

TRUST WIDE NON-CLINICAL POLICY DOCUMENT

OCCUPATIONAL HEALTH OPERATIONAL POLICY

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Quality, recovery and
wellbeing at the heart
of everything we do

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Further information about this document:

Document name	Occupational Health Operational Policy (HR29)
Document summary	This policy Supports Mersey Care NHS Trust Foundation in its commitment to providing an Occupational Health Service to all staff which is a Safe, Effective, Quality Occupational Health Service
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To be read in conjunction with	Refer to Section 10 of this Policy for supporting documents
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
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Version Control:

		Version History:
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Version 2	Susan Oxford	Jan 2014
Version 3	Cheryl Barber	Jan 2016

SUPPORTING STATEMENTS – this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY’S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust’s safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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1 PURPOSE AND RATIONALE

1.1 Purpose and Rationale

1.2 This policy Supports Mersey Care NHS Foundation Trust in its commitment to providing an Occupational Health Service to all staff.

1.3 It describes how this specialist, confidential and impartial advisory service will be delivered to the Trust and its Staff.

1.4 This policy details the responsibilities and key functions and services provided by the Mersey Care Occupational Health Service (MCOHS). This policy when adhered to will ensure the provision of a comprehensive Occupational Health (OH) service that meets the minimum standards set out in the Department of Health and NHS Employers guidance. It offers a concise standardised framework for the delivery of a range of services to Mersey Care NHS Foundation Trust and its external organisation/customers.

1.5 Work is a key part of life for our staff, the work environment influences health choices and can be a force for improving health.

1.6 The Occupational Health Service provides an advisory service about physical and mental health issues within the working environment and improves opportunities for good health in the workplace. This benefits the Trust through the employment and retention of fit and productive employees. The Trust's recruitment and selection processes support people with disabilities to enable them to take up employment within the Trust and supports staff with varying disabilities to remain in employment and be as productive as they can be. It aims to:

- Protect staff from identified health risks and hazards arising out of their work or working environment as far as is reasonably practicable.
- Ensure that the service meets the specific and changing needs of the organisation and that the service offered complies with legislation and evidence based practice.
- Advise the employer and the employee about current work related health legislation in order to maintain a safe working environment.
- Develop and keep under review appropriate policies, standards and procedures necessary to promote quality occupational health practice and to monitor compliance.
- Detect significant health issues as early as possible and assist line managers and staff in reducing risk to prevent work related illness.
- Provide a source of specialist advice to support attendance management for staff, managers and HR.
- To support staff in managing both personal and work-related issues.
- To promote a working environment for which staff are physically and mentally suited and that protects and promotes not only the individual staff health, but also the general wellbeing of the patient, visitor and other staff.
- Mersey Care NHS Foundation Trust will provide this document in other media formats as requested.

2 OUTCOME FOCUSED AIMS AND OBJECTIVES

2.1 *For this Occupational Health Operational Policy policy the aims and objectives are as follows.*

- Mersey Care NHS Foundation Trust is committed to ensuring the health, safety and welfare of all of its staff and other persons who may be affected by the Trust's activities.

- Mersey Care NHS Foundation Trust is committed to providing a working environment that protects and promotes the physical and mental wellbeing of its workforce. The Trust recognises its responsibility to ensure that the health of no individual is adversely affected by their occupation “as far as is reasonably practicable.”

3 SCOPE

3.1 This Trust wide policy is relevant to:

- All employees of Mersey Care NHS Foundation Trust
- Is relevant and includes; students, volunteers, contractors and visiting Health Care Workers (HCW's)

3.2 It is the responsibility of the Occupational Health Manager to ensure the provision of a safe, effective, quality occupational health service.

3.3 Mersey Care NHS Foundation Trust provides a comprehensive and inclusive and equitable service – When staff engage with the Occupational Health service we will ensure you are treated in line with Trust values of Dignity and Respect and will you not be discriminated against in relation to Age, Disability, Gender, Marriage and Civil Partnership, Maternity and Pregnancy, Race, Religion/belief ,Sexuality , or Transgender.

4 DEFINITIONS

4.1 The Definition of Occupational Health used in this policy is that of the ILO committee:

- Convention 161 defines Occupational Health Services as services dedicated to essentially preventative functions and responsible for advising employers, workers and their representatives at the enterprise on the requirements for establishing and maintaining a safe and healthy working environment that will optimize physical and mental health in relation to work and on the adaptation of work to the capabilities of workers, taking into consideration their state of physical and mental health.

4.2 The relevant terms and their definitions (within the context of this policy document) are outlined below:

- **(HCW) Health Care Worker** - Persons, including students and trainees, locums and agency staff and independent contractors, whose activities involve contact, with patients or with blood or other bodily fluids
- **Health Surveillance** - In line with Health & Safety Legislation and Department of Health guidance, where appropriate after risk assessment, periodic health assessments and medical examinations of employees at risk, or exposed to hazards within the workplace, will continue throughout employment with the Trust i.e. blood screening tests, audiometry etc:
- It is an activity which involves obtaining information about employees` health and which helps protect employees from health risks at work. The objectives of health surveillance are:

- Protecting the health of employees by early detection of adverse changes or disease;
- Collecting data for detecting or evaluating health hazards;
- Evaluating control measures

5 DUTIES

5.1 The Trust Board and Chief Executive

- Has the ultimate responsibility for Health and Safety and must ensure that all parts of the organisation have a suitable Health and Safety Policy and that its implementation is monitored regularly to ensure its effectiveness.

5.2 The Lead Executive Director – (Executive Director of Workforce) has:

- Strategic responsibility for ensuring that a robust system is in place, which will ensure compliance with the Leave for Family and Personal Reasons policy.
- They will ensure that all Directors, Managers, Human Resources Business Partners, Human Resources Advisors and staff are fully aware of the Leave for Family and Personal Reasons and are aware of their responsibilities

5.3 The Policy Lead – [Occupational Health Service Manager] will

- Ensure implementation of this policy and provide assurance to the organisation re: standards of practice.
- Ensure the provision of a comprehensive and effective OH Service integral to the management of the organisation.
- Work collaboratively with Clinical Business Unit (CBU) Leads and managers to achieve their responsibilities under this policy.
- Ensure the OH Department works within the guidance of law as stipulated in relevant acts of parliament and Department of Health directives.
- Provide an equitable service to all staff regardless of where they work or their working patterns.
- Ensure the provision of a comprehensive OH service that meets the minimum service standards set out in the latest Department of Health, NHS Employers, NHS Health at Work Guidance and meets Safe Effective Quality Occupational Health Service (SEQOHS) Standards.
- Ensure the provision of any OH services outside of the organisation and to other employers does not impact adversely on the quality of service to NHS staff within the organisation.

5.4 The Occupational Health Physician will:

- Provide comprehensive occupational health advice to both the individual employee and the wider organisation.
- Provide specialist support, guidance and advice to the Occupational Health Nursing Team.
- Assist the OH Manager in ensuring comprehensive, robust clinical governance.
- Advise the organisation regarding ill-health retirement applications.
- Provide specialist advice to the organisation regarding interpretation of relevant legislation.

5.5 The Occupational Health Team will:

- Ensure the implementation and interpretation of this policy and associated procedure within the OH service and the wider organisation.
- Assure comprehensive governance by ensuring arrangements exist to demonstrate OH service compliance with local and national guidelines with reference to health and safety, infection control and immunisation and provide assurance to the Infection Control Committee on a quarterly basis.
- Ensure a competent and confidential service is provided to all service users.
- Work collaboratively with other specialists (for example, Human Resources and the Infection Control Team) at a local level in the development of OH policies and procedures in response to changes in local and national policy.
- Provide specialist advice to the organisation regarding interpretation of relevant legislation.

5.6 **Managers (with the aid of the Occupational Health Team) will:**

- Ensure that OH related policies are available to all staff within the Trust.
- Ensure that all staffs can access and are aware of the confidential OH Service.
- Ensure all successful candidates for employment complete a health questionnaire that is referred to the OH service for screening, prior to them commencing work.
- Ensure staff are referred following periods of sickness absence in excess of 4-weeks duration or when the staff member “triggers” in line with the organisations Managing Attendance Policy.
- Ensure staff are referred when work may be a contributing factor to their ill health or for work performance related issues that may be affected by ill health.
- Complete (in full) the standardised management referral form.
- Deal promptly and effectively with staff who fail to attend for planned appointments
- Endeavour to instigate OH recommendations, i.e. temporary modifications to role or duties, rehabilitation plans, risk assessments.

Managers have a statutory duty to:

- Assess and manage risks to health caused by the working environment in accordance with the Health and Safety at Work Regulations 1999 and in collaboration with Risk Management, reporting any anomalies to the OH Manager.
- Determine hazards to health from microbiological and chemical hazards with the aim to prevent or control exposure. Work with the aid of the *Health and Safety Manager and recent COSHH risk assessments* to determine the hazard and risks, reporting any anomalies to the OH Manager.
- Inform the OH Manager of any risks identified; to enable them to set up suitable and appropriate health surveillance programmes.

5.7 **Employees will:**

- Familiarise themselves with this policy and the functions of the OH service.
- Attend appointments with the OH department when required to do so by their line manager.
- Inform the OH department of any changes in their health that could affect their ability to work.
- Co-operate with occupational vaccination programmes/health surveillance.
- Be aware of their individual responsibilities under the Health and Safety at Work Act 1974.

5.8 **Human Resources will:**

- Ensure timely and accurate workforce information is available to ensure the strategic direction of the OH service reflects the needs of the organisation.
- Work collaboratively with Occupational Health Team in the delivery of a comprehensive health and wellbeing agenda.

- Support the OH Team in achieving its objectives regarding the health and wellbeing agenda.
- Work collaboratively with OH and line managers in the management of complex ill-health issues.
- Ensure OH is represented at board level via the Director of Workforce and Service Development and Director of Human Resources and Organisational Development.

6 PROCESS / PROCEDURE

6.1 Principles:

- This policy details the principles on the provision and delivery of an Occupational Health Service and its roles and responsibilities with regards to protecting and promoting the health and well being of Mersey Care Employees
- This policy is based on the belief that NHS employees are an important asset.
- It recognizes that good occupational health is essential in the management of people at work.
- The prevention of ill health and the promotion of a healthy lifestyle contribute to a fit and productive workforce.
- It is in the interest of the organisation to support people into and within work.
- There are strong links between employment and individual health.
- There are positive benefits in rehabilitating staff back to work following illness and injury.

6.2 Policy Standards and Supporting Procedures

Objectives of Occupational Health Staff:

- Reduce ill health in the workplace caused or exacerbated by work and consequently improve patient care and health.
- Help staff and managers improve effectiveness and reduce costs through the reduction of sickness absence and accidents, to improve the quality of patient care and other Trust services through improved staff morale.
- Assist in reducing the incidence of long-term sickness by helping staff back to work earlier safely and sooner than anticipated through rehabilitation programmes, modifications to hours or duties, referral to specialists (physiotherapy, staff support).
- Help staff understand that the work environment can be a therapeutic environment and thus use the work environment to help staff maintain or improve their health and wellbeing.
- Refer staff to therapy services that will /may prevent/reduce further absence.
- Use early intervention support to prevent/reduce further absence, for example physiotherapy.
- Provide advice and support to staff and managers on the management of attendance.
- Provide advice to staff, managers, HR and Staff Support on all aspects of health and work – work and health.

6.3 Information Governance

Confidentiality and storage of written and computerised information:

The contents of questionnaires and any subsequent assessments or examinations following employment will be conducted in the strictest confidence and the information retained with the OH Department. They do not and will not form part of Human Resources files or Hospital in-patient notes.

Details of staff's medical condition will not usually be communicated to a third party without specific written consent by the staff member. However, as dictated by guidance from the General Medical

Council and Nursing and Midwifery Council, in exceptional circumstances, information may have to be revealed without written consent.

- Provide information to managers or heads of department on suitability for post based on risks and advice if appropriate on modifications/or restrictions to duties
- Employee information is stored either electronically on the COHORT system which is password protected with only the OH staff having access.
- Information in paper format is stored in locked cabinets within a designated room in the OH department. This area has restricted access
- Copies of OH notes are only released to the employee following receipt of a written subject access request (SAR)
- Copies requested by third parties i.e. solicitors could only be released following appropriate consent from the employee and SAR.
- Employee information pertaining to employment with any external contracts will not be shared or transferred between organisations without the permission of the employee being sought and granted. Information will only be used for the purpose for which it was intended.

6.4 New Employee Health Questionnaire

All successful candidates at interview will be issued with a Health Questionnaire from Recruitment that will be returned directly to the OH department thus maintaining confidentiality.

The occupational health 'new employee health questionnaire' process is designed to assess:

- The general medical and psychological history of prospective staff in relation to the work they have applied to undertake.
- Identify situations in which adjustments may be required to working conditions in compliance with the Equality Act, 2010.

Questionnaires are also required to be updated by existing staff of the Trust transferring between posts within the organisation.

6.5 New Employee Process

The health assessment takes into account the medical, occupational and immunisation history of the individual. On receipt of a fully completed questionnaire, it will be 'paper screened' by a qualified nurse within 3 working days of arrival in the OH Department.

All details within the questionnaire will be entered on the COHORT computer system and an immediate decision will be made as to whether the candidate needs to attend the department for further investigation.

The fitness response form will be completed and then emailed to the Recruitment Team

The fitness response form will provide the following information:

- "The employee has not disclosed any medical condition which requires adjustments in the workplace": Where the information in both the Health Questionnaire and supporting documentation satisfies all the criteria in relation to proposed employment. No appointment at the OH Service will be necessary.
- "The employee has disclosed a medical condition which requires the following modifications": Occupational Health Department is to advise appointing offers of any modifications/restrictions

that should be placed on the work that an individual will be engaged in. The Occupational Health Professionals are in no way involved in the selection process of staff.

6.6 Management Referral

- Referrals will be seen during normal working hours except in the most extenuating circumstances. Appointments outside of normal working hours will be seen on an individual basis following prior discussion (08:00-16:00).
- The referral form should be sent to the OH department prior to the employee's attendance
- Referring managers must provide full details of their reason for referral, using the management referral form, stipulating any specific information that is required. Include any background information that may aid the OH Professional, e.g. in the case of frequent sickness absence, how many days lost and frequency
- Referring managers must provide relevant details of any applicable triggers or stages employees are current being managed at e.g. informal monitoring, first formal, second formal or final stage etc.
- Referring managers should state exactly what the problem is or the problem as described by the member of staff. A current job description should accompany all referrals wherever possible.
- All referrals will be triaged by specialist OH Professionals on receipt and it will be their decision solely which member of the OH team sees which referral.
- Requests from managers for staff to see particular OH Professionals may not be accommodated.
- No referrals direct to the Occupational Health Physician will be accepted without the approval of the OH Manager and OH Physician.
- The employee has the right to see the referral during the consultation with the Occupational Health Professional.
- Reports to Managers will be as helpful as possible whilst retaining the confidentiality of the staff member i.e. the focus will be on prognosis and not diagnosis. Reports to management will be provided within 2 working days.
- Typically, any rehabilitation programme will be timed over a period of weeks. Most phased returns will be between 2 and 4 week duration, possibly commencing on limited hours and/or modified duties. Full details of any recommendations will be stipulated in any correspondence from the OH Professional and will be based on the physical and mental demands of the job.
- Reasonable adjustments will be recommended where an employee has a medical condition which is likely to be covered by the Equality Act 2010.
- If it is found that the staff member cannot resume fully the job for which they were employed, then further consultation between the employee manager and HR will be pursued.

6.7 Recommendations to Managers

- Recommendations to Managers are for guidance only.
- If it is the opinion of the OH Professional that modifications/adaptations should be considered it is the responsibility of the referring manager to consider whether this advice is reasonably practicable.
- Whilst it is unusual, the OH Professional would always try to work with the staff General Practitioner (GP), should there be a situation whereby there is a difference of opinion between the General Practitioner and the OH Profession regarding an employee returning to work the manager will take the advice of the OH Professional.
- If staff are off work awaiting medical or surgical procedures that would not be adversely affected by alternative work then this would be considered and advice will be given accordingly.

- Where work has caused or contributed to an employee requiring absence from work due to sickness or incapacity then the risk assessment for that area of work should be reviewed to ensure that a similar event does not occur.

6.8 Self Referral

- Staff will be encouraged to discuss issues with their line-managers in the first instance.

Please note:

- Occupational Health is not an alternative to GP services.
- Occupational Health has limited influence over specialist appointments and cannot expedite appointments.
- It may be necessary to write to line managers following self-referral. In these circumstances, the OH report will clearly indicate why the employee attended OH. Staff consent will be obtained prior to the OH report being sent to their line manager in these cases.

6.9 Absence Management in relation to planned surgery

- Managers are encouraged to refer staff prior to planned surgery.
- The OH Professional will advise managers and the member of staff of the expected recovery period.
- As an employer the Trust has a legal obligation to provide reasonable adjustments which could include - return to work plans that will include any necessary restrictions or adjustments, the expected return to work date and the time period before the member of staff can return to unrestricted working (if applicable).

6.10 Attendance Management

The attendance management process is designed to support both staff and managers.

In **exceptional** circumstances, where a member of staff is unable to attend the OH department following management referral, arrangements can be made for OH staff to complete a telephone assessment.

Staff can contact the OH department and arrange an appointment direct (self referral)

6.11 Ill Health Retirement

This is an independent decision by the NHS Pensions Authority based on medical advice.

- Where appropriate, the OH Physician/OH Specialist will make recommendations on reasonable adjustments required in the workplace or regarding re-deployment.
- The Occupational Health Professional will obtain any specialist reports, etc. that may be required to support the ill health retirement application.
- Support from the Occupational Health Team will be offered throughout this process.

6.12 Health Surveillance, Infection Control and Control of Substance Hazardous to Health

Health surveillance is about putting in place systematic, regular and appropriate procedures to detect early signs of work-related ill health among staff exposed to certain health risks; and acting

on the results. Health surveillance also helps to assess how effective control methods are working in the work place.

Health surveillance applies to those staff who may be exposed to certain hazards at work, and where there remains a residual potential risk to health despite appropriate control measures being in place.

In general terms this will mean that health surveillance will be required when the following criteria can be satisfied:

- There is a recognised health condition or adverse health effect known to be related to the work place hazard
- There is a realistic chance that the health problem concerned could occur under the system of work in place
- There is a recognisable early warning condition and validated, acceptable techniques for detecting that early stage
- The health surveillance is likely to further the protection of the health of the workers.

6.13 Employment Specific Health Surveillance

- Management of Health and Safety at Work (Amended) Regulations 1999 and Control of Substance Hazardous to Health 2002 require that staff who work with specific substances, or in certain environments, or engage in particular employment known to be potentially hazardous to health, must have tests or examinations as laid down in the regulations applicable to the particular circumstances and as per individual risk assessment for the area, e.g. skin, respiratory, noise, vibration and ionising radiation
- Screening will be offered to these staff on a regular scheduled basis as identified in risk assessment by agreement with the manager.
- The aim of Occupational Health surveillance programme is to detect early signs of work-related ill health in staff exposed to certain health risks.
- A database of all health surveillances should be kept with appropriate recall date identifiable.
- Staff should be given time to attend for appointments for job specific health surveillance at occupational health.
- Occupational health staff will provide managers with fitness declaration/recommendations following surveillance assessment.

6.14 Drivers

Statutory health surveillance will be carried out on staff requiring Group 2 licence i.e. PSV, LGV and HGV drivers. It is the duty of all licence holders to declare any relevant disability to the licensing authorities. Drivers of public service vehicles must re-apply for licence after reaching 50, 56, 59, 62, and 65 years of age and annually after this. It is ultimately the transport manager's responsibility to ensure this is complied with.

6.15 Night Worker Assessment

- As identified in Working Time Regulations 1998, all staff who undertake a minimum 3 hours consecutive night work on a regular basis, including shift work, are offered a medical assessment of their fitness for night work.
- This will be by annual invitation in the format of voluntary questionnaire. The questionnaire will be issued by the Manager and sent in confidence to Occupational Health Department. The staff member may be asked to attend an appointment on receipt of the questionnaire to discuss if any additional support is required.

6.16. Food Handlers

- All food handlers must be screened prior to commencing employment.
- All food handlers must be referred to the department with any skin condition, especially on the hands or any other health condition that could impact on their work.

6.17 Staff Exposed to Tuberculosis

- Yearly questionnaire and signs and symptoms summary will be sent to all staff exposed to TB during the execution of their duties. (Reference: Tuberculosis Employment Policy).

6.18 Ad-hoc Exposure Incidents

- When required Occupational Health will advise and co-ordinate regarding the health surveillance requirements following accidental and ad-hoc exposure incidents occurring at work.
- This may include the necessary clinical investigations and medical follow-up as deemed necessary and submission of comprehensive report to the Trust's risk management/governance leads.

6.19 Control of Infection

All staff should contact Occupational Health as soon as possible with any of the following symptoms for advice and triage:

- Vomiting and/or diarrhoea for 48-72 hours
- Exposure to any infectious agent, e.g. meningitis, measles, mumps and tuberculosis
- Exposure of bodily fluids and sharps injuries – should contact Occupational Health in working hours (08.00-16.00) immediately. Outside of working hours the employee should report immediately to the nearest accident and emergency department. If the incident is high risk it is imperative that advice and treatment is given within the one hour of exposure, please refer to the Inoculation Policy

6.20 Vaccination and Immunisation (in accordance with the Vaccination and Immunisation Policy)

- Immunity status is ascertained when the employee completes the new employee health questionnaire.
- All staff, regardless of employment, are advised (and have a requirement) to keep their immunisations up to date.
- The immunity status of staff should also be reviewed if staff transfer to alternative role.

6.21 The Occupational Vaccination Programme consists of:

1) Tuberculosis (TB):

- On commencement of employment, immunity status of all staff is ascertained.
- Health Care workers must have a scar or documented evidence indicative of BCG vaccination; any without will be required to undergo Tuberculin testing.
- Staff exposed to occupational or community TB infection should be referred to the Occupational Health Department as TB contacts for follow-up.

2) Measles/Mumps and Rubella Vaccine (MMR):

- All New Health Care workers born after 1970 (with patient contact) without documented evidence of two MMR vaccinations or who have not been previously screened for measles or rubella antibodies and New Health Care workers who are sero-negative to either measles or rubella will require mandatory vaccination against measles.
- Vaccination with MMR is recommended by the Department of Health.

3) Varicella:

- Varicella immunisation is recommended for all Health Care workers who are non-immune and have direct patient contact. Any staff member without documented history of chickenpox/shingles infection is required to have a blood test to check immunity.
- Sero-negative individuals are required to have immunisation.

4) Hepatitis B

- A course of 3 injections usually provides immunity. Staff are advised to attend the **Occupational Health Department 8 weeks after the final vaccination to ascertain antibody levels**, the result of which will determine follow-up. A once only booster is given after 5 years under current Department of Health guidelines.

6.22 Exposure Prone Procedures

Under Department of Health 2007 guidelines all 'New Health Care Workers' performing exposure prone procedure work are required to have blood testing for Hepatitis B, Hepatitis C and HIV.

All staff who are new to the Trust who perform EPP as part of their role will be asked to provide validated evidence of previous testing. In the absence of validated paperwork then the employee will be screened.

Staff who attend OH as part of a pre placement procedure will also be required to provide evidence of previous EPP screening or attend screening as required if EPP activity has been identified within their role.

Existing MCT staff already in post can be tested if they specifically request testing.

6.23 Regulation Bodies Statement of Professional Responsibilities Regarding Blood Borne Viruses

If members of staff have any reason to believe they have been exposed to a serious communicable disease, they should seek and follow professional advice without delay on whether to undergo testing and if so what testing is appropriate.

If any members of staff that acquires a serious communicable disease, they must seek and follow advice from the Occupational Health Professionals on modifications to professional practice or the need to contact previous or prospective employers.

It is the professional duty of the individual to know their immunity status and protect individuals in their care.

The Occupational Health staff will work collaboratively with the Infection Control Team, Risk Management Team and the Health and Safety Team to encourage good practice in accordance with current/future guidelines and legislation.

6.24 Inoculation Injuries

All inoculation injuries should be reported to the OHS and to the Health & Safety Manager as soon as is reasonably practicable after the event (Inoculation Injuries Policy).

Immediate Action:

- Wounds and skin areas that have been in contact with blood or body fluids should be gently encourage to bleed and washed with soap and water and covered with a waterproof dressing (bleed it, wash it, cover it, report it)

If the exposure is assessed as high or uncertain risk the Health Care Worker (HCW) should contact the Occupational Health Department promptly for further advice. If it is outside the normal departmental working hours; 08.00-16.00 Monday – Friday the HCW should attend the nearest Accident and Emergency (A&E) Department. Details regarding the source (patient) should be provided to the OHS or A&E Department to assist in the assessment/treatment process.

Sharps injuries should be reported to the Health & Safety Manager and via them to the Health & Safety Executive HSE under RIDDOR when:

- The sharps injury is from a blood borne virus positive patient, where there is the possibility of sero-conversion
- Any sharps injury that results in administration of post exposure prophylaxis (PEP)

Sharps injuries, including bites and scratches that result in inoculation of blood, must be considered a potential emergency and the recipient must seek advice immediately from either Occupational Health department or (out of hours) the nearest Accident and Emergency department within one hour of the incident.

6.25 Staff Support

A confidential counselling service can be accessed via the Occupational Health department alternatively any member of staff can self-refer to the counselling service. A referral from managers is not required.

Counselling is provided by experienced counsellors, all counsellors are controlled by a stringent code of conduct.

Managers are encouraged to refer staff who are absent from work or who are struggling in work, who report stress, anxiety or depression as early as possible.

6.26 Early Intervention Physiotherapy

Staff can access physiotherapy services via:

- The physiotherapy triage telephone line which operates daily on week days Mon – Fri between 13:00 – 14:00 on 0151 471 2281

6.27 Relationship with GP's and Other Health Professionals

The Occupational Health Department is primarily a preventative service, not a treatment service. Therefore, it is important for the Occupational Health Professionals to liaise closely with General Practitioners and other professionals.

6.28 Young Persons

If a young person (14 years to 18 years) is employed in whatever capacity then a Young Persons Risk Assessment must be completed by the supervising manager and forwarded to OH.

If any hazards are identified then these must be discussed with the parent/guardian prior to commencing employment/placement.

6.29 Health and Well-being:

- The Occupational Health Team actively supports the Trust's improving working lives agenda and is fundamentally involved in the Trusts Health Work and Wellbeing Agenda.
- The Occupational Health Team can provide advice on smoking cessation.
- Should an employee wish to discuss any health issues they can self refer to the Occupational Health department.
- The Occupational Health service has facilities for the random checking of Body Mass Index, cholesterol checks; these services are intended to compliment interventions staff may already be receiving.

6.30 Key Performance Indicators and Implementation

Essential functions of the Occupational Health Service that must be achieved to successfully meet NHS Employers, NHS Health at Work and specific Department of Health requirements are:

- Advice on occupational health matters to staff and managers of the Trust.
- Surveillance of workers' health in relation to work issues (COSHH).
- Provide comprehensive timely management referral system for sickness related absence and performance issues in accordance with Trust's Management of Attendance Policy.
- The Trusts Supporting Disabled Employees Policy HR27 will be utilized to support disabled employees in a non-discriminatory manner within legal frameworks.
- Surveillance of workers' health in relation to ability and suitability for work, both pre and during employment.
- Provide a comprehensive occupational vaccination programme with recall, in accordance with Department of Health Green Book 2006. With consideration to the Health Protection Agency and National Institute for Clinical Excellence Guidelines for best practice.
- Assist in the identification and assessment of risks from health hazards in the workplace.
- Promote a healthy working environment and highlight how work can positively affect health and wellbeing.
- To support managers of the Trusts where appropriate in meeting standards arising from nationally dictated standards.
- To ensure that the Occupational Health Department provides a service in accord with current and future Healthcare Commission, Department of Health, NHS Employers guidance.
- Take an active role in annual influenza programme.

7 CONSULTATION

- The Lead Director for this policy is the Director of Workforce.

- This policy was developed and agreed in partnership with staff side organisations

The following staff / groups were consulted with in the development of this policy document:

- HR Policy Group
- Staff Side Representatives

8 TRAINING AND SUPPORT

No formal training for managers and staff is required however all vaccinators within Occupational Health shall complete professional training (2 day foundation course) with annual update. All vaccinators should be competency assessed against prepared Patient Group Directives (PGD`s) for each vaccine delivered.

The Occupational Health department will provide support to HR, Managers and staff if required

9 MONITORING

Monitoring of compliance with this policy will be undertaken by the Occupational Health Manager and reported to the Executive Director of Workforce:

Monthly audits will be completed and assessed based on the requirements of SEQOHS Standards. (OH accreditation.) These audits include assessment of:

- Medical devices
- Infection Control Compliance
- KPI's
- Service user satisfaction surveys
- Record keeping
- Recall database
- Policies and Procedures (updates)

10 SUPPORTING DOCUMENTS

List of Supporting Documents

Ref No	Name
IC02	Inoculation Injuries & impact assessment & BBV Injury and Management Form
	Vaccination and Immunisation Policy
SA07	Health, safety and welfare
IC01	Infection prevention and control

Ref No	Name
HR07	Management of Attendance Policy
HR13	Stress prevention and management in the workplace
External	See 12

11 REFERENCES

Access to Medical Reports Act (1988) Department of Health
 Data Protection Act (1998) HMSO
 Department of Health 'Green Book' (2006) Immunisation against Infectious Disease, London, DOH
 Equality Act 2010
 Health Act (2006) Code of Practice for the prevention and Control of Healthcare associated infections, DOH
 Health and Safety at Work Act (1974) HSE
 Health and Safety at Work Act (1999) Amendment Regulations, HSE.
 NHS Employers (2007). The Health Workplace Handbook.
 NHS Employers (2008) Occupational Health and Safety Standards (Sec C)
 Noise at Work Regulations (amended) (2005) HSE
 Provision and Safety of Work Equipment Regulations (1998) HSE
 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations RIDDOR (1995) HSE
 Safety Representatives and Safety Committee Regulations (1977) HSE
 The Working Time Regulations (1998) (amended 2003), HSE
 Control of Substances Hazardous to Health Regulations 2002 (COSHH)
 The Working Times Regulations 1998 (Amended 2003)

12 GLOSSARY OF TERMS

Term	Description	Reference
DoH	Department of Health	
HSE	Health and Safety Executive	
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations	
COSHH	Control of Substances Hazardous to Health	
SEQOHS	Safe, Effective, Quality Occupational Health Service	
MCTOHS	Mersey Care Trust Occupational Health Service	
PGD	Patient Group Directive	

Equality and Human Rights Analysis

Title: HR 29 Corporate Policy and Procedure on the Provision of Occupational Health Services.

Area covered: Trust Wide

What are the intended outcomes of this work?

This is a review.

This policy Supports Mersey Care NHS Foundation Trust in its commitment to providing an Occupational Health Service to all staff.

It describes how this specialist, confidential and impartial advisory service will be delivered to the Trust and its Staff.

Who will be affected?

Staff

Evidence

What evidence have you considered?

The policy

Disability inc. learning disability

New employee questionnaire: Will identify situations in which adjustments may be required to working conditions in compliance with the Equality Act, 2010.

- **Reasonable adjustments will be recommended where an employee has a medical condition which is likely to be covered by the Equality Act 2010.**

In exceptional circumstances, where a member of staff is

unable to attend the OH department following management referral, arrangements can be made for OH staff to complete a telephone assessment.

Sex

Please see cross cutting.

Race

Please see cross cutting.

Age

Please see cross cutting.

Gender reassignment (including transgender)

Please see cross cutting.

Sexual orientation

Please see cross cutting.

Religion or belief

Please see cross cutting.

Pregnancy and maternity

New employee questionnaire: Will identify situations in which adjustments may be required to working conditions in compliance with the Equality Act, 2010.

Carers

Please see cross cutting.

Other identified groups

Please see cross cutting.

Cross cutting

- Managers are encouraged to refer staff prior to planned surgery.
- The OH Professional will advise managers and the member of staff of the expected recovery period.
- As an employer the Trust has a legal obligation to provide reasonable adjustments which could include - return to work plans that will include any necessary restrictions or adjustments, the expected return to work date and the time period before the member of staff can return to unrestricted working (if applicable).

Health Retirement –will apply to any member of staff where required and meets the criteria.

This is an independent decision by the NHS Pensions Authority based on medical advice.

- **Where appropriate, the OH Physician/OH Specialist will make recommendations on reasonable adjustments required in the workplace or regarding re-deployment.**
- **The Occupational Health Professional will obtain any specialist reports, etc. that may be required to support the ill health retirement application.**
- **Support from the Occupational Health Team will be offered throughout this process.**

Health surveillance is about putting in place systematic, regular and appropriate procedures to detect early signs of work-related ill health among staff exposed to certain health risks; and acting on the results. Health surveillance also helps to assess how effective control methods are working in the work place.

Health surveillance applies to those staff who may be exposed to certain hazards at work, and where there remains a residual potential risk to health despite appropriate control measures being in place.

Human Rights	Is there an impact? How this right could be protected?
This section must not be left blank. If the Article is not engaged then this must be stated.	
Right to life (Article 2)	Human Rights Based Approach Supported.

	<ul style="list-style-type: none"> • Management of Health and Safety at Work (Amended) Regulations 1999 and Control of Substance Hazardous to Health 2002 require that staff who work with specific substances, or in certain environments, or engage in particular employment known to be potentially hazardous to health, must have tests or examinations as laid down in the regulations applicable to the particular circumstances and as per individual risk assessment for the area, e.g. skin, respiratory, noise, vibration and ionising radiation • Screening will be offered to these staff on a regular scheduled basis as identified in risk assessment by agreement with the manager.
Right of freedom from inhuman and degrading treatment (Article 3)	Human Rights Based Approach Supported
Right to liberty (Article 5)	Human Rights Based Approach Supported
Right to a fair trial (Article 6)	Human Rights Based Approach Supported
	Takes account of the Data

Right to private and family life (Article 8)	Protection Act 1996. See section 6.6. Reports to Managers will be as helpful as possible whilst retaining the confidentiality of the staff member i.e. the focus will be on prognosis and not diagnosis
Right of freedom of religion or belief (Article 9)	Human Rights Based Approach Supported
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	No Issues identified
Right freedom from discrimination (Article 14)	No Issues identified

Engagement and involvement

HR Policy Group

Staff side

Senior Trust managers

Summary of Analysis

Eliminate discrimination, harassment and victimisation

At present there is a tendency towards non-disclosure of mental health conditions at time of appointment by those experiencing them. This has come to light through the small number of staff disclosing mental health conditions at time of recruitment, and later disclosing them through the annual data capture exercise carried out by the Equality team.

Advance equality of opportunity

Promote good relations between groups

What is the overall impact?

As any member of staff may be affected by illness or injury it could be argued that the policy is relevant to all. However, it is particularly relevant to those with disabilities, both long-term and short-term.

Addressing the impact on equalities

Action planning for improvement

See below

For the record

Name of persons who carried out this assessment (Min of 3):

George Sullivan

Cheryl Barber

Date assessment completed:

10.02.2016

Name of responsible Director:

Executive Director of Workforce

Date assessment was signed: Feb 2016

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their Directorate
Involvement and consultation	Trust to look at setting up a group to support staff with mental health /lived in experience.	May 2016	Meryl Cuzak/George Sullivan
Transparency (including publication)	This policy and the equality and human rights analysis should be placed on the Trust website.	May 2016	Pauline Copland