled to 6 free sessions.

19.2 The provision of this confidential service is undertaken by the Trust's Psychological Service who are all qualified counsellors. The counselling service is an organisational member of the British Association for Counselling.

19.3 Individuals may seek advice on both work and personal problems. This would also include staff that require counselling following a complaint, incident or if they have been involved in a traumatic event.

19.4 Refer to 'Supporting Staff Following Stressful or Traumatic Incidents, Including Complaints and Claims Policy'. Staff need to contact the service on 07795 335048 and leave a message on the answer phone. Every effort will be made to offer an appointment as soon as possible.

### **20. Health and Wellbeing**

20.1 The Occupational Health will take an active part in promoting the Health and Wellbeing of the Trust's employees in line with the Employee Health & Wellbeing Strategy.

20.2 Promotion of positive health and health education is undertaken at any available opportunity. Health promotion and lifestyle screening will be undertaken in line with any government initiatives i.e. heart disease, obesity, smoking etc. Health education literature is available in the department.

### **21. Health Promotion**

21.1 OH provide limited health promotion services and will:

- Educate staff regarding Risk Management issues in collaboration with other relevant professionals

- Promote general health, to include healthy eating, Flu vaccination and by signposting to various wellbeing agencies.

## **22. Communication and Implementation**

- 22.1 This policy will be disseminated via the corporate communication systems. After approval it will be uploaded onto the intranet to ensure that it is available to all staff.
- 22.2 Following approval awareness of this policy will also be raised via the Trust's intranet, Staff Focus Newsletter, and all new staff will be made aware of this policy at Trust inductions.

## **23. Audit and Monitoring**

- 23.1 Periodic auditing will be undertaken across a random sample of Occupational Health cases on any cases that have been highlighted through NHS complaints procedure, and against the quality standards and monitoring procedures reproduced in Appendix 3.
- 23.2 Where monitoring has identified deficiencies, recommendations and action plans will be developed and changes implemented accordingly. Progress on these will be reported to the Director of Human Resources.
- 23.3 An annual occupational health report is produced for the Director of Human Resources this includes attendance figures, initiatives undertaken, counselling report etc.

## **24. References**

1. DH, 2001 "The Effective Management of Occupational Health and Safety Service in the NHS" Published November 2001, 25770 1P 2k Nov 01.
2. HSE, 2004 "The Management of Health, Safety and Welfare Issues for NHS Staff – Occupational Health Service" Published 2004, known as 'Blue Book'
3. DH, 2006 "The Health Act" Published October 2006.
4. DH, 2007 "Best Practice Guidance: Health Clearance for tuberculosis, hepatitis B, hepatitis C and HIV for New Healthcare workers" Published March 2007.
5. [www.dh.gov.uk/en/Publichealth/Healthprotection/immunisation/Greenbok/DH4097254](http://www.dh.gov.uk/en/Publichealth/Healthprotection/immunisation/Greenbok/DH4097254)

**CONFIDENTIAL Health at Work Questionnaire**

**This questionnaire must be completed by all employees new to the NHS.** You are required to obtain all appropriate immunisation and blood test results from your GP or Occupational Health Department and attach them to this questionnaire. Failure to attach relevant information will result in delays with your health clearance for your new post within Mid Essex Hospital Services NHS Trust. All individuals who are unable to provide required information will be required to attend a health interview where blood tests and/or immunisations will be given.

Job Title of post conditionally offered:	Department:
Hours: Full Time / Part-Time /	Start Date:
Your Surname:	Title: Prof / Dr / Mr / Mrs / Ms / Other
Your Forenames:	
Your Address:	
Home Phone Number:	Mobile Number:
Email Address:	Date of Birth:
NI Number:	Place of Birth:

<b>Will your new post involve direct contact with Patients?</b>	<b>YES</b>	<b>NO</b>
<b>Have you worked for Mid Essex Hospital Services NHS Trust before?</b>	<b>YES</b>	<b>NO</b>

**Health Declaration**

It is important that the Trust is made aware of any health problems that could affect your ability to effectively and safely undertake the duties of the job role and where any health condition may impact upon this. The Trust will consider any adaptations or adjustments where possible.

Please answer the 2 questions below by ticking the YES or NO box for each question

<b>1.</b>	<b>Are you aware of any health conditions or disability which might impair your ability to undertake effectively the duties of the position which you have been conditionally offered?</b>	<b>YES</b>	<b>NO</b>
<b>2.</b>	<b>Do you have a health condition or disability which might affect your work and which might require special adjustments to your work or at your place of work?</b>	<b>YES</b>	<b>NO</b>

**Attendance Record**

The Trust requires a reliable record of attendance to ensure efficient patient care and services. If you have a high record of absence due to sickness this does not necessarily prevent you from being employed by the Trust. If you have not declared a health condition or disability the line manager will discuss your absence record with you to find out the reasons and to consider any adaptations or adjustments to enable you to fulfill the job role effectively where possible.

<b>Dates of sickness</b>		<b>How many working days did you miss from work or study during this episode of sickness?</b>
<b>From</b>	<b>To</b>	

Please continue on a separate sheet if necessary

**Please take this form to your GP / Practice Nurse for completion and request a copy of your vaccination history and blood test results. Please attach all results to this form**

For all staff in direct contact with patients or clinical specimens, or who will work within a clinical area are required to provide the following:

<b>Tuberculosis</b>	Documentary proof of BCG vaccination Documentary evidence of BCG scar from OH Dept Documentary evidence of Mantoux test within the last 5 years	<b>Rubella (German Measles)</b>	Immune status / vaccination details
<b>Varicella (Chickenpox)</b>	Immune status / vaccination details	<b>Measles</b>	Immune status / vaccination details
<b>Hepatitis B</b>	Immune status AND vaccination details	<b>Mumps</b>	Immune status / vaccination details

**Please attach appropriate evidence to this questionnaire**

Please provide the following details of your immunisation record and enclose your most recent certificates of laboratory results.

<b>Immunisations and Blood Tests</b>	
Measles, Mumps and Rubella Vaccination (MMR)	Date: 1 <sup>st</sup>
	Date: 2 <sup>nd</sup>
Measles, Mumps and Rubella Blood Test	Date:
	Result:
Hepatitis B Vaccinations	Date: 1 <sup>st</sup>
	Date: 2 <sup>nd</sup>
	Date: 3 <sup>rd</sup>
Hepatitis B Booster	Date:
Hepatitis B Antibody Blood Test	Date:
	Result:
Mantoux Test (TB)	Date:
	Result:
BCG Vaccination	Date:
Do you have a BCG scar?	Yes / No / Unsure
Have you had Chickenpox or Shingles?	Yes / No / Unsure
Varicella (Chickenpox) Blood Test	Date:
	Result:
Tetanus Booster	Date:
Polio Booster:	Date:

Does the position you have been offered require you to undertake exposure prone procedures ? <i>Definition: Exposure prone procedures (EPPs) are those where there is a risk that injury to the worker may result in exposure of the patient's open tissues to the blood of the worker. These procedures include those where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity. Wound confined anatomical space where the hands or fingertips may not be completely visible at all times.</i>	<b>Yes</b>	<b>No</b>
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If "yes" you cannot perform EPP until you have supplied suitable test certificates from a UK Occupational Health Department for the following (if you do not have the required documentation we will be able to perform the relevant test for you).

	<b>Yes</b>	<b>No</b>	<b>Dates</b>	<b>Results Attached</b>
Hepatitis B Antibody Blood Test				
Hepatitis B Surface Antigen Blood Test*				
Hepatitis C Antibody Blood Test*				
HIV Antibody Blood Test*				

## Clinical diagnosis and management of tuberculosis and measures for its prevention and control (NICE 2011)

Have you or anyone else in your family ever had TB?	<b>YES</b>	<b>NO</b>
Have you lived continuously in the UK for the last 5 years?	<b>YES</b>	<b>NO</b>
If no, please list all the countries in the UK for the last 5 years: .....		

**All employees new to the NHS who will be working with patients or clinical specimens must provide documentary evidence of TB testing and will be required to attend the Occupational Health Department for a BCG scar check prior to commencing their post.**

Do you have any of the following:		<b>Yes</b>	<b>No</b>
(a)	A cough which has lasted for more than 3 weeks?		
(b)	Unexplained weight loss?		
(c)	Unexplained fever?		
(d)	Have you had tuberculosis (TB) or been in recent contact with open TB?		
<b>If yes please give details below</b>			

## Occupational History

Please provide details of your previous position(s) most recent first

Job Title	Organisation	Speciality / type of work	Date From	Date left

Please continue on a separate sheet if necessary.

## Health Declaration

The information in this questionnaire is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form may be grounds for subsequent dismissal. I hereby agree to inform the occupational health department of any changes in my health circumstances that may affect my ability to work.

I understand my responsibility to notify Occupational Health if I think I have had a significant exposure to, or am carrying a serious communicable condition such as Hepatitis B, Hepatitis C or HIV and to follow advice from a consultant about treatments and/or modifications to my practice. I agree to comply with immunisations and screening requirements of the post and any failure to comply will result in my line manager being informed and may result in restrictions on my clinical practice.

I acknowledge that my personal details will be stored and handled in accordance with the Data Protection Act 1998

<b>Your Signature:</b>	
<b>PRINT NAME:</b>	Date:

## For Occupational Health Use Only

### Recommendation

		<b>Yes</b>	<b>No</b>
a)	Fit for employment from health questionnaire		
b)	Fit for employment – Requires immunisation update immunisation		
c)	Requires appointment for IVS blood tests		
d)	Requires appointment for nurse assessment		
e)	Requires appointment for OH medical assessment		

.....  
Signature OHA: ..... Date: .....

**Consent to apply for and release of personal medical information under the Access to Medical Reports Act 1988**

The Occupational Health Nurse / Physician may wish to write to your doctor to request a medical report on you. The consent form requests your formal consent and it will be forwarded to your doctor at the time of application for information. Under the terms of the Access to Medical Reports Act 1988 you have the following rights:

- You can refuse to give consent
- If you do give consent you have the right, if you wish, to see the Doctors report before it is sent to the Occupational Health department
- If you opt to see the report you must ask your doctor for sight of it within 21 days of the date on which it was requested ( you will be told in writing what that date is) If you fail to meet this deadline the report (providing you have given consent) will be sent automatically to the Occupational Health department
- When you have seen the report you have the right, if you wish, to withdraw your consent to it being sent
- If you consider any of the information contained within the report to be incorrect or misleading you can ask for it to be amended. However you must do this in writing. If your doctor does not agree that the information is misleading or incorrect he/she does not have to amend the report. Instead you will be invited to prepare a statement giving your views of the disputed information. This statement will be included when your GP or Specialist sends the report to the Occupational Health department
- You will continue to have right of access to the report for 6 months after it has been sent to the Occupational Health department. If, within that 6 month period you wish to see the report you must first obtain permission from your doctor as the Occupational Health department cannot disclose this information to you
- If you just want to see the report it will cost you nothing but if you wish to have a copy your doctor may charge you a fee for this service
- Your doctor has the right to withhold from you any information which he / she consider may cause serious harm to your physical or mental health. In some cases the doctor may allow you to see only part of the report.
- The information provided will be retained by the Occupational Health department on a confidential basis and any advice given to management will be expressed in terms of fitness for employment and/or fitness to carry out duties now and in the future, having considered the information provided by your GP or Specialist

**Consent Form**

I hereby consent to the Mid Essex Hospital Services NHS Trust Occupational Health department obtaining further information regarding my medical history from my Doctor / Consultant. I understand clinical details will be treated with confidence but general advice may be given to management. I understand that a photocopy of this consent form has the same validity as the original.

Name of Patient:
Address:
Date of Birth:
Names of Doctor:
Address:
Name of Consultant:
Address:

**I wish / do not wish\* to have access to any report before it is sent to the Mid Essex Hospital Services NHS Trust Occupational Health Department**

Signature:	Date:
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THIS FORM WILL NOT BE PROCESSED UNLESS FULLY COMPLETED

Mid Essex Hospital Services



NHS Trust

**MANAGEMENT REFERRAL FORM – OCCUPATIONAL HEALTH**

Managers Name:		Job Title	
Department:		Ext No:	
Email:		Date:	

**1. Employee Details – Please complete ALL information**

Name:		DOB:									
Department:		Site:									
Job Title:		Hours of Work:									
Please indicate shift pattern for the next week:											
Mon		Tues		Weds		Thurs		Fri		Sun	
Home Address:											
Home Telephone Number: (Mandatory)						Mobile Number: (Mandatory)					
Email address: <b>(you wish us to send confidential OH information to)</b>											
GP Name and Practice/Address											

**2. Job Details**

No. of years in present role:		No of years with organisation:	
Supervisor of Staff:		Regular Contact with the Public	
Are there any ongoing issues being formally / informally addressed?		If Yes, Please give details	
Is this individual off sick at present?	YES / NO		

What is the best way of contacting this individual? Mobile / Email / SMS / Home Tel. Number

**3. Attendance Record**

When relevant, please enclose details of sickness records for the last 12 months (e.g. no. of days, reason for absence)

Sickness Absence Information Attached

Return to Work Interview Records Attached

Is this part of the Capability Procedure?

Currently On Duty / Off Duty since:

**4. Human Resources**

A copy of the report will be sent to HR

Name of Directorate HR Support involved:

**5. Reason for Referral**

Please provide comprehensive and relevant information (e.g. specific tasks required of the job, health problems , performance issues, domestic issues etc which may be affecting their health)

***NB: A completed stress risk assessment must be attached if the individual is affected by work-related stress or psychological issues.***

**6. Individual Stress Risk Assessment (where applicable)**

6.1 Has a stress risk assessment been completed (If yes please attach to referral)	<b>Yes</b>	<b>No</b>
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6.2 Has completion of a stress risk assessment been discussed with the individual	<b>Yes</b>	<b>No</b>
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6.3 Please indicate barriers to completion of stress risk assessment:

.....

<p>.....</p>
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Please indicate whether this referral is as a result of a traumatic incident within the workplace or if the individual has become injured whilst at work?	<b>Yes</b>	<b>No</b>
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<b>7. Referral Questions</b> (I would like Occupational Health guidance on the following)	<b>Please tick here</b>
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<b>These have been discussed with the individual</b>	
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7.1	Is there an underlying health condition for this attendance record performance?	
7.2	Is there evidence that the work or workplace is contributing to their sickness absence / performance?	
7.3	Is there any additional help / treatment you could recommend?	
7.4	When is he / she likely to return to work?	
7.5	Will there be any restrictions on carrying out his / her duties from now or when they return to work?	
7.6	Is this person suitable for night work (Working Time Regulations)?	
7.7	In your opinion should they be able to provide reliable and consistent attendance from now on?	
7.8	Are there any modifications that could be made to the work or workplace to assist this employee? If Yes a) specify and give advice b) how long should these restrictions continue?	
7.9	Will it be beneficial to consider a phased return to work? If Yes, please advise what your recommendations are.	
7.10	Is there a need to seek alternative employment? (If Yes, have you any specific recommendations you wish to make about this e.g. no manual handling, lifting etc)	
7.11	If considered unfit to return to work in the foreseeable future, would you recommend retirement on health grounds, if the employee is eligible under the pension scheme?	
7.12	Is this person suitable for temporary redeployment?	
7.13	If you have any additional specific questions please state below.	

## 8. Consent

I can confirm that the nature and purpose of this assessment has been explained to me. I fully comprehend that the assessment may include a physical examination and/or additional tests if necessary and, if required, the nature and purpose of which will be explained to me at the time of assessment. I agree to undergo this consultation for the purposes of a report being prepared by the Occupational Health Adviser/Physician, including recommendations about my fitness for work. I understand that in some rare circumstances information may have to be released without my consent, eg if the safety of others may be at risk or if required in law.

I give my consent for an Occupational Health report to be supplied in confidence to my manager and HR representative. The report will only include limited, relevant information about my medical conditions. I understand that I shall be sent a copy of the report at the same time as it is sent to my manager unless I express otherwise.

I also consent to my GP being sent a copy of the report **Yes**  **No**  (please tick).

If you **WISH** to see a copy of your report prior to it being sent to your manager we will email or post it to you. If you have comments to make you must respond to the Occupational Health department within **2** working days of the email or **5** working days for postal requests. If we have not heard from you within the above time frame the report will be issued directly to your manager.

Please tick 1 box only:

- I would like to see a copy of the Occupational Health report **before** it is sent to my manager. I understand that I cannot ask for the report to be amended unless it contains factual inaccuracies or appears misleading. **You can contact me by – either email**  **mail**  **or telephone**  (please tick).
- At the same time as it is supplied to my manager.
- I do not wish to see a copy of my report.

Your information will be processed in line with the **Data Protection Act 1998**.

It is the employee's responsibility to co-operate fully in the use of the locally agreed sickness absence procedures. The Agenda for Change NHS Pay and Conditions document states that employers may, at any time, require an employee absent from work due to illness to attend an examination by a medical practitioner. Furthermore, staff do not need to be off sick to be referred by their employer for a medical.

By signing below, I confirm I have read and understood the information contained within the Occupational Health Referral

<b>Signature of Employee:</b>	
Date:	
Line Manager(s) name	

<b>Signature of Referring Manager</b>
Referring Manager:

Date:

## APPENDIX 3

### Occupational Health Department Quality Standards and Monitoring Procedures

This refers to the standards associated with the Occupational Health service specification. It demonstrates compliance with the OHSS Standards given in the DH Publication "The Effective Management of Occupational Health and Safety Services in the NHS". (Ref 25770 Nov. 2001).

No.	Standard	Monitoring Requirement
1.	<b>Pre-employment</b>	
	<p>Pre-employment health questionnaires will be dealt with within 2 working days of receipt.</p> <p>Interim health clearance forms will be sent to the Recruitment Centre within HR Dept within one day of receipt to aid the recruitment process. The recruitment centre would thus be notified of potential employee's health status and of the need for a health assessment if necessary.</p> <p>Fitness certificates will be sent to the recruitment centre within five working days of receipt of pre-employment questionnaire.</p> <p>Employees requiring a health assessment will be offered an appointment with an OH adviser within 7 working days, and if appropriate with the OH Consultant within 10 days.</p> <p>Liaison with employees GP/Specialist if required with employee's written consent.</p> <p>Report on employees fitness for work to be sent in writing within 2 days of assessment</p>	<p>All questionnaires received will be date stamped</p> <p>Interim health clearance forms are kept electronically for one month.</p> <p>A copy of the fitness certificate is kept within employee occupational health (OH) records.</p> <p>Information to be logged including: date questionnaire received, notification to recruitment centre / manager, appointment and confirmation of attendance. Copy of consent (if applicable).</p> <p>Copy of report sent to appropriate HR Manager / Departmental Manager and copy kept within employee's OH records.</p>
2.	<b>Management Referrals</b>	

	<p><b>Assessment during long-term sickness absence or return to work.</b></p> <p>Provision will be made for employee to be seen by the Occupational Health Consultant within 10 working days.</p> <p>Provision will be made for an employee to be seen by an Occupational Health adviser within 7 working days. (This may be longer during periods of annual leave).</p> <p>Written report to Manager will be sent within 2 working days</p> <p><i>In circumstances where the OH Dept needs to seek advice from a GP/Specialist an interim report will be provided within 2 working days.</i></p>	<p>Date of receipt of referral will be recorded. Date appointment sent will be recorded and copy of appointment letter kept within employee's OH record.</p> <p>Written report sent to referring manager within 2 working days of appointment. Copy of report kept within employee's OH records.</p> <p>Copy of interim report kept within employee's OH records.</p>
	<p>A full report will be provided by the OH Dept as soon as specialist advice has been received.</p> <p><b>Assessment of employee's with unacceptable levels of short-term sickness absence or work performance issues related to health.</b></p> <p>Provision will be made for employee to be seen by the Occupational Health Consultant if appropriate, within 10 working days.</p> <p>On receipt of written request for assessment, an appointment will be offered within 7 working days with an Occupational Health adviser (this may be longer during periods of annual leave).</p> <p>Report on employee's fitness for work, including any recommendations for adjustments in the workplace, to be sent in writing within 2 days of assessment.</p> <p><b>Self-Referrals by employees</b></p> <p>All initial self-referrals will be seen by the Occupational Health adviser wherever possible on the same day of request or referred to drop-in clinics on Monday &amp; Friday afternoons.</p>	<p>Copy of full report will be kept within employee's OH records.</p> <p>Date of receipt of referral will be recorded. Date appointment sent will be recorded and copy of appointment letter kept within employee's OH records.</p> <p>A copy of the final report will be kept within the employee's OH record.</p> <p>The OH Dept will only advise managers when an employee has self-referred with full consent from the employee.</p> <p>Date of receipt of referral and appointment to be recorded in OH records.</p>
3.	<b>Counselling Services</b>	

	<p>Counselling services are provided by the Trust's Psychological Therapies team.</p> <p>Employees may either self-refer to the service</p>	<p>All employees may receive 6 counselling sessions from the Trust Psychological Therapies team. negotiation.</p>
<b>4.</b>	<b>Immunisations / Vaccinations</b>	
	<p>All employees who will have regular direct patient contact will be offered immunisation as appropriate for their occupation/ work activities.</p> <p>The OHD will offer an appointment to all employees within their first two weeks of employment</p> <p>Management will be advised of employees who fail to attend for an immunisation health check and advised to undertake a risk assessment.</p>	<p>COHORT will automatically record the issue of an appointment.</p> <p>Vaccinations and blood tests are recorded in COHORT.</p> <p>Written staff immunisation policy available on the Trust's intranet. Immunisation algorithms displayed in OH Dept.</p>