

Work Health Assessment Policy

Previously known as: Pre-Employment Health Assessment Policy

Please be aware that this printed version of the Policy may NOT be the latest version. Staff are reminded that they should always refer to the Intranet for the latest version.

Purpose of Agreement	To provide Occupational Health Nurses, Trust Managers and People Services Recruitment Team with the necessary information & guidance to ensure that staff recruited to the Trust are fit and safe for employment
Document Type	Policy
Reference Number	Solent NHST/Policy/OH03
Version	6
Name of Approving Committees/Groups	Clinical Executive Group, Policy Steering Group & NHSLA Group
Operational Date	June 2021
Document Review Date	June 2024
Document Sponsor	Chief People Officer
Document Manager	Occupational Health Clinical Lead Occupational Health and Wellbeing
Document developed in consultation with	Occupational Health Nursing Team
Intranet Location	Business zone > Policies, SOP and Clinical guidelines
Website Location	FOI > Publication Scheme
Keywords (for website/intranet uploading)	Work Health Assessment, Health Assessment, Policy, OH03

Include details of when the document was last reviewed:

Review Log

Version Number	Review Date	Lead Name	Ratification Process	Notes
Version 3	Oct 2010	C. Morant		
Version 4	Sept 2015	G. Ward	Assurance Committee, NHSLA	
Version 5	Sept 2018	G. Ward	Assurance Committee, NHSLA	Policy refreshed and changes made to Health Surveillance section which is now covered in a separate Policy.
Version 6	April 2021	Sarah Baker	Clinical Executive Group, Policy Steering Group, NHSLA	Rename of policy and Policy refresh

SUMMARY OF POLICY

For quick reference the guide below is a summary of actions required. This does not negate the need for the people involved in the process to be aware of and to follow the detail of this policy.

1. This policy seeks to ensure that job applicants applying for positions within the Trust are safe and competent from a health perspective to carry out the work/duties they will be employed to undertake, it applies to anyone in the Trust holding a contract of employment.
2. All new job applicants or staff who change roles significantly are required to complete a Work Health Assessment, which is accessed via a link provided to the candidate from People Services recruitment team.
3. The completed work health assessment will be held confidentially in the Occupational Health software system where it will be accessed by Occupational Health staff who will only access it for the purpose it was provided.
4. The Work Health Assessment will be assessed fairly and objectively assessed by Occupational Health; advice regarding fitness and any recommendations or adjustments are provided to People Services. Occasionally further information (GP report or treating specialist) is required before being able to advise regarding fitness to work.
5. Exposure prone procedure workers require a higher level of clearance and must not begin work until a clearance certificate is received from Occupational Health.
6. Candidates who have lived or travelled from high Tuberculosis endemic areas will require additional screening; candidates must not begin work until a clearance certificate is received.
7. Occupational Health will advise regarding fitness to work, however the decision and responsibility rests with the recruiting manager.
8. It is the managers responsibility to ensure fitness to work has been received from Occupational health and to facilitate a new Entrant screen appointment with Occupational Health if indicated

TABLE OF CONTENTS

Item No.	Title of Section	Page No.
1	Introduction & Purpose	5
2	Scope and definition	5
3	Process requirements	5
4	Roles and Responsibilities	6
5	Training	7
6	Confidentiality	7
7	Equality Act / Equality and Diversity	8
8	Access to Work and the Role of Disability Employment Advisor	8
9	Applicants Infected with Blood Borne Viruses: - Human Immunodeficiency Virus (HIV), Hepatitis B or Hepatitis C	9
10	Criteria for Undertaking a Health Assessment	9
11	Seeking Further Information From: GP or Specialists	10
12	Fitness Form	10
13	Related Policies	10
14	Success criteria	10
15	Review	11
16	References	11
	<u>Appendixes:</u>	
	Appendix A – Work Health Assessment Procedures	12-15
	Appendix B - Exposure Prone Procedure (EPP) and Non-Exposure Prone Procedures	16-17
	Appendix C - Equality Impact Assessment	18

WORK HEALTH ASSESSMENT POLICY

1. INTRODUCTION AND PURPOSE

- 1.1 This policy seeks to ensure that job applicants applying for positions within the Trust are safe and competent from a health perspective to carry out the work/duties they will be employed to undertake.
- 1.2 The Policy sets out the requirements to carry out robust a work health assessment to demonstrate health fitness before starting a new job.
- 1.3 It aims to increase an awareness of the Equality Act indicating that positive action will be taken where indicated to consider reasonable workplace adjustments which provide equal opportunities for employment in compliance with the Act.

2. SCOPE AND DEFINITION

- 2.1 This policy applies to bank, locum, permanent and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees, volunteers (including Associate Hospital Managers), Non-Executive Directors, and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy.
- 2.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.

3. PROCESS REQUIREMENTS

Work health Assessment

- 3.1 The Work Health Assessment provides advice to the Trust on a job applicant's fitness to work, providing specific advice on adjustments or modifications that can be made, to fit the job/workplace to the individual.
- 3.2 The Assessment will consider,
 - Is there a significant health problem?
 - Work capacity: will the illness / physical or mental impairment interfere with their ability perform this role?
 - Does anything in this job pose a risk to the applicant's mental health?
 - Is there any risk to the welfare of others?
- 3.3 The Assessment will identify,
 - Those likely to be at excess risk of developing work-related disease from hazardous agents present in the workplace.
- 3.4 Recommendations will be made by Occupational Health & Wellbeing service to the Manager/ People Services

- To ensure that work adjustments or modifications are made to accommodate the candidate's health problem / minimise the risk to them or their patients and / or if the Equality Act applies; offer advice about adjustments needed, to enable them to perform their role.

3.5 This will allow people to work in the NHS regardless of physical or mental impairment.

Definition and Abbreviations

- Please see **Appendix A** for a definition of EPP (Exposure Prone Procedures)
- **Health Care Worker (HCW)**: all staff working in hospitals, community and General Practice who have direct patient contact, e.g., cleaners on the wards, some catering staff, ambulance staff, some reception, and clerical staff, as well as medical and nursing staff
- **BBV**-Bloodborne Viruses (e.g. Hepatitis B, C and HIV)
- **OHWS** –Occupational Health and Wellbeing Service.
- **HR**- Human Resources
- **WHA**- Work Health Assessment

4. ROLES & RESPONSIBILITIES

4.1 People Services (HR Team)

4.1.1 The People Services Team will be responsible for ensuring that:

- They inform the Occupational Health & Wellbeing Department of all potential new staff to be screened.
- Provide the relevant work health assessment to applicants that have been offered employment, prior to a start date being agreed.
- Confirmation of fitness to work has been received prior to start date being formalised with the job applicant.

4.2 Staff

4.2.1 Staff offered employment are responsible for completing the work health assessment and returning/submitting it to Occupational Health in a timely manner.

4.2.2 Staff will be required to declare anything that could potentially affect them undertaking the role. They should be open and honest about their medical history and any concerns / limitations they are aware of that may affect them carrying out the role safely.

4.2.3 Staff that change roles that involve significant changes to the job tasks and responsibilities they undertake will be required to complete a new work health assessment.

4.3 Role of Occupational Health & Wellbeing Service

- 4.3.1 All NHS Staff should complete a Work Health Assessment. This will be assessed fairly, objectively and in accordance with equal opportunities legislation and good occupational health practice. If further information is required to assess fitness for work the OHWS will arrange the necessary appointment and ensure people services are kept informed.
- 4.3.2 No applicant will be refused employment on health grounds unless expert occupational health advice has been sought. The applicant should have the opportunity to discuss issues raised with an Occupational Health Professional, the Manager and People Services.
- 4.3.3 The employing Manager in liaison with People Services should consider all the facts and then must decide if the potential employee is to be offered employment. However, if the Occupational Health Professional has advised that the applicant is 'not fit', but the Manager chooses to offer employment despite concerns raised, they will need to be able to fully justify their decision.
- 4.3.4 Although the responsibility for recruitment rests with the referring Manager, the Occupational Health Professional's role is to provide specialist 'confidential' advice to the employer and the applicant. This role must be taken forward whilst recognising that the Occupational Health Professional has a 'duty' not only to the potential employee to whom they are providing a professional service, but also to that applicant's potential employer, colleagues and patients.
- 4.3.5 The Occupational Health and Wellbeing service has a responsibility to notify the employing manager of non-attendance for new entrant appointments.

4.4 Manager

- 4.4.1 To ensure that confirmation of fitness to work has been received from the Occupational Health and Wellbeing service prior to a start date being confirmed with the job applicant.
- 4.4.2 It is the Manager's responsibility to facilitate their new employee to attend "New Entrant" Screen appointment, which will have been sent to them by the Occupational Health dept. Failure to attend could result in risk to the employee and others e.g. immunisation protection against workplace hazards has not taken place exposing the person to potential harm.

5. TRAINING

- 5.1 There are no specific training requirements relating to the Policy.

6. CONFIDENTIALITY

- 6.1 Doctors and Nurses working within the Occupational Health and Wellbeing Service are bound by 'Professional Code of Conduct', to protect confidential information and only use it for the purpose for which it was given. Staff will be informed and should understand that some information might be made available to other members of the Occupational Health & Wellbeing team involved in provision of Occupational Health and Wellbeing Services to Staff.

- 6.2 If it is necessary to disclose 'medical' information to a third party, permission will be obtained before disclosure.
- 6.3 If the staff member withholds consent or if consent cannot be obtained for any reason, disclosure will only be made where:
- They can be justified in the public interest (usually where disclosure is essential to protect themselves or somebody else from the risk of significant harm)
 - They are required by Law or a Court Order.
 - Where there is an issue of child / adult protection.
- 6.4 Any disclosure will be documented in Occupational Health Records.

7. EQUALITY ACT 2010

- 7.1 Solent NHS Trust embraces and accepts its legal, social and moral responsibility in relation to Equality & Diversity. The organisation is committed to delivering equality of opportunities for all service users, carers and staff and wider communities and to the elimination of ALL forms of discrimination.
- 7.2 An Equality Impact Assessment has been undertaken and is attached at **Appendix C**.
- 7.3 In all cases the Equality Act will be considered. The individual will be assessed for their ability to undertake duties as stated in the Job Description and Person Specification. When applicable, reasonable adjustments, may be advised to ensure that people can work in the NHS regardless of physical or mental impairment which may require special advice/equipment/adaptations.

8. ACCESS TO WORK AND THE ROLE OF DISABILITY EMPLOYMENT ADVISOR

- 8.1 Access to Work, provides practical advice and support to disabled people and their employers, to help overcome work related obstacles resulting from their disability. As well as giving advice and information to disabled people and Employers, Access to Work can:
- pay a grant
 - provide specialist equipment to suit individual needs in work
 - Help with travel to or in work.
- 8.2 See Solent NHS Trust's Equality, Diversity and Human Rights Policy.
- 8.3 Disability Employment Advisors are employed within local Job Centres to help individuals with disabilities/ long term health problems, to maximise their potential to work.
- 8.4 Occupational Health and Wellbeing services may recommend that a new employee, or an existing employee, who has developed a disability, could benefit from the advantages provided under the Access to Work Scheme. **In all cases, it is the individual employee's responsibility to contact Access to Work and to request an application form.** The Occupational Health and Wellbeing service will:

- Inform the employee's manager that an Access to Work recommendation has been made as this may have an impact on the Manager's budget that they need to be aware of.
- Support the employee and their manager through the Access to Work process and when appropriate, provide a report, to support their application.

8.5 All applications for support through this scheme should be made to: Access to Work, Telephone 020 8426 3110 or click on link: <https://www.gov.uk/access-to-work/apply>

9. APPLICANTS INFECTED WITH BLOOD BORNE VIRUSES

9.1 This refers to applicants infected with Blood Borne Viruses: - Human Immunodeficiency Virus (HIV), Hepatitis B or Hepatitis C.

9.2 Applicants who are known to be infected with HIV, Hepatitis B or Hepatitis C viruses will be considered using the same criteria, which apply to other applicants.

9.3 Refer to Solent's Healthcare Workers Screening and Immunisation Policy for further information.

10. CRITERIA FOR UNDERTAKING A WORK HEALTH ASSESSMENT

10.1 The Occupational Health Advisor/Doctor will assess an individual's fitness and capabilities under the following criteria:

- Work health assessment
- Pre internal relocation/secondment when the duties or hours have changed substantially.
- Staff employed by the Trust who wish to do extra duties/hours on 'Trust Bank'.
- Staff who have short-term contracts and are offered permanent contracts.
- Honorary contracts.
- Volunteers Staff – Volunteer Health Assessment Questionnaire available through the Occupational Health Department.
- Work Experience – Work Experience Questionnaire available through the Occupational Health Department.
- Staff who retire and return to a new role (bank or permanent)
- Staff who leave and return

10.2 Following assessment, the Occupational Health & Wellbeing service will send the fitness certificate/outcome form to people services and an appointment will be sent to the member of staff when further intervention is indicated e.g. immunisation. This will usually be within the first 2 weeks of starting work with the Trust.

10.3 Occasionally further information is required from the applicant before being able to pass them fit for work, this generally will be in the form of a phone call assessment by an occupational health advisor; people services will be contacted if there will be a delay in advising fitness to work.

10.4 If the Occupational Health & Wellbeing service opinion indicates that the individual is not fit to undertake the proposed job, a letter will be sent to people services. However, the decision and responsibility to employ rests with the recruiting manager.

11. SEEKING FURTHER INFORMATION FROM GP or SPECIALISTS

- 11.1 There will be a small number of cases where the nature of sickness absence or other factors suggest the applicant may be unsuitable for the post offered. Further information will be required concerning past medical history and this will be obtained from the applicant's GP or Specialist.
- 11.2 This process will require the applicant's signed consent and they will be advised precisely what information is being requested. The Occupational Health Professional will make it clear what information they are seeking from the applicant's GP/Specialist and advise the applicant of their rights and respecting confidentiality of any clinical information obtained in accordance with; Access to Medical Reports Act 1988, and GDPR (UK). The employee will also be informed that their manager and people services will be made aware that additional information is being sought as this may result in a delay in the candidates start date; the manager may be charged for the cost of any specialist's reports. No health details will be released.
- 11.3 The GP/Specialist may charge for a Report. The Occupational Health and Wellbeing Service will pay for this Report in the first instance, but the cost will later be passed on to the employing Manager. Consent will always need to be obtained from the member of staff prior to requesting a specialist report.

12. FITNESS FORM

- 12.1 The Occupational Health & Wellbeing Service will notify people services of the outcome of the assessment using a Fitness/outcome Form. This includes the following information:
- Able to undertake the proposed placement (with no adjustments). This post does not perform Exposure prone procedures.
 - Able to undertake the proposed placement (with no adjustments) and fit for Exposure prone procedures.
 - Able to undertake the proposed placement (with **minor** adjustment)
 - Able to undertake the proposed placement (with **major** adjustment)
 - "It is recommended that their start date is deferred until-"

13. RELATED POLICIES AND DOCUMENTATION

- OH01-Solent Healthcare Workers screening and Immunisation Policy
- HR01-Recruitment and Selection Policy
- OH12-Solent Health Surveillance Policy
- Equality Act 2010
- GDPR- General Data Protection Regulations-
- HR53-Equality, Diversity and Human Rights Policy.
- Working Time Regulations 1998
- HS01-Health & Safety Policies 2015
- Tuberculosis SOP

14. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

- 14.1 OHWS will undertake an annual audit (in accordance with local audit), it will review process has been followed and the correct clinical decisions have been made. A summary of

compliance will be recorded. Any subsequent issues/findings resulting from the audit may be included in staff training and a review of this Policy will be considered.

- 14.2 Non-compliance incidents relating to this policy will be reported to the Health & Safety Sub Committee.

15. REVIEW

- 15.1 This Policy may be reviewed at any time at the request of either staff side or management. Each time there is a change to national policy, this policy will also be reviewed to take account of new developments and legislation. The policy will automatically be reviewed on a three-yearly basis.

16 REFERENCES AND LINKS TO OTHER DOCUMENTS

- Access to Work (Employment Services. Department for Work and Pensions) 03/02
- Access to Medical Reports Act. (1988)
- HS12- Management of Asbestos Policy
- Health and Safety at Work Act 1974
- Health and Safety (Display Screen Equipment) Regulations (1992)
- HS07- Safe Use of Display Screen Equipment and Mobile Devices Policy
- Immunisation against infectious disease (The Green Book) Last updated 2020
www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book#the-green-book
- Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Department of Health – Occupational Health Checks 2012
- ES01-Trust Hot Desk and Shared Desk policy
- Health clearance for tuberculosis, hepatitis B, hepatitis C and HIV: new healthcare workers
- GDPR-General Data Protection Regulation- Data Protection Act 2018

APPENDIX A

1. PROCEDURE FOR WORK HEALTH ASSESSMENT

- 1.1 The Manager will notify the People Services/Recruitment Team of the selected candidate.
- 1.2 The People Services/Recruitment Team will provide the candidate the WHA form/link with instructions how to complete.
- 1.3 The selected candidate should complete the WHA and submit it immediately to Occupational Health and Wellbeing Service.
- 1.4 Staff that change roles that involve significant changes to the job tasks and responsibilities they undertake will also be required to complete a work health assessment.
- 1.5 The Occupational Health Clinician will assess the fitness of the applicant to undertake their contracted duties, via a 'Screening' process.
- 1.6 If more information is required to assess fitness the Occupational Health Clinician will contact the applicant to undertake a telephone consultation in the first instance.
- 1.7 In most cases, a decision on the fitness of a selected candidate to undertake their contracted duties will be available to the Manager and People Services within 2 working days of receipt of candidate submitting their work health assessment via the eOPAS portal.
- 1.8 When the Occupational Health Clinician is unable to give an opinion of fitness from the information provided in the Work Health Assessment form, the selected candidate will be asked to attend an appointment, initially by phone for assessment. The appointment will be offered within 10 working days.
- 1.9 People services will be informed of the delay within 2 working days and notified of the appointment with the Occupational Health Clinician.
- 1.10 Following a consultation with an Occupational Health Clinician, People Services will be notified within 2 working days of the assessment outcome.
- 1.11 If the Occupational Health Clinician still has concerns about the candidates fitness they will be referred to the Occupational Health Doctor for a medical opinion. People Services will be informed of the delay and following assessment an opinion of fitness will be given to People Services by the Occupational Health Doctor.
- 1.12 Should the Occupational Health Doctor need to obtain further information to give an opinion of fitness to work this will be discussed with the applicant and their permission to write to their GP/Specialist will be obtained. (Access to Medical Reports Act 1988). People Services will be updated.
- 1.13 The Recruiting Manager should be aware that the GP/Specialist may charge the employer for the report, although it should be noted that the Manager will not have any right to see the report as the information contained is 'confidential' to the Occupational Health & Wellbeing Department. The Manager, however, will be asked to pay for the cost of the report.

2. PROCEDURE FOR WORK HEALTH ASSESSMENT FOR STAFF WHO MAY UNDERTAKE EXPOSURE PRONE PROCEDURES

- 2.1 This applies to staff that may be required to undertake Exposure Prone Procedures as part of their contracted duties.
- 2.2 Exposure Prone Procedures (E.P.P) (See definition: **Appendix B**)
- 2.3 It is important that managers make the Occupational Health & Wellbeing service aware when a job involves any exposure prone procedure so that the applicant is appropriately screened prior to starting work. **People Services and Managers must not allow this group of staff to start work or training until passed fit to undertake E.P.P** by Occupational Health & Wellbeing service. In some cases when documented and validated evidence of immunity to blood borne viruses is not available, there will be a delay in offering an opinion of fitness.
- 2.4 Staff required to undertake Exposure Prone Procedures, as part of their contracted duties will be asked to attend the Occupational Health and Wellbeing service for assessment and screening **before** starting work/training, to ensure that they are not a risk of infecting their patients/clients with serious communicable disease and offering them the opportunity for protection against Hepatitis B. See Healthcare Workers Screening and Immunisation Policy for more information on infected healthcare workers performing EPP.

3. PROCEDURE FOR WORK HEALTH ASSESSMENTS WHO REQUIRE TUBERCULOSIS SCREENING

- 3.1. This applies to staff who require additional screening prior to starting work due to where they have lived or travelled from.
- 3.2. People Services will receive a fitness certificate with the following option indicated: **It is recommended that their start date is deferred until-**
- 3.3. A specialist blood test and assessments must be carried out by Occupational Health prior to starting work, the results will indicate whether the candidate can start work, or if further information/guidance/investigations are required. The candidate must not start work until a final fitness certificate is received.

4. NEW ENTRANT SCREEN

- 4.1. A New Entrant is a member of staff who has completed a work health assessment and has been passed fit to work to enable them to start work with the Trust.
- 4.2. The Manager must ensure that their new employee(s) attends for their Occupational Health appointment "New Entrant" Screen when invited, usually within the first two weeks of starting work with the Trust. This includes existing employees that secure a new job with significant changes to their job tasks and responsibilities which requires them to attend an appointment.
- 4.3. The Occupational Health Clinician will review the work health assessment and will undertake a risk assessment and, where indicated, offer screening/vaccinations/education, as appropriate. The purpose of New Entrant Screening is:

- To give occupational education about potential workplace hazards and where appropriate offer information.
- To offer the individual a prophylactic vaccination programme, to protect staff at work.
- To provide screening to ensure, that the individual does not pose a risk of infection to others; (blood test, mantoux test etc)
- To provide screening and record a base line of health status, for future health surveillance, which will detect any potential changes in health at an early stage; (skin checks, etc)
- To offer health education and wellness advice where appropriate.

4.4. This is in line with good practice and Department of Health guidance. Occupational Education and handouts will be provided, to reflect the type of work undertaken. The New Entrant screening will be documented in the individual's records.

4.5. Managers should be aware that it is important that New Entrants attend this appointment as failure to attend may put the individual/others health at risk and the Trust at risk of possible future litigation.

5. HEALTH SURVEILLANCE PROCEDURE

5.1. The Occupational Health and Wellbeing Service will undertake the following as part of the employment health assessment, in accordance with Solent's Health Surveillance Policy.

- Document a base line of health at New Entrant Screen.
- When informed by Manager(s) that employee(s) require health surveillance; provide suitable Health Surveillance and Monitoring; document and compare range of results against predicted/normal range outcomes.
- Ensure that the Occupational Health team reviews results outside of normal parameters, and when indicated refers for further Specialist investigations.
- To store Occupational Health records relating to COSHH for 40 years or as legally required

6. PROCEDURE FOR SPECIFIC SCREENING RELEVANT TO OCCUPATION

Workstation	<ul style="list-style-type: none"> • At New Entrant screen all workstation operators should be asked to complete a Workstation Checklist by their manager- this can be found on Solnet, this should be completed by the employee and shared with their manager and will form part of the department's risk assessment and reviewed annually. If health problems are identified and support is required, then a referral to Occupational Health should be made- equipment and modifications to workstations should be managed by the manager and does not require a referral to Occupational Health. • It is the joint responsibility of employee and manager to complete the workstation assessment checklist and to take action when indicated.
Skin Checks	<ul style="list-style-type: none"> • At Health Assessment all Health Care Workers are asked specific questions, to try to detect possible allergy to Latex Protein or skin problems/disease. During the New Entrant Screen a visual check will be made of skin, especially hands and forearms to ensure there is no evidence of skin disease/problems which may present a risk of infection to the individual and risk of cross infection to others.

	<ul style="list-style-type: none"> • Gloves worn occupationally can sometimes cause health problems i.e. gloves can be irritating to skin, or cause more serious problems such as allergies. It is therefore important when staff have health problems which they believe may relate to work, that they are referred to Occupational Health & Wellbeing service. In all cases it is important that the cause of the health conditions ascertained; often determination of cause will be a multi-disciplinary approach. It is noted that the Trust does not routinely use Latex gloves. Therefore, Latex gloves should only be used in exceptional circumstances and where this has been risk assessed. • Occupational Health & Wellbeing service will advise managers, about adjustments in the workplace and provision of alternative gloves/other equipment as appropriate.
Night worker checks	<ul style="list-style-type: none"> • Staff that regularly work nights will be offered annual Health assessments, as per Working Time Regulations 1998.

7. OCCUPATIONAL / HEALTH EDUCATION & WELLNESS ADVICE

7.1. At New Entrant Screen appropriate Occupational/Health Education will be offered to reflect the type of work to be undertaken. This will include information and advice, on the following:

- Blood borne viruses (Hepatitis B, Hepatitis C, HIV)
- Tuberculosis/MMR/Chicken Pox
- Problems associated with wearing gloves, washing hands/using alcohol gel occupationally
- Information for computer operators at work
- Respiratory sensitisers
- Alcohol and smoking
- Healthy eating
- Healthy heart
- Stress awareness
- Counselling Service
- Needlestick injuries
- Moving and Handling
- Health and Safety
- Others as appropriate: to the workplace/health education.

APPENDIX B

1. Exposure Prone Procedure (EPP):

EPPs include procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues 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.

The definition of EPPs covers a wide range of procedures, in which there may be very different levels of risk of bleed-back. A risk-based categorisation of clinical procedures has been developed, including procedures where there is negligible risk of bleed-back (non-EPP) and 3 categories of EPPs with increasing risk of bleed-back.

When there is any doubt about whether a procedure is exposure prone or not, advice should be sought in the first instance from a consultant occupational health physician who may in turn wish to consult the UK Advisory Panel for Health Care Workers Infected with Blood-borne Viruses (UKAP). Guidance regarding Exposure prone procedures can be found https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/382152/health_clearance_tuberculosis_hepatitis_hiv.pdf

The definitions and examples of categories 1, 2 and 3 are:

- Category 1
Procedures where the hands and fingertips of the worker are usually visible and outside the body most of the time and the possibility of injury to the worker's gloved hands from sharp instruments and/or tissues is slight. This means that the risk of the HCW bleeding into a patient's open tissues should be remote.
Examples: local anaesthetic injection in dentistry, removal of haemorrhoids.
- Category 2
Procedures where the fingertips may not be visible at all times but injury to the worker's gloved hands from sharp instruments and/or tissues is unlikely. If injury occurs it is likely to be noticed and acted upon quickly to avoid the HCW's blood contaminating a patient's open tissues.
Examples: routine tooth extraction, colostomy.
- Category 3
Procedures where the fingertips are out of sight for a significant part of the procedure, or during certain critical stages, and in which there is a distinct risk of injury to the worker's gloved hands from sharp instruments and/or tissues. In such circumstances, it is possible that exposure of the patient's open tissues to the HCW's blood may go unnoticed or would not be noticed immediately.
Examples: hysterectomy, caesarean delivery, open cardiac surgical procedures.

A series of speciality-specific lists of the most common clinical procedures, classified into EPP category depending upon the relative risk of bleed-back, has been developed by UKAP and are available on the UKAP webpage.

2. Non-Exposure Prone Procedures

Where the hands and fingertips of the worker are visible and outside the patient's body at all times, and internal examinations or procedures that do not involve possible injury to the worker's gloved hands from sharp instruments and/or tissues. These procedures are considered not to be exposure prone provided routine infection control procedures are adhered to at all times.

Examples of non-EPP:

- Taking blood
- Setting up and maintaining intravenous lines or central lines (provided any skin tunnelling procedure used for the latter is performed in a non-exposure prone manner)
- Routine vaginal or rectal examinations
- Simple endoscopic procedures
- Minor surface suturing
- Incision of external abscesses

APPENDIX C

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims	
Service Line / Department	Occupational Health - corporate
Title of Change:	Work Health assessment Policy 3yrly policy review and updates
What are you completing this EIA for? (Please select):	Policy <i>(If other please specify here)</i>
What are the main aims / objectives of the changes	Updates in line with legislation, good practice guidance and Solent health and wellbeing strategy

Step 2: Assessing the Impact				
Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":				
Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: <i>(e.g. adjustment to the policy)</i>
Sex	x			
Gender reassignment	x			
Disability	x			
Age	x			
Sexual Orientation	x			
Pregnancy and maternity	x			
Marriage and civil partnership	x			
Religion or belief	x			
Race	x			

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Yes	
Have you taken into consideration any regulations, professional standards?	Yes	

Step 3: Review, Risk and Action Plans			
How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?			
Who will be responsible for monitoring and regular review of the document / policy?	Occupational Health and Wellbeing Service		

Step 4: Authorisation and sign off

I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

Equality Assessor:	Sarah Baker	Date:	20 th April 2021
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