

Document Type: Policy		Unique Identifier: CORP/POL/194
Title: New Starter Health Screening		Version Number: 4.1
		Status: Ratified
Scope: Trust Wide		Classification: Organisational
Author/Originator and title: Sue Houldsworth, Occupational Health Nurse Manager Clare Hill, Occupational Health Sister		Responsibility: Occupational Health Department
Replaces: Version 3 Pre Employment Health Screening CORP/POL/194	Description of amendments: Front page -Title Page3 Scope and Pre-Employment Assessment- paragraphs 1 and 3 Page 4 -Health Surveillance Appendix 1- Standard Operating Procedure updated version Appendix 2 -ESO form removed Appendix 3 - Pre-employment questionnaire- updated version, new title. Appendix 4 - Fitness for work form removed Addition of Appendix 5 – Immunisation / Vaccination tables 09/06/2021 – Version 4.1 – review date extended by six months.	
Name Of: Divisional/Directorate/Working Group: HR Policy Forum	Date of Meeting:	Risk Assessment: Not Applicable
	23 rd October 2014	Financial Implications Not Applicable
Validated by: JNCC	Validation Date: 16 th December 2014	Which Principles of the NHS Constitution Apply? 3
Ratified by: Trust Management Team Version 4.1 – Jayne Taylor, Interim HR Business Partner	Ratified Date: 29/01/2015 09/06/2021	Issue Date: 09/06/2021
Review dates may alter if any significant changes are made		Review Date: 09/12/2021
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Initial Assessment		

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1 PURPOSE

The aim of this policy is to ensure all Recruiting Officers, Trust Managers and staff are aware of the need for New Starter 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 Teaching Hospitals NHS Foundation Trust.

Additional health clearance is needed for those current members of staff who are moving to an area which involves a significant change in role. This would include individuals moving from a non patient contact role to a patient contact role and those moving to a role where they would 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 New Starter Health Assessment

All prospective employees or current employees moving to a new post involving significant changes from their previous role, must undergo a New Starter health screen. The purpose of a New Starter 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 Work health assessment form will be sent to the prospective employee from recruitment. Once completed it should be returned electronically directly back to the Occupational health department at Occupational.Health@bfwhospitals.nhs.uk by the prospective employee. OHD will update recruitment via the TRAC system when this is received.

An Occupational Health Professional must assess the completed work health assessment 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 an OH Nurse Specialist or OH Physician.

Particular attention must be paid to any prospective employee with a history of excessive sickness absence, or any other behaviour/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 health screening taking place, with the individuals consent.

The Occupational Health Department will contact the prospective employee if they seek additional information on their medical history. An Occupational Health advisor will contact the individual via telephone. If unable to make contact, a letter or email will be sent to the individual requesting them to contact the OH department.– if no contact is made within 7 days an appointment will be sent for them to attend the department.(see Appendix 1)

On completion of a successful Health assessment and Control of Infection screen, Occupational Health will update the TRAC system indicating the prospective employee’s fitness to work. The health clearance will be recorded in the individuals OH records.

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 Departments 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- start medical, information is required to be passed on to the employing manager this must be discussed with the individual and consent sought.

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.

3.2.1 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, NMC, HPC

3.2.1.1 Immunisation Records

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

4 ATTACHMENTS	
Appendix Number	Title
Appendix 1	Standard Operating Procedure for New starter health screening
Appendix 2	Work Health Assessment Questionnaire
Appendix 3	Guidance document for completing questionnaire
Appendix 4	Access to medical reports information and consent form
Appendix 5	Immunisation and vaccination requirement table

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4 ATTACHMENTS	
Appendix Number	Title
Appendix 6	Equality Impact Assessment Form

5 ELECTRONIC AND MANUAL RECORDING OF INFORMATION
Electronic Database for Procedural Documents
Held by Policy Co-ordinators/Archive Office

6 LOCATIONS THIS DOCUMENT ISSUED TO		
Copy No	Location	Date Issued
1	Intranet	29/01/2015
2	Wards, Departments and Service	29/01/2015

7 OTHER RELEVANT/ASSOCIATED DOCUMENTS	
CORP/GUID/070	The role of Occupational Health in determining the fitness for employment of internal/transferred candidates http://fcsharepoint/trustdocuments/Documents/CORP-GUID-070.doc
CORP/POL/180	Operational policy for the Occupational Health dept http://fcsharepoint/trustdocuments/Documents/CORP-POL-180.doc

8 SUPPORTING REFERENCES/EVIDENCE BASED DOCUMENTS
References In Full
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.

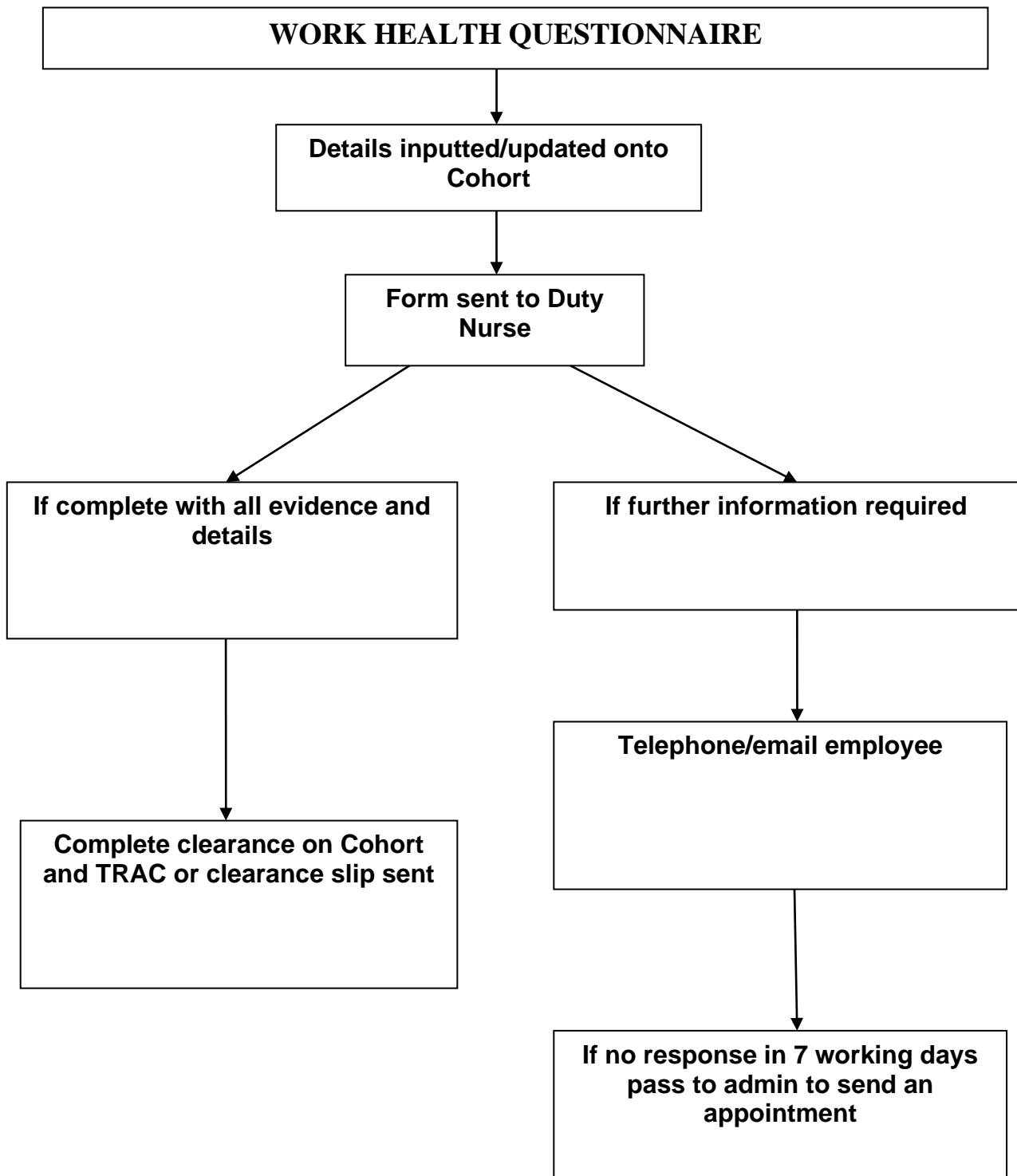
9 CONSULTATION WITH STAFF AND PATIENTS	
Name	Designation
None	

10 DEFINITIONS/GLOSSARY OF TERMS	
EPP	Exposure Prone Procedures
GMC	General Medical Council
HPC	Health Professionals Council
NMC	Nursing and Midwifery Council
OHD	Occupational Health Department

11 AUTHOR/DIVISIONAL/DIRECTORATE MANAGER APPROVAL			
Issued By	Sue Houldsworth	Checked By	Sue Grimshaw
Job Title	Occupational Health Nurse Manager	Job Title	Occupational Health Department Head
Date	April 2014	Date	April 2014

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Appendix 1: NEW STARTER HEALTH SCREEN



Appendix 2: Work Health Assessment Questionnaire

Occupational Health Department,
Whinacre House,
North Park Drive,
Blackpool,
Lancashire, FY3 8NQ.
Tel: 01253 657950
Fax: 01253 657947
Email: occupational.health@bfwhospitals.nhs.uk

Dear Candidate,

Please find enclosed your health questionnaire that we need you to complete and **return to us within two weeks of receiving it. You will need to do the following**

1. Complete every section, then
 - For those of you who are new to the NHS and will be undertaking roles that may involve patient contact you will need to request from your GP evidence of your vaccination history(if you have this already please send it with your form)
 - We would suggest that where possible you visit your practice direct and return to pick your vaccine history up within a few days or request they fax it to us direct on 01253 657947. Alternatively it be scanned or emailed to us.
 - **Or - If you have got evidence of your immunisations and vaccinations at a previous Occupational Health Department please obtain a copy of these and attach to this questionnaire.**
2. Once we have received your completed questionnaire we will arrange an appointment for you to attend the department with an Occupational Health Nurse adviser.
 - **Please remember to bring all of your vaccine history evidence with you on the day (if you have not sent in prior to this) .We will not be able to process your application without it, which again will result in a delay for you personally starting your new post in the Trust, as you must be cleared from a Control of Infection perspective.**
3. When you attend your appointment if you do not have evidence of having previously been vaccinated for Mumps, Measles and Rubella (MMR) we will either need to commence you on a vaccine immunity programme which consists of 2 doses (first at this initial meeting and the 2nd 4 weeks after the 1st). Then you will be free to start your post or, if you prefer, we could undertake a blood test at this meeting to have your immunity checked. Please note results can take up to 7 working days to be received and checked. If your results demonstrate you are not immune you will then need to commence your vaccine programme. **Again this will result in a delay for you personally starting your new post in the Trust, as you must be cleared from a Control of Infection perspective .**

I hope the above information clarifies for you the process and timescales involved in ensuring you are ready to commence your post. Please do not hesitate to contact us with any queries.

Best wishes

Occupational Health Department

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Appendix 2: Work Health Assessment Questionnaire

Continued Surname/Family name:

First name:

Date of birth:

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

Email: occupational.health@bfwhospitals.nhs.uk

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):	Email:	
Date of birth:	Proposed Job Title:	
Department:	Manager if known:	
DIVISION: (must be completed – contact manager if not 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:		

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Appendix 2: Work Health Assessment Questionnaire

Continued Surname/Family name: _____ First name: _____ Date of birth: _____

PREVIOUS EMPLOYMENT IN THE LAST 5 YEARS

Employer	Nature of your work	Start date	Finish date

**Please attach additional sheets of paper if necessary.
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

Appendix 2: Work Health Assessment Questionnaire

Continued Surname/Family name: _____ First name: _____ Date of birth: _____

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)

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 No

Have you ever tested **POSITIVE** for Hepatitis B? Yes No

Have you ever tested **POSITIVE** for Hepatitis C? Yes No

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 obtain any vaccination/blood test evidence from your previous Occupational Health Department or GP.

If no evidence is available you will need to be vaccinated in the department. This could delay your OH clearance and impact on your start date.

Immunisation / Illness	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)					

- **If you have evidence of your immunisations and vaccinations at a previous Occupational Health Department please obtain a copy of these and attach to this questionnaire.**

Appendix 2: Work Health Assessment Questionnaire

Continued Surname/Family name:

First name:

Date of birth:

DECLARATION

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

Signed

Date

.....

.....

PRINT NAME _____

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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Appendix 3: User guide For Completing Health Assessment Form

USERGUIDE FOR COMPLETING YOUR HEALTH ASSESSMENT FORM

Before you complete your health questionnaire, it is important that you read this guide carefully and refer to the guidance notes for each section as you complete the form.

Please help us to help you by completing the questionnaire fully. We would encourage you to complete and return your questionnaire via email to occupational.health@bfwhospitals.nhs using **BLACK** typeface.

Front cover – personal details

Complete all required fields ensuring you have specified your **job title** and your **appointing manager's name**. Before health clearance is given for your new role you may need to be contacted by the Occupational Health team therefore it is important for us to have **all contact details to avoid any delays**. Please make sure you have put on your preferred contact details including **email address, home telephone number and mobile telephone number**.

Questions 1- 4

Your answers to these questions 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 your job role 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 your new role. Our aim is to promote and maintain the health of all people at work.

If you answer yes to any of these questions it is important that you give as much detail as possible to enable us to make a full assessment and advise of any adjustments you may require. Please see below for assistance with this.

All medical conditions disclosed – Please include information on:

How long you have had this condition.

Are you on any treatment/medication for this condition? If so what? (Include name & dose of medications)

Are you under the care of a specialist for this condition? Please include name of specialist and their location.

Are you having any ongoing investigations regarding this condition? What? Date?

Have you required hospital admission for this condition, if so when was your last admission?

How does this condition impact on your normal daily activities?

Consider: Mobility, driving, household chores, lifting and carrying.

Do you consider any adjustments will be needed to assist you to fulfil the requirements of your new job role? – If so answer yes to question 4 and please include details of areas of the course you feel may present difficulties and what adjustments you think would be beneficial.

Additional Information you should include if disclosing the following underlying medical conditions.

Diabetes – Please state if this is type 1 or type 2 diabetes. Is it controlled with insulin (include what insulin and dosage), medication(include name & dose) diet or a combination?

Do you consider your diabetes to be well controlled? Do you have hypoglycaemic events, if so how often and when was your last one?

Have you had any hospital admissions regarding your diabetes, if so how often and when was the last admission?

Are you looked after by your GP or a specialist or both? Please include name of specialist and their location.

Do you wear a medi- alert item (i.e. bracelet, necklace)?

How does this condition impact on your normal daily activities?

Consider: Regular eating, insulin administration.

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Do you consider any adjustments will be needed to assist you to fulfil the requirements of your new job role? – If so answer yes to question 4 and please include details of areas of the role you feel may present difficulties and what adjustments you think would be beneficial.

Epilepsy – Do you have grand mal (Tonic clonic) seizures or petit mal/absences or both? How often? When did you have your last seizure?

Do you consider your epilepsy to be well controlled? Name & dose of medications.

Do you get any warning of impending seizure?

Do you wear a medi alert item (ie bracelet, necklace)

How does this condition impact on your normal daily activities?

Do you consider any adjustments will be needed to assist you to fulfil the requirements of your new job role?– If so answer yes to question 4 and please include details of areas of the role you feel may present difficulties and what adjustments you think would be beneficial.

Depression/Anxiety disorder – When diagnosed? Have you had previous episodes, if yes please include dates.

Are you currently taking medication? (include name & dose)

Are you looked after by your GP or a specialist? Please include name of specialist and their location.

How does this condition impact on your normal daily activities?

Consider: how *difficult* has this problem made it for you to do your work, take care of things at home, or get along with other people/socialize

Do you consider any adjustments will be needed to assist you to fulfil the requirements of your new job role? – If so answer yes to question 4 and please include details of areas of the role you feel may present difficulties and what adjustments you think would be beneficial.

Asthma- What treatment are you taking ? - Inhalers – name & dose. Do you consider your asthma to be well controlled? How often do you need to use your reliever inhaler?

Have you required any hospital admissions for your asthma? If yes when was your last admission?

Have you required rescue steroids? If yes, how often is this necessary and when was the last time steroids were needed?

How does this condition impact on your normal daily activities?

Consider: What triggers may exacerbate your condition ie exercise, allergies, anxiety/stress.

Do you consider any adjustments will be needed to assist you to fulfil the requirements of your new job role?– If so answer yes to question 4 and please include details of areas of the role you feel may present difficulties and what adjustments you think would be beneficial.

Following the guidance and completing your form fully will enable Occupational health to process your health assessment quickly and avoid any delay in health clearance for your new post.

Question 5-8

5- This section is to assess your TB (Tuberculosis) status. **Please complete as fully as possible.** If you have had a BCG vaccination to protect against TB you will likely have a scar most commonly found on the left upper arm. (This vaccination was administered to school children around the age of 13yrs of age until 2005 in the UK).

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If you have lived /worked/visited for 4 weeks or more, countries outside of the UK please ensure you state which countries and for how long you were there.

6- If you suffer from any skin conditions please indicate if your hands are affected and include the names of any treatment creams you may use. Is this mild, moderate or severe?

7- If you were born and raised in the UK, a definite history of chicken pox illness can be accepted as evidence of immunity. If you are unsure about this question you may wish to check with family members if you had chicken pox as a child.

8- EPP's –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. sharp pieces 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.

NB It is expected that only roles of Midwife, Theatre staff, Surgeons, dentists, or A&E staff would need to answer yes to this question.

VACCINATION HISTORY

You must complete this section **AND** provide evidence of the vaccinations you have answered yes to. Evidence of the following vaccinations will be required:

MMR (Measles, Mumps & Rubella) – Documented evidence of **2** vaccinations. Check with your GP if you have any MMR vaccinations on your record. If you have please request a print out of your vaccination history and send into the OHD. The print out should have your name and if possible your date of birth on it. If you do not have evidence of MMR vaccination x 2 you will be required to have these vaccinations with a minimum of 28 days between each vaccination.

BCG (TB) vaccination. This vaccination was part of the childhood national vaccination programme for all children born before mid 1993 and usually leaves a visible scar most often on your left upper arm. As it was given in school around the age of 13yrs it may not be on your GP vaccination record. If you answer yes to having had this vaccination but do not have it documented on your records you will be sent an appointment to attend Occupational health for sighting of your scar. You must bring a form of photographic identification to this appointment. If you were born after mid 1993 it is probable that you have not had a BCG vaccination. In this case you will be sent 2 appointments 2-3 days apart to enable us to carry out a mantoux test to check if you have any immunity to Tuberculosis and administer the BCG vaccination if indicated necessary by the test.

Varicella (Chicken pox) – If you (Advise checking with parents/family members) know that you have definitely had chicken pox illness and you were born/raised in the UK, you need only answer yes to this question. This can be accepted as your evidence. If you have not had chicken pox, are unsure or were born and raised outside of the UK, you will require 2 varicella vaccinations 28 days apart. You will be sent an appointment to attend Occupational Health.

EPP bloods – If you have answered yes to question 8 & are new to the NHS or new to EPP work you will need identity verified blood test evidence of your Hepatitis b surface antigen, Hepatitis c antibody and HIV 1+2 antibody status. Please send your documented evidence to OHD if you have had these done. If not you will be sent an appointment to attend Occupational health for these blood tests. **You must bring a form of photographic identification to this appointment.**

If you have worked in health care and have a previous Occupational health provider you may have evidence of any or all of the above and should obtain a print out to send in to our department. (This will not be necessary if BTH OHD already have a record for you – please indicate this on the vaccination history section of the form.)

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If you have not got all of the above and chose to access any necessary vaccinations locally at your GP surgery, **you must send a GP printout to our department as evidence of this. NB-** BCG vaccination can be difficult to access in the community.

Do not worry if you do not have or are unable to access evidence of the above, Occupational Health will be able to complete the necessary tests and vaccinations and an appointment will be sent to you

HEALTH CLEARANCE WILL NOT BE GIVEN WITHOUT EVIDENCE OF ALL THE ABOVE AND FAILURE TO ATTEND APPOINTMENTS IF EVIDENCE IS NOT SENT CAN RESULT IN A DELAY IN CLEARANCE TO COMMENCE YOUR NEW POST.

In addition to the above you will need to complete a course of 3 vaccinations for Hepatitis B immunity, each given 4 weeks apart followed by a blood test 6-8 weeks later. This is not part of the Control of infection requirements stated above and will not delay your health clearance. **It is for your protection.**

DECLARATION

Your **must** ensure you have signed and dated the declaration (full name typed & date is acceptable if completing and sending electronically).

Forms without signed and dated declarations will **NOT** be accepted and can result in a delay in your clearance process

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Appendix 4: Access to medical reports information and consent form

ACCESS TO MEDICAL REPORTS ACT 1988

Before we can apply for a medical report from your Doctor, we need your consent.

Before signing in the space below, you should know that you have certain rights under the Access to Medical Reports Act 1988. These are set out overleaf but the main points are as follows:-

- (a) You can withhold your consent.
- (b) You can see the report before it is sent to us or during the 6 months after that.
- (c) You can ask the Doctor if he will amend any part of the report, which you consider to be incorrect or misleading. If the Doctor is not in agreement, you may append your comments.
- (d) The Doctor can withhold from you the report, or part of it, if he thinks you would be harmed by seeing it.

CONSENT TO APPLY FOR A MEDICAL REPORT

I have been informed of my statutory rights under the Access to Medical Reports Act 1988, as explained overleaf and hereby consent to my Company medical advisors seeking medical information from any Doctor who at any time has attended me concerning anything which affects my physical or mental health and I agree that a copy of this consent shall have the validity of the original.

I wish to see the report before it is sent.

Note: If you ask the Doctor for a copy of

The report, he can charge you a
reasonable fee to cover the costs

(Please tick
one box only).

I do not wish to see the report before it is sent.

Signature:

Date:

Name:

Address:

Name of usual Medical Practitioner(s):

Address:

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Appendix 4: Access to medical reports information and consent form

After completion the whole form should be returned to the Company Medical Advisor.

ACCESS TO MEDICAL REPORTS ACT 1988

Before we can apply for a medical report from a doctor who has cared for you, we need your consent by signing in the space overleaf. Before doing so, however, you should read this note carefully, as it sets out your rights under the Access to Medical Reports Act 1988 and the procedures for dealing with reports. You do not have to give your consent but, if you do, you can say whether you wish to see the report before it is sent to the Company's Medical Advisor. If you do not give consent, we may be unable to proceed.

If you say you wish to see the report, your Medical Practitioner will be informed that you wish to have access to the report and will allow 21 days for you to see and approve it before it is supplied to the applicant. If the Medical Practitioner has not heard from you in writing within 21 days of the application for the report being made, he/she will assume that you do not wish to see the report and that you consent to its being supplied.

If you do not say you wish to see the report, we do not have to notify you if we apply for one. However, if, before such a report is sent to us, you write to the Doctor saying you wish to see it, you will then have 21 days to contact the Doctor about arrangements for you to see the report.

Whether or not you say you wish to see the report before it is sent to us, the Doctor must let you see a copy for up to 6 months after it is supplied, if you ask.

If you ask the Doctor for a copy of the report, he can charge you a reasonable fee to cover his costs.

Once you have seen a report before it is sent to us, the Doctor cannot submit it until he has your consent. You can write to the Doctor, asking him to amend any part of the report which you consider to be incorrect or misleading, and have attached to the report a statement of your views on any part where you and the Doctor are not in agreement and which the Doctor is not prepared to alter.

The Doctor is not obliged to let you see any part of the report if, in his opinion, it would be likely to cause serious harm to your physical or mental health or that of others, or would indicate the Doctor's intentions towards you, or if disclosure would be likely to reveal information about you, or the identity of another person who has supplied information about you, unless that person has consented or the information relates to, or has been supplied by a health professional involved in caring for you. In such cases, the Doctor must notify you and you will be limited to seeing any remaining part of the report. If it is the whole report, which is affected, he must not send it to us unless you give your consent.

Ref:AccessMedinfo.

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Appendix 5: Immunisation and vaccination requirement table											
Job Role	He p B	He p A	BC G	Chicke n Pox	Me n c	MenC ACW Y	EPP scree n	MM R	Typhoi d every 3yrs	Influenz a	Polio/ Diptheri a/ Tetanus
Nurse	X		X	X			*	X		X	
Midwife	X		X	X			X	X		X	
Doctors	X		X	X			X *	X		X	
Doctors – micro	X	X	X	X	**	**		X	X	X	X *
Dentists	X		X	X			X	X		X	
Dental Nurses	X		X	X			X	X		X	
Lab Staff	X	X	X	X				X	X	X	X **
Plumbers / Electricians	X	X	X	X				X	X	X	X **
Cleaners	X		X	X				X		X	
Porters	X		X	X				X		X	
Catering staff	X									X	
Catering staff in contact with patients	X		X	X				X		X	
Clerical staff in contact with patients	X		X	X				X		X	
Clerical staff										X	
Volunteers inc breast buddies	X		X	X				X		X	
Chaplaincy	X		X	X				X		X	
Student Nurses	X		X	X	X			X		X	
Mortuary	X	X	X	X				X	X	X	
Work placements/Re ps				X				X		X	

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Appendix 5: Immunisation and vaccination requirement table											
Medical Students from Liverpool University (all documentation will be provided)											
Medical Students from all other Universities	X		X	X			X	X		X	
GP	X		X	X			*	X		X	
Trinity (Job dependant – see above)	X		X	X				X		X	
Fylde Coast (Job dependant – see above)	X		X	X				X		X	
<p>* Needed only if Practitioner is performing EPPs for definition of EPPs see Department of Health: Health clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New Health workers www.dh.gov.uk/publications</p> <p>** Individually assess through Green Book, what is required.</p>											

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Appendix 6: Equality Impact Assessment Form					
Department	Organisation wide	Service or Policy	Policy	Date Completed:	April 2014
GROUPS TO BE CONSIDERED					
Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.					
EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED					
Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation.					
QUESTION	RESPONSE		IMPACT		
	Issue	Action	Positive	Negative	
What is the service, leaflet or policy development? What are its aims, who are the target audience?	The Procedural Document is to ensure that all members of staff have clear guidance on processes to be followed. The target audience is all staff across the Organisation who undertakes this process.	Raise awareness of the Organisations format and processes involved in relation to the procedural document.	Yes – Clear processes identified		
Does the service, leaflet or policy/ development impact on community safety • Crime • Community cohesion	No				
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No				
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No				
How does the service, leaflet or policy/ development promote equality and diversity?	Ensures a cohesive approach across the Organisation in relation to the procedural document.	All policies and procedural documents include an EA to identify any positive or negative impacts.			
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	The Procedure includes a completed EA which provides the opportunity to highlight any potential for a negative / adverse impact.				
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	Yes		Yes		
Will the service, leaflet or policy/ development i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces?	No				
Does the service, leaflet or policy/ development promote equity of lifelong learning?	No				
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	No				
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	No				
Does the service, leaflet or policy/ development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	No				
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	None identified				

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Appendix 6: Equality Impact Assessment Form				
Does the policy/development promote access to services and facilities for any group in particular?	No			
Does the service, leaflet or policy/development impact on the environment • During development • At implementation?	No			
ACTION:				
Please identify if you are now required to carry out a Full Equality Analysis			No	(Please delete as appropriate)
Name of Author:	Sue Houldsworth	Date Signed:		25/04/2014
Signature of Author:				
Name of Lead Person:		Date Signed:		
Signature of Lead Person:				
Name of Manager:	Sue Grimshaw	Date Signed:		25/04/2014
Signature of Manager				

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