

Occupational Health Arrangements Policy

Version Control Sheet

VERSION	DATE OF REVIEW	IMPLEMENTED AND AUDITED BY	STATUS	COMMENTS
4	01/04/2024	Ann Kelly (Registered Manager)	Active	To be reviewed 01/04/2025

Purpose

Occupational Health Assessments will be conducted for all agency workers, and it will be made clear to candidates that any offer of placement is subject to successful completion of all preemployment checks, including the Occupational Health Assessment. The health clearance and immunisation test results will be relevant to the duties and role the worker is expected to perform and in alignment with the latest DoH and NHS Employers guidelines.

Statement

Clinical24 Staffing Limited has a duty of care to their candidates to ensure that they, and their workplaces, are safe and healthy in line with health and safety obligations and equality law. Occupational Health Assessments have an important role in helping employers identify and consider early on, any health condition or disability that may require: – adjustments being made to the workplace to enable the individual to safely carry out the duties they have been engaged to carry out. – restrictions being placed on their duties, for example, exposure prone procedures (EPPs) for workers who have a blood borne virus which may impact on patients in their care. The UK Advisory Panel for HCWs living with BBVs has specified in a statement that all staff planning on undertaking exposure prone procedures must undertake health clearance before doing so, without exception.

Procedure and Guidance

Occupational Health Assessment will be carried out:

- Prior to starting the Agency Worker's first position in the NHS or Private Sector (irrespective of whether this is preceded by a period of training).
- If the Agency Worker moves to a new job within a different NHS or Private Sector organisation.
- If the Agency Worker is returning to work following a serious injury or illness to ensure they can safely return to their duties.

- If the Agency Worker moves to a different job within the same organisation and the nature of the work, they will be undertaking changes significantly (e.g. they are required to carry out EPPs for the first time).
- If the Agency Worker has spent 3+ months outside the UK.

The services provided by our Occupational Health Provider; Healthier Business include:

- Provision of confidential advice to Clinical24 Staffing Limited our workers and the Authorities that we contract with.
- Clinicians who will evaluate whether an interview with the worker needs to be arranged to assess their fitness for the post and to identify reasonable adjustments if necessary.
- Testing of blood samples in an accredited UK laboratory.
- Provision of a legibly signed certificate of fitness for placement for workers meeting the required standards. Such certificates will be provided in the format specified by the NHS.

Our Occupational Health Assessments are undertaken by our Occupational Health provider, Healthier Business with whom we have a contractual agreement. The Occupational health Assessment will always be conducted by a qualified Clinician who is accredited by the Safe Effective Quality Occupational Health Service (SEQOHS).

To place an agency worker, we will need to receive confirmation from the Occupational Health provider that the candidate is:

- Of good general health.
- Able to perform the specific duties required on the assignment, do not represent a risk to patient / service users and are not likely to be at excess risk of developing any work-related diseases or illnesses from hazardous agents present at the premises and locations whilst on the assignment.
- Up to date with their routine and selected vaccinations in line with latest Department of Health guidelines and recommended levels of health clearance / immunisations / vaccinations for healthcare staff involved in direct patient care.

To appoint an agency worker, we must have received a Certificate of Fitness for Employment which is valid prior to commencement of the assignment and remains valid throughout the assignment if the duration is less than 1 year. A copy of this will be made available to the Client for audit purposes as required.

We repeat the Occupational Health Assessment process on an annual basis as standard. Our systems will prompt us in advance of the expiry date of the Occupational Health Assessment, enabling us to ensure that we arrange for the worker to complete a new

assessment prior to the anniversary date. If the member of staff is moved to a different role within the same organisation which has significantly different duties, a new Occupational Health Assessment will also be undertaken.

As part of the Occupational Health Assessment, the Occupational Health Provider will check the immunity and immunisation status of the worker and confirm they have up to date routine vaccinations or skin tests, particularly:

- Hepatitis B.
- Measles.
- Mumps.
- Rubella.
- Tuberculosis.
- BCG.
- Varicella.

For agency workers undertaking exposure prone procedures, they may also be required to provide health clearance for:

- Hepatitis B.
- Hepatitis C.
- HIV.

If at any time a worker should acquire or be at risk of acquiring any of these infections, they must refrain from carrying out any work that involves an EPP and inform us in confidence immediately. Healthcare Professionals are also advised that they must not declare themselves fit for work if they are suffering from vomiting, diarrhoea or a rash.

All records relating to the agency worker's health clearance/immunity or immunisations will be documented in English and be verified and signed, or stamped, by a suitably qualified Clinician with relevant Occupational Health experience (including their signature and full name printed legibly). Agency workers are advised that the Client may at any time request to see a worker's Certificate of Fitness for Employment and immunisation records and may also ask them to undergo a medical examination in addition to the above Occupational Health checking.

Once we have appointed a worker, any Occupational Health information including immunisation history, health monitoring and referrals will be kept on their Occupational Health Record and recorded on our recruitment & compliance software. This will include the original copy of the Certificate of Fitness for Employment.

We also look to seek verification of Covid19 vaccination and Influenza vaccination by confirmation of immunisation history and/or by self-declaration. We will seek this on an annual basis with the agency worker. Where the agency worker declares no immunisation to Covid19 or Influenza, we will look to inform the Client prior to start of assignment with consent gained and review this annually with the agency worker.


Examples of Questionnaire forms detailed as follows:

- New Starter Medical Questionnaire
- Annual Review Questionnaire
- Maternity Risk Assessment Questionnaire
- Influenza Assessment Form
- Covid Risk Assessment

Review and Updates

This Policy will be reviewed annually to ensure its effectiveness, relevance, and compliance with evolving regulatory requirements.

Next Review

Reviewed by:	Ann Kelly
Title:	Registered Manager
Signed:	
Last Review Date:	01/04/2024
Actions:	Address Updated

Next Review Date: April 2025



OCCUPATIONAL HEALTH MEDICAL QUESTIONNAIRE
 (NEW STARTER CLINICAL FORM)



CONFIDENTIAL

Due to the nature of the role you have applied for we need to carry out an assessment of a new starter health questionnaire – even if you have been employed in UK health services before. The health of each candidate is considered individually and a decision regarding fitness for work in the prospective job role will be based on the functional effects of any underlying health condition/disability/impairment as well as health service requirements for fitness and immune status.

Before health clearance is given for employment you may be contacted by telephone from a clinician at Healthier Business UK Ltd, however you may also need to be seen by an occupational health advisor/specialist or physician, arrangements for face to face consultations will be arranged by your employer or agency. We may recommend adjustments or assistance following an assessment to enable you to carry out your proposed duties safely and effectively. Recommendations to your employer will be directed to essential information regarding your health and the hazards and risks of your employment and with due reference to other relevant statutory requirements and professional practice. Our aim is to promote and maintain the health of all individuals in the workplace: staff, service users and third parties. Your records will be retained electronically in accordance with best practice and the requirements of the General Data Protection Regulations. Your records will be held on file for the purposes of processing your request only and for no longer than is necessary, however your records may be subject to internal clinical audits. Your records may also be used to cross reference and ascertain your fitness should you register with other clients of Healthier Business UK Ltd.

Personal Information			
Title	Surname	First names	DOB
Home Tel:		Work Tel:	Mobile:
Home Address:		GP Address:	

Medical History		
All staff groups complete this section		
	Yes	No
Do you have any illness/impairment/disability (physical or psychological) which may affect your work?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?	<input type="checkbox"/>	<input type="checkbox"/>
Are you having, or waiting for treatment (including medication) or investigations at present?	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you may need any adjustments or assistance to help you to do the job?	<input type="checkbox"/>	<input type="checkbox"/>

Medical History (continued)			
Have you suffered from any of the following?	Yes	No	Date
methicillin resistant staphylococcus aureus (MRSA)	<input type="checkbox"/>	<input type="checkbox"/>	
clostridium difficile (C-Diff)	<input type="checkbox"/>	<input type="checkbox"/>	

If you have indicated yes to any of the above questions you must provide further details in additional information section, failure to do so will result in the form being returned/rejected.

Additional Information
(If you have answered yes to any questions above please provide additional information below, including dates, treatment and details of condition)

Chicken Pox or Shingles		
Have you ever had chicken pox or shingles		
Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	

BBV (Blood Borne Virus)		
Have you ever <u>come into contact with</u> any BBV's? Including Needle Stick Injuries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Tuberculosis		
Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2016)	Yes	No
Have you lived outside the UK or had an extended holiday outside the UK in the last year?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered YES to the above, please list all the countries that you have lived in/visited over the last year, including holidays and vacations. This MUST include duration of stay and dates or this form will be rejected.		
Have you had a BCG vaccination in relation to Tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes, please state when;	Date:	

Tuberculosis Continued		
Do you have any of the following	Yes	No
A cough which has lasted for more than 3 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained weight loss	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained fever	<input type="checkbox"/>	<input type="checkbox"/>
Have you had tuberculosis (TB) or been in recent contact with open TB	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information
(If you have answered yes to any questions above please provide additional information below)

Immunisation History				
Have you had any of the following immunisations		Yes	No	Date
Triple vaccination as a child (Diphtheria / Tetanus / Whooping cough)		<input type="checkbox"/>	<input type="checkbox"/>	
Polio		<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus		<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B (If Yes is ticked please give dates below)		<input type="checkbox"/>	<input type="checkbox"/>	
Course:	1	2	3	
Boosters:	1	2	3	

Proof of Immunity (Please send the following)	
Varicella	You must provide a written statement to confirm that you have had chicken pox or shingles however we strongly advise that you provide serology test result showing varicella immunity

Tuberculosis	We require an occupational health/GP certificate of a positive scar or a record of a positive skin test result (Do not Self Declare)
Rubella, Measles & Mumps	Certificate of "two" MMR vaccinations or proof of a positive antibody for Rubella and Measles
Hepatitis B	You must provide a copy of the most recent pathology report showing titre levels of 100iu/l or above
Proof of Immunity (Please send the following) EPP Candidates Only	
Hepatitis B Surface Antigen	Evidence of Hepatitis B Surface Antigen Test (Inc. 'e' antigen and DNA viral loads if applicable) Report must be an identified validated sample. (IVS)
Hepatitis C	Evidence of a Hepatitis C antibody test (Inc. Hepatitis C RNA/PCR if applicable) Reports must be an identified validated sample. (IVS)
HIV	Evidence of a HIV I and II antibody test (Inc. DNA viral loads if applicable) Reports must be an identified validated sample. (IVS)

Exposure Prone Procedures		
Will your role involve Exposure Prone Procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>

UK General Data Protection Regulation (UK GDPR)

All information supplied by you will be held in confidence by Healthier Business UK Ltd. Records will be retained electronically in accordance with best practice and the requirements of the General Data Protection Regulations at which time it may be subject to audit. Your data may also be cross referenced should you have registered with other clients of Healthier Business UK Ltd. Your personal data may be required to be seen by an occupational health advisor or physician; however it will not be shown, nor their contents shared with anyone - including Managers, Human Resources Advisors, GP's, Specialists or third party's - without your explicit consent. You have the right of erasure (the right to be forgotten), refusal of consent and withdrawal of consent without detriment (withdrawal of consent can be exercised at any stage of the process). The only exceptions to this may be a court order for release of records in a judicial dispute or where there is a public responsibility obligation.

Further information regarding your rights under GDPR can be found on the following:
<https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/>

If you wish to have sight of our privacy policy, please send your request to support@hbcompliance.co.uk

Consent			
Consent is a process rather than a <u>one off</u> decision, for consent to be valid, it must be voluntary and informed. You have the right to withdraw your consent at any stage of the process, either verbally or in writing. Further information regarding consent is available on the 'Candidate Screening Leaflet'.			
All staff groups complete this section		Yes	No
Do you consent to this questionnaire and your immunisation reports being assessed by an Occupational Health Advisor for the purpose of providing a Fitness to Work Certificate?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you consent to our Occupational Health Advisors speaking with you regarding any declaration you may have made relating to your medical history?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you consent to our Occupational Health Advisors making recommendations to your employer/agency to assist with your ability to carry out your perspective role?	<input type="checkbox"/>	<input type="checkbox"/>	

Declaration		
I will inform my employer if I am planning to or leave the UK for longer than a three-month period to enable a reassessment of my health to be conducted on my return.		
I declare that the answers to the above questions are true and complete to the best of my knowledge and belief.		
Name	Signature	Date



**OCCUPATIONAL HEALTH MEDICAL QUESTIONNAIRE
 (ANNUAL REVIEW FORM)**



CONFIDENTIAL

Before health clearance is given for employment you may be contacted by Healthier Business UK Ltd and may need to be seen by an occupational health advisor or physician with gained consent. We may recommend adjustments or assistance following an assessment to enable you to carry out your proposed duties safely and effectively. Recommendations to your employer will be directed to essential information regarding your health and the hazards and risks of your employment and with due reference to other relevant statutory requirements and professional practice. Our aim is to promote and maintain the health of all individuals in the workplace: staff, service users and third parties. Your record will be held on file for the purposes of processing your request and for no longer than is necessary. Your records may also be subject to internal clinical audits. Your records may also be used to cross reference and ascertain your fitness should you register with other clients of Healthier Business UK Ltd.

Personal Information			
Title: Mr, Mrs, Ms, Miss	Surname	First names	DOB
Home Tel:	Work Tel:	Mobile:	
Home Address:		GP Address:	

Changes to your health	
Please ensure to tick one box only	
I confirm that I have reviewed my health questionnaire and there has been no changes to my health in the past year	<input type="checkbox"/>
I confirm that I have reviewed my health questionnaire and I have listed the changes below	<input type="checkbox"/>

Medical History		
Have you come into contact with any BBV's (Blood Borne Virus) since you were initially screened by Occupational Health including Needle Stick Injuries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Medical History (continued)			
Have you suffered from any of the following?	Yes	No	Date
methicillin resistant staphylococcus aureus (MRSA)			
clostridium difficile (C-Diff)			

If you have indicated YES to any of the above questions you must provide further details in additional information section, failure to do so will result in the form being **returned/rejected**.

Additional Information
(If you have answered yes to any questions above please provide additional information below, including dates, treatment and details of condition)

Tuberculosis		
Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2016)	Yes	No
Have you lived outside the UK or had an extended holiday outside the UK in the last year?	<input type="checkbox"/>	<input type="checkbox"/>
<p>If you answered YES to the above, please list all the countries that you have lived in/visited over the last year, including holidays and vacations. This MUST include duration of stay and dates or this form will be rejected.</p>		
Have you had a BCG vaccination in relation to Tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes, please state when	Date:	

Tuberculosis Signs & Symptoms		
Do you have any of the following	Yes	No
A cough which has lasted for more than 3 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained weight loss	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained fever	<input type="checkbox"/>	<input type="checkbox"/>
Have you had tuberculosis (TB) or been in recent contact with open TB	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information (If you have answered yes to any questions above please provide additional information below)		

HEALTH ASSESSMENT		
<u>If your answer to any of these questions is YES or if you are currently taking any medication, please provide details in the space below</u>	Yes	No
Have you had any medical problem in the past which has prevented you from working at night?		
Are you diabetic?		
Are you subject to angina, or other heart problems which may affect your fitness?		
Are you suffering from any circulatory problems which affect your activities?		
Have you had duodenal or stomach ulcers in the past, or under treatment at present?		
Have you had any continuing bowel problem, for instance following major surgery?		
Do you have any chronic chest problem such as asthma, emphysema or bronchiectasis?		
Do you have any disability affecting mobility which will cause difficulties in arranging night work?		
Do you have any recurrent or continuing sleep disturbance requiring medical advice?		
Are you having specialist care requiring your attendance at hospital clinics for treatment?		
Do you have any other health problem which affects your fitness for night work?		
Are you taking any medication to a strict timetable?		

ADDITIONAL INFORMATION
Please give the names of any prescribed medications which you take regularly:

<p>Please give any further details which you would like to bring to our attention</p>

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Consent		
<p>Consent is a process rather than a one off decision, for consent to be valid, it must be voluntary and informed. You have the right to withdraw your consent at any stage of the process, either verbally or in writing. Further information regarding consent is available on the 'Candidate Screening Leaflet'.</p>		
All staff groups complete this section		
Do you consent to this questionnaire, and any supporting documentation, being assessed by an Occupational Health Advisor for the purpose of providing a Fitness to Work Certificate?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent to our Occupational Health Advisors speaking with you regarding any declaration you may have made relating to your medical history?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent to our Occupational Health Advisors making recommendations to your employer/agency to assist with your ability to carry out your perspective role?	<input type="checkbox"/>	<input type="checkbox"/>

Declaration		
<p>I will inform my employment agency if I am planning to or leave the UK for longer than a three-month period to enable a reassessment of my health to be conducted on my return.</p> <p>I declare that the answers to the above questions are true and complete to the best of my knowledge and belief.</p>		
Name	Signature	Date



**OCCUPATIONAL HEALTH MEDICAL QUESTIONNAIRE
 (MATERNITY RISK ASSESSMENT FORM)
 (New and Expecting Mothers)**



CONFIDENTIAL

Personal Information			
Title	Surname	First names	DOB
Home Tel:	Work Tel:	Mobile:	
Home Address:		GP Address:	

Expected Date of Delivery

Do you intend to breastfeed when you return to work?

Brief Summary of work processes (Including Number of hours and shift/patterns)

Working Conditions		
<u>If your answer to any of these questions is YES, please provide further information below</u>	Yes	No
Unusually stressful work	<input type="checkbox"/>	<input type="checkbox"/>
Working with VDUs	<input type="checkbox"/>	<input type="checkbox"/>
Manual Handling	<input type="checkbox"/>	<input type="checkbox"/>
Lone Working	<input type="checkbox"/>	<input type="checkbox"/>
Travelling (in the job)	<input type="checkbox"/>	<input type="checkbox"/>
Night work or Shift Patterns	<input type="checkbox"/>	<input type="checkbox"/>

Additional details (please provide additional information for any yes answer) It is also helpful if you provide further information about your working conditions (if you have answered yes to any questions please provide further details below)

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Exposure to External Agents		
<u>If your answer to any of these questions is YES, please provide further information below</u>	Yes	No
Awkward spaces and workstations	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to Biological Agents	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to Chemical Agents	<input type="checkbox"/>	<input type="checkbox"/>
Extremes of cold and heat	<input type="checkbox"/>	<input type="checkbox"/>
Ionising radiation (x-rays, exposure to radioactive materials/ therapy)	<input type="checkbox"/>	<input type="checkbox"/>
Non- Ionising radiation (MRI, ultrasound etc)	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>
Periodic manual handling of loads	<input type="checkbox"/>	<input type="checkbox"/>
Physical fatigue e.g. standing >1½ hrs	<input type="checkbox"/>	<input type="checkbox"/>
Whole body vibration	<input type="checkbox"/>	<input type="checkbox"/>
Work Equipment and Use of Personal Protective Equipment (PPE)	<input type="checkbox"/>	<input type="checkbox"/>

Additional details
(If you have answered yes to any questions please provide further details below)

Exposure to external factors		
<u>If your answer to any of these questions is YES, please provide further information below</u>	Yes	No
Stressful situations (to be discussed with manager)	<input type="checkbox"/>	<input type="checkbox"/>

Additional details
(If you have answered yes to any questions please provide further details below)

Any other problems at time of assessment (to be completed by the candidate)		
<u>If your answer to any of these questions is YES, please provide further information below</u>	Yes	No
Backache	<input type="checkbox"/>	<input type="checkbox"/>
Swollen feet	<input type="checkbox"/>	<input type="checkbox"/>



Morning Sickness	<input type="checkbox"/>	<input type="checkbox"/>
High or Low Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information
(If you have answered yes to any questions please provide further details below)

UK General Data Protection Regulation (UK GDPR)
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Consent		
<p>Consent is a process rather than a one off decision, for consent to be valid, it must be voluntary and informed. You have the right to withdraw your consent at any stage of the process, either verbally or in writing. Further information regarding consent is available on the 'Candidate Screening Leaflet'.</p>		
All staff groups complete this section	Yes	No
Do you consent to this questionnaire, and any supporting documentation being assessed by an Occupational Health Advisor for the purpose of providing an assessment on your fitness to undertake your role?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent to our Occupational Health Advisors speaking with you regarding any declaration you may have made relating to your medical history?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent to our Occupational Health Advisors making recommendations to your employer/agency to assist with your ability to carry out your perspective role?	<input type="checkbox"/>	<input type="checkbox"/>

Employees Name:

Employees Signature:

Date:

Managers Name:

Managers Signature:

Date: