

Document Type: POLICY		Unique Identifier: CORP/POL/194
Title: Pre Employment Health Screening		Version Number: 3
		Status: Ratified
Scope: Trust Wide		Classification: Organisational
Author/Originator and title: Sue Grimshaw –SG - OH Manager Dr Sue Richardson – SCR - OH Consultant		Responsibility: Occupational Health Department
Replaces: Version 2 Pre Employment Health Screening CORP/POL/194	Description of amendments: Page 1 Scope & Pre-Employment Assessment Page 2 Health Surveillance Page 3 Removal of HepB, HepC Appendix 2 Immunisation Information	
Name Of: Divisional/Directorate/Working Group:	Date of Meeting:	Risk Assessment: Not Applicable
		Financial Implications Not Applicable
Validated by: JNCC	Validation Date: 25.1.11	Which Principles of the NHS Constitution Apply? 3
Ratified by: HR&OD	Ratified Date: 21.2.11	Issue Date: 21.2.11
Review Dates*: Review dates may alter if any significant changes are made		Review Date: 01.04.2014
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity and Marriage and Civil Partnership discrimination? Not Applicable		

1 PURPOSE.

The aim of this policy is to ensure all Recruiting Officers, Trust Managers and staff are aware of the need for pre employment health checks to be undertaken and immunisations prior to an individual commencing in a post within the Trust. The policy will also outline what immunisations are needed, the Occupational Health role in delivering immunisations and Managers responsibilities.

2 SCOPE.

This policy applies to all new staff working across Blackpool Fylde and Wyre Hospitals NHS Trust. Additional health clearance is needed for those current members of staff who are moving to an area to perform Exposure Prone Procedures (EPP), this includes post registration nurses moving into work in operating theatres and accident and emergency, nurses training as Midwives, Doctors in training moving into surgical specialties involving EPP's It also includes pre-registration healthcare students and visiting practitioners.

3 POLICY

3.1 PRE-EMPLOYMENT MEDICAL ASSESSMENT

All prospective employees must undergo a pre-employment health screen. The purpose of a pre-employment health screen is to ensure that employees are suitable for the work, which is proposed for them. It is concerned with the effect of 'work on their health' and 'health on their work'. This takes into account their physical and psychological capability and any previous illnesses.

The responsibility for recruitment rests with the referring Manager and the role of the Occupational Health Department (OHD) is to provide specialist independent advice to the employer. No prospective employee will be refused employment on health grounds without the opinion of the Occupational Health Physician being sought.

The designated Employment Services Officer (ESO) must issue the Health Clearance Notification when providing the successful candidate with the conditional offer pack. The pre-employment forms must be returned directly back to the OHD, who must inform the ESO of the employment status. See Appendix 2

An Occupational Health Professional must assess the completed pre-employment health screening form. If there are potential ill health problems (whether physical or psychological in nature) then after consultation and, if deemed appropriate, an appointment will be made to see the Occupational Health Physician.

Particular attention must be paid to any prospective employee with a history of excessive sickness absence, or any other behavior/illness or injury that may give cause for concern.

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It is important that, if any significant adverse health information is given during interview, or contained within references, it is passed on to the Occupational Health Department prior to pre-employment health screening taking place.

The Occupational Health Department will contact the prospective employee if they seek additional information on their medical history – a letter will be sent to the individual to confirm what is requested – if Occupational Health do not receive evidence within 7 days – an unfit slip will be sent to employment services (**see Appendix 1**)

On completion of a successful medical assessment a Certificate of Fitness to Work must be issued to the ESO via the email system and a paper copy must be kept in the Occupational Health notes.

If clarification of information given by the prospective employee on any health problems is thought to be necessary, information may be sought from other Occupational Health Department involved in the employees past roles, their General Practitioner or other relevant sources. Consent is obtained from the prospective employee, taking into account the Access to Medical Reports Act 1988 and if, after the pre-employment medical, information is required to be passed on to the employing manager this must be discussed with the individual and consent sought.

If, after gaining further information, doubt remains as to the suitability of the applicant for employment, the relevant ESO must be informed.

3.2 HEALTH SURVEILLANCE

The Manager will have identified any potential risks that the employee may be exposed to in the workplace. The Manager must make the OHD aware of any actual risks and if appropriate Occupational Health will offer health surveillance.

Health Care workers have a professional and ethical duty to notify the Occupational Health Department if they suspect that they may be infected with a blood borne virus i.e. Hepatitis B, C or HIV or have put themselves at risk. These employees must be advised on their condition and any implications that may affect their health and their occupation.

3.3 IMMUNISATION

Immunisation of employees against certain infectious diseases to minimise the risk of cross infection within the workplace is strongly recommended – employers are reminded of their professional obligations outlined by their professional regulatory bodies e.g. GMC, NMS, HPC

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Immunisation Records

The Occupational Health Department is responsible for keeping accurate and up-to-date immunisation records on all employees.

4. ATTACHMENTS

Appendix 1 – Standard Operating procedure for pre-employment check

Appendix 2 - Form completed by ESO

Appendix 3 – Pre employment questionnaire

Appendix 4 – Form from Occupational Health to ESO re fitness status of staff member

Appendix 5 - Access to medical reports information and consent form

5. ELECTRONIC AND MANUAL RECORDING OF INFORMATION

Electronic Database for Policies, Procedures, Protocols and Guidelines

Held By:Archive/Policy Co-ordinators office

6. LOCATIONS THIS DOCUMENT ISSUED TO

Copy No	Location	Date Issued
1	Intranet	21/02/2011
2	Wards and Departments	

7. OTHER RELEVANT/ASSOCIATED DOCUMENTS

Unique Identifier	Title and web links from the document library
CORP/GUID/070	The role of Occupational Health in determining the fitness for employment of internal/transferred candidates
CORP/POL/180	Operational policy for the Occupational Health dept.
DoH March 2007	Health Clearance for tuberculosis, hepatitis B, Hepatitis C and HIV: New Healthcare workers
DoH March 2007	Hepatitis B infected healthcare workers and antiviral therapy.
DoH 2006	Immunisation Against Infectious Disease.

8. SUPPORTING REFERENCES/EVIDENCE BASED DOCUMENTS

References In Full
None

9. CONSULTATION WITH STAFF AND PATIENTS

Name	Designation
None	

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10. DEFINITIONS/GLOSSARY OF TERMS

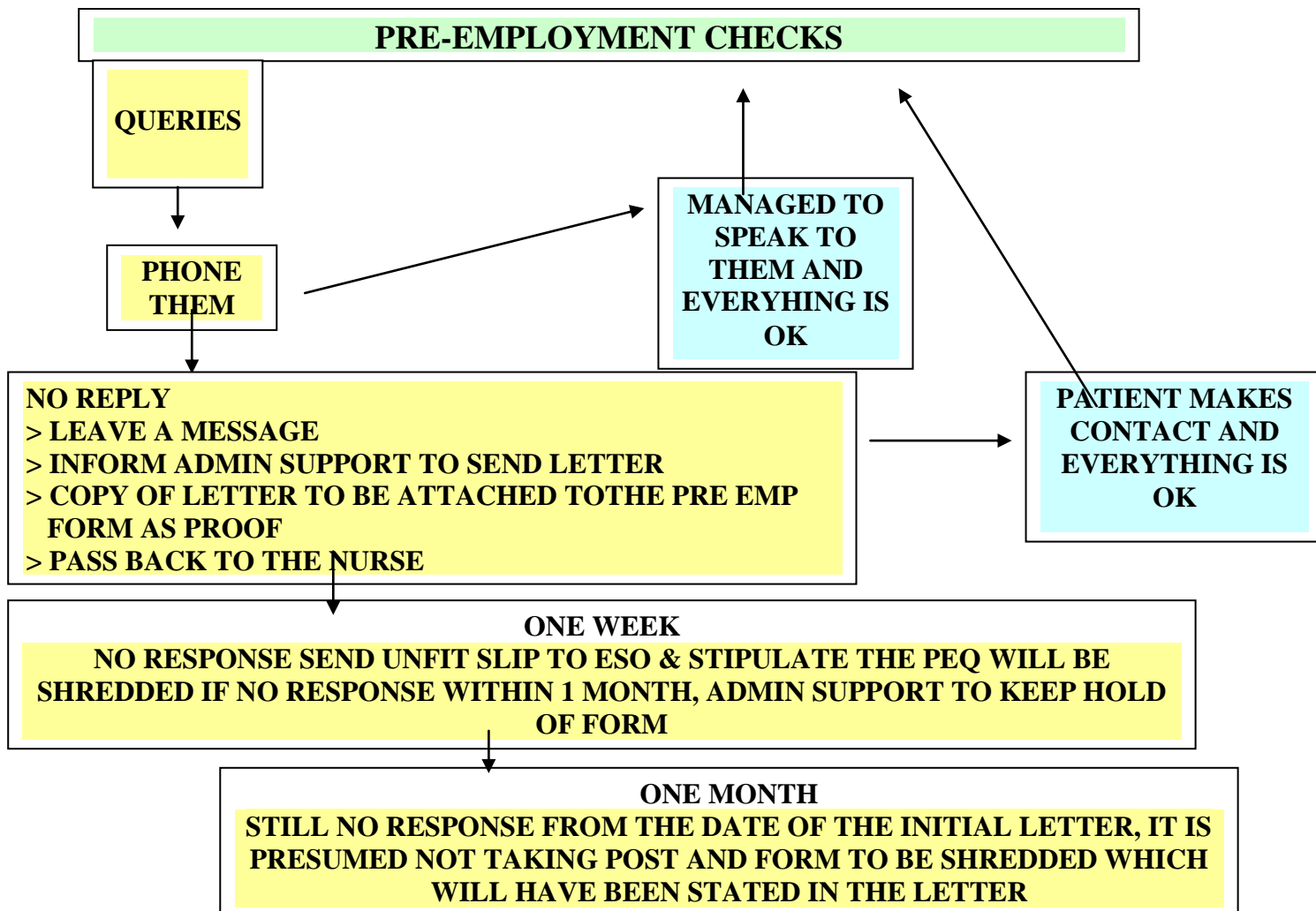
NAME	DEFINITION
NMC	Nursing and Midwifery Council
GMC	General Medical Council
HPC	Health Professionals Council

11. AUTHOR/DIVISIONAL/DIRECTORATE MANAGER APPROVAL

Issued By	Sue Grimshaw	Checked By	Dr Sue Richardson
Job Title	Acting Head of Occupational Health Department	Job Title	Consultant Occupational Health Department
Signature		Signature	
Date	February 2011	Date	February 2011

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STANDARD OPERATING PROCEDURES



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Appendix 2

To be completed by the Employment Services Officer

This sheet must be completed by the ESO and forwarded it to the Occupational Health Department. Do not send it to the applicant to return.

The Pre-employment Health Questionnaire should be sent to the successful candidate with the conditional offer letter.

If the Recruiting Manager has any medical concerns about the applicant, either from the references or from the interview, please give details below.

Applicant.....

Job Title..... Reference No.....

Dept.....

Trust.....

Start Date..... Hours of work: FT.....PT.....

Please return clearance notification to:

Employment Services Officer.....

Employment Service Centre, Furness Drive, Poulton le Fylde

Contact no..... Date.....

Further Information

Appointing Manager.....

Please take the following information into account when assessing this applicant's fitness for this post. (Continue on a separate sheet if necessary)

From References

Previous Sickness Absence

From Interview

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Appendix 3

Introduction

- The purpose of this pre employment health assessment is to try and ensure that you are fit for the post you have applied for. 'Fit for the post', means that there is no medical reason why you should not be able to give regular and effective service without jeopardising your own, or others health and safety. Questions are asked about your past and present health, medical treatment and any disabilities, which may have implications for your fitness for this post. The information you provide will remain confidential to the occupational health department.
- Most people are fit for the jobs they apply for and we can usually make this decision without asking you to attend for a medical examination. This is much more likely if you make sure you have given us sufficient information on the form. If you have answered 'Yes' to any of the questions please do give further details. Please make sure you have given us your daytime telephone number. If there is any clarification or further information we need we usually try to do this by telephone where possible.
- Sometimes it is not possible to make a decision as to your fitness without either seeing you or writing to your GP for further information. Please make sure you sign the enclosed consent form 'A' which we will use if we need to write to your GP for further information. **Please note that for some types of jobs we will routinely write to your GP to confirm the accuracy of your replies on this form.** If we do write to your GP for any reason we will inform you that we have done so.
- Working in some jobs in a health care setting may expose you to a risk of infections and you may already have been vaccinated against these. It is likely to save you a lot of time later if we know what immunisations you have already had. If you have previously had any vaccinations in connection with your work please sign the enclosed consent form 'B'. This will enable your previous employer or your GP to release details of your immunisation records to us where necessary. It does not authorise the release of any other information. If you have never had any immunisations in connection with your work please sign the bottom section of Consent Form B to confirm this.
- If you have any difficulties completing this form or wish to discuss any issues in a confidential setting please contact the occupational health department for advice. Our address and telephone number are as follows:-

Department Occupational Health
Blackpool, Fylde & Wyre Hospitals NHS Foundation Trust
Whinacre House
North Park Drive
Blackpool
FY3 8NQ
Telephone 01253 657950
Fax 01253 657947

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To Be Completed By Applicant

Surname First names.....

Maiden or previous name..... Male / Female.....

Title (Dr / Mr. / Mrs / Ms / Miss)..... Date of Birth.....

Address.....

.....

Daytime telephone..... Mobile.....

Email address

General Practitioner (Name & Address).....

Post applied for.....

Department..... Start Date.....

Line Manager/Supervisor.....

Vacancy reference number.....

Have you worked for:- B,F & W Hospitals NHS Foundation Trust/ BPCT / NLPCT / Lancashire Care PCT / ISS / Sodexo before? Yes No

If so, where Date from/to:(s)/.....

Declaration

I declare that all of the statements and information I have made on this questionnaire are true to the best of my knowledge. I understand that giving false information or failing to disclose any significant information could result in dismissal.

Signed Date

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Blackpool Fylde and Wyre NHS Foundation Trust
Work Health Assessment-Confidential to Occupational Health

If you have any difficulties completing this form or wish to discuss any issues in a confidential setting please contact the occupational health department for advice. Our address and telephone number is as follows:-

Occupational Health, Whinacre House, North Park Drive , Blackpool, FY3 8NQ
Tel: 01253 657950

Your answers to this questionnaire will be CONFIDENTIAL to the Occupational Health team and will not be given to anyone else without your written permission. The purpose of the questionnaire is to see whether you have any health problems that could affect your ability to undertake the duties of the post you have been offered or place you at any risk in the workplace. We may recommend adjustments or assistance as a result of this assessment to enable you to do the job. Our aim is to promote and maintain the health of all people at work. Before health clearance is given for employment you may be contacted by the Occupational Health team and may need to be seen by an occupational health advisor or physician.

Please help us to help you by completing the questionnaire as fully as possible. Please complete this form in BLACK pen / typeface and block capitals

Title: Ms / Miss / Mrs / Mr / Dr / Professor:	Male	Female
Surname/Family name:	First name:	
Previous names (if applicable):		
Date of birth:	Proposed Job Title:	
Department:	Manager if known:	
Site:	Have you ever worked/trained here? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Home Address:		
Post code:	Are you new to working for the NHS? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mobile:	Tel home:	
Name of GP:	Tel No of GP:	
Address of General Practitioner:		

PREVIOUS EMPLOYMENT IN THE LAST 5 YEARS

Employer	Nature of your work	Start date	Finish date

Please attach additional sheets of paper if necessary.

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All staff groups complete this section

1. Do you have any illness/impairment/allergy or disability (physical or psychological) which may affect your work?

If **yes**, please give details below

Yes

No

2. Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?

If **yes**, please give details below

Yes

No

3. Are you having, or waiting for treatment (including medication) or investigations at present? If your answer is yes, please provide further details of the condition, treatment and dates.

If **yes**, please give details below

Yes

No

4. Do you think you may need any adjustments or assistance to help you to do the job?

If **yes**, please give details below

Yes

No

5. Do you have any of the following:

Yes

No

(a) A cough which has lasted for more than 3 weeks?

(b) Unexplained weight loss?

(c) Unexplained fever?

Have you had tuberculosis (TB) or been in recent contact with open TB?

Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2006)

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Have you lived continuously in the UK for the last 5 years? Yes No

If no, please list all of the countries that you have lived in over the last 5 years

Have you had a BCG vaccination in relation to Tuberculosis? Yes No

Approx date of vaccination: -----

6. Do you have any skin conditions? (e.g. psoriasis, eczema etc) Yes No

If yes please give details below

7. Have you ever had chickenpox? Yes No

Can you provide documented evidence of immunity to measles and rubella?

8. If you will perform EPPS please answer the following

Exposure Prone Procedures (EPP) are those procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissue (e.g. spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

EPP staff include: All surgeons (including FY1 and FY2 doctors with a rotation into one of the EPP areas), dental staff, theatre staff, midwives, A&E doctors and nurses. Renal unit staff must provide documentary evidence of hepatitis B status. If you are unsure about your EPP status, please contact the Occupational health Department on 01253 657950.

EPP staff MUST provide documentary evidence of hepatitis B status. Documentary evidence of hepatitis C and HIV status is also required for staff undertaking EPPs for the first time. This must be an identified validated sample (IVS). Health clearance for EPP work cannot be given until these results have been received and processed by the Occupational Health team. IF YOU HAVE PREVIOUS BLOOD RESULTS AND / OR DOCUMENTED EVIDENCE OF RELEVANT VACCINATIONS PLEASE SUPPLY A COPY WHEN YOU SUBMIT THIS FORM.

IF RESULTS ARE NOT AVAILABLE YOU WILL BE TESTED IN THIS DEPARTMENT AND HEALTH CLEARANCE FOR EPP WORK WILL BE DELAYED UNTIL THESE RESULTS ARE PROCESSED. You will be asked to show formal photographic ID i.e. valid driver's licence or passport for this procedure. This is to comply with the Department of health's standard for Identified Validated samples (IVS).

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Will you be performing exposure prone procedures (EPP)? Yes No

Healthcare workers who perform EPPs have a legal duty to inform the Occupational Health team if they suspect or know that they are carriers of HIV, hepatitis B or hepatitis C.

Have you ever tested POSITIVE for HIV/AIDS?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever tested POSITIVE for Hepatitis B?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever tested POSITIVE for Hepatitis C?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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VACCINATION HISTORY

Have you ever had any of the following vaccinations or tests, please indicate YES, NO or Don't know. Please give dates and test results where known.

Please note you should obtain documentary evidence of any vaccinations you can from your GP (or occupational health department) as this may prevent you having to have blood tests or further vaccination.

<u>Immunisation / Illness</u>	Yes	No	Don't Know	Date(s)	Test Result
Tetanus					
Poliomyelitis					
Rubella (German measles)					
MMR					
Have you had measles (the illness)					
TB test (Mantoux)					
BCG (TB vaccination)					
Diphtheria					
Hepatitis A					
Hepatitis B					
Varicella					
Have you had Chicken Pox - (the illness)					

DECLARATION

I declare that the answers to the above questions are true and complete to the best of my knowledge and belief.

Signed

Date

.....

.....

Please bring with you all documentation relating to previous immunisations or illness these are;

1. MMR x2 doses or serological evidence of immunity to measles, mumps and rubella
2. Varicella zoster (chicken pox)
3. Hepatitis B immunisation and antibody status post vaccination course if available
4. BCG if available

If we are not able to complete the appropriate control of infection procedure we will have to declare you 'unfit' for post and will inform your manager.

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Occupational Health Department

Confidential

To: Employment Services Centre

Date.....

Occupational Health Department - **01253 657950**

Name of

applicant.....

...

D.O.B. of applicant..... Ref

No.....

Occupation.....

Hosp./Dept.....

This is to confirm that the above is:

- Fit for employment
- Unfit
- Fit pending an appointment for
 - Bloods
 - Vaccinations
 - Keystone eye test
 - Other

Comment.....

.....

.....

A letter has been sent to the applicant asking them to phone for an appointment.

However, **it is the manager's responsibility to ensure their staff member attends this appointment** and therefore comply with the Hospital Policies.

Signed..... Date.....

Occupational Health Physician/Sister/Staff Nurse

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Appendix 5

Access to Medical Reports Act 1988

This Act came into force in January 1989. It means that you have the right to see medical reports about you supplied by doctors who have treated you. You also have the following rights:

1. Your employer must notify you when they intend to apply for a report and must ask your consent to seek such a report.
2. If a report is requested your General Practitioner/Consultant must be told whether or not you wish to see the report.
3. You may ask to see the report before it is sent to your employer.
4. If you wish to do this it is your responsibility to make arrangements to see the report and you are responsible for paying any reasonable fee charged by the doctor preparing the report. You have 21 days from the date of your employer's request to make arrangements to see the report.
5. If you disagree with the contents of the report you may ask the doctor to amend it, if s/he does not agree with these amendments you may not yourself alter the report, but you can add your own amendment.
6. If you totally disagree with the contents of the report you may withdraw your consent for it to be supplied to your employer.
7. Your doctor has no obligation to show you the whole or any part of the report, should s/he feel that the contents will cause you distress.
8. You may ask to see the report at any time up to six months after it is requested. However after the expiry of the 21 day period, you may not change the content.

PLEASE COMPLETE THE CONSENT FORM OVERLEAF

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CONSENT FORM A

I understand my rights under the Access to Medical Reports Act 1989 and have read the summary of these rights provided.

I agree/no not agree* to a medical report on my health being requested.

I wish/do not wish* to see the report before it is supplied.

Signature Date

Name (Block capitals)

Name of General Practitioner

Address.....

* Please delete as appropriate.

Department of Occupational Health,
Blackpool, Teaching Hospitals NHS Foundation Trust

CONSENT FORM B

I agree to the release of my immunisation / vaccination records only, from my previous Occupational Health Department or my General Practitioner.

Signature Date

Name (Block capitals)

Name & Address of Occupational Health Department (or GP)

.....

.....

OR

I have never had any immunisations / vaccinations in connection with my work

Signature Date

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