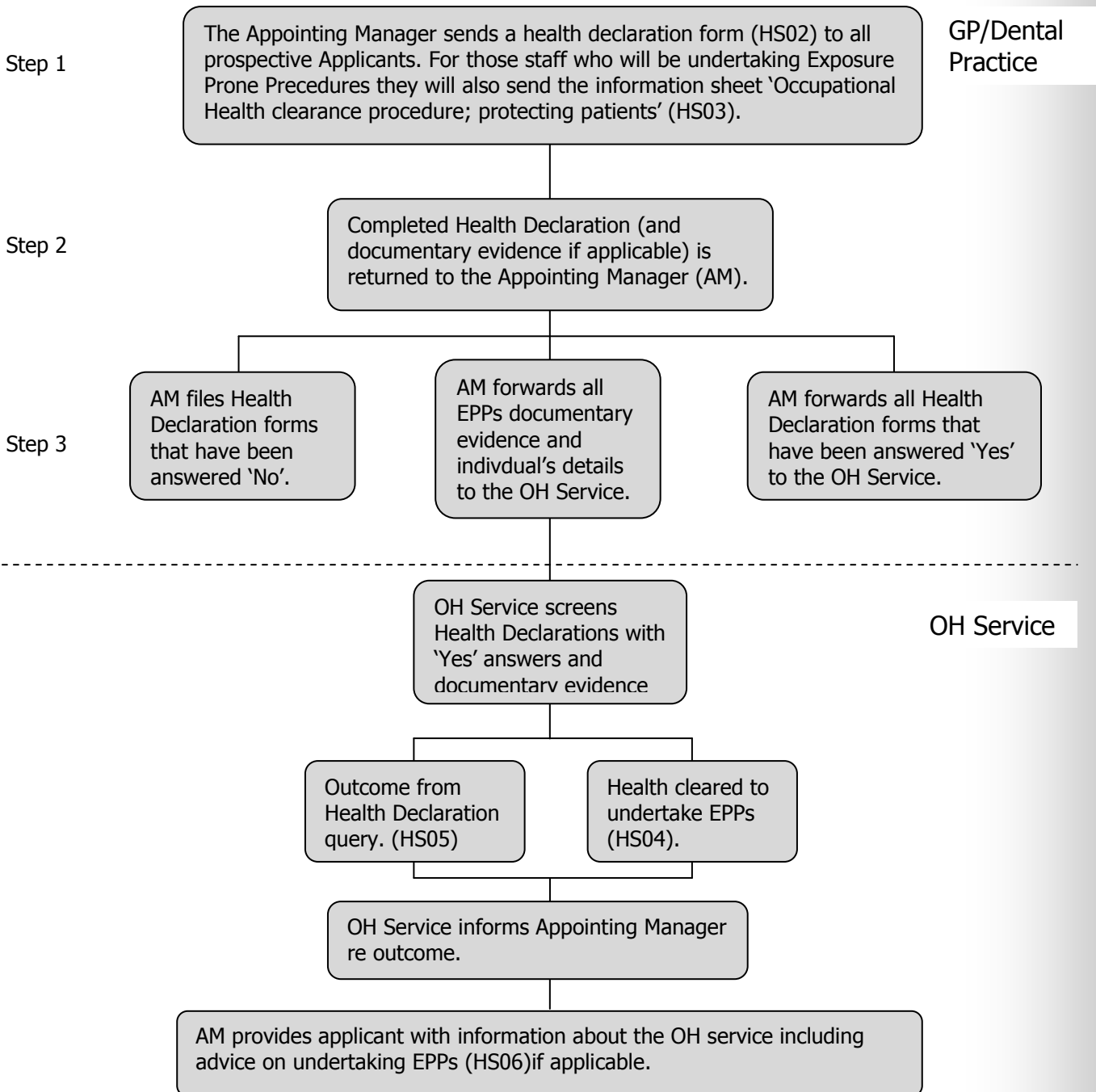




# Health screening

## Health Screening – Flowchart

This chart gives diagrammatic representation to the following procedure. It is intended as a quick reference guide only and full details are included in the following documents (Forms HS02/HS03/HS04/HS05/HS06)





## Procedure

### **1. Issue form HS02 to the Applicant;**

A Health Declaration form (HS02) should be issued to all applicants for all jobs within the Practice.

If the Applicant will be undertaking Exposure Prone Procedures (as defined by the DoH; Contact the Occupational Health Service for further guidance) please also issue the specific advice on the documentary evidence that is required for undertaking Exposure Prone Procedures (EPPS); 'Occupational Health clearance procedure; Protecting patients' (HS03).

### **2. Instruct Applicant to complete form HS02 and return to the Appointing Manager within your Practice without delay;**

Applicants should be instructed to complete the health declaration form (and enclose any documentary evidence regarding their state of immunity/freedom from infection from blood-borne viruses (BBVs) if applicable), and return it to the Appointing Manager within the Practice without delay. The completion of the form may be done electronically if preferred.

### **3. On receipt, forward all forms with a 'yes' response (and documentary evidence if applicable) to the OH Service;**

A completed health declaration form that has the 'no' box ticked should be filed in the Applicant's personnel file within the Practice. No further communication with the OH Service needs to take place (unless the applicant will be performing EPPs, see below). The Appointing Manager provides the newly accepted Applicant with the following information:

- Green Card (Doctors and Dentists)
- Needlestick advice card (All clinical staff),
- Copy of the leaflet 'Introduction to the Occupational Health Service', found in the OH&S manual (All staff)

A completed Health Declaration form that has the 'yes' box ticked should be forwarded, along with a completed Pre-Employment Risk Assessment Form (HS04, to describe the prospective job), to the Occupational Health Service for Primary Care Room N25, Tamar Science Park, 1 Davy Road, Derriford, Plymouth PL6 8BX without delay.

For staff who will be undertaking EPPs all documentary evidence relating to BBVs should also be forwarded to the Occupational Health Service for Primary Care (as above). Please note, this documentary evidence must be accompanied by the individual's full name, contact details, prospective job, location and proposed start date if it is not accompanied by a Health Declaration form.

### **4. OH Service screen form HS02 (and documentary evidence applicable), inform AM of any delays;**

Any Health Declarations with queries (and documentary evidence) will be processed by the Occupational Health Service. The Appointing Manager will be notified of the outcome from a Health Declaration query using form HS05. The outcome or current progress of the process will be reported by the Occupational Health Service within 3 working days of receipt either by telephone or email.



**5. The Appointing Manager (AM) informs applicant of outcome.**

The Appointing Manager informs the applicant of the outcome (agrees a start date if appropriate) and provides the newly accepted Applicant with the following information:

- Green Card (Doctors and Dentists)
- Needlestick advice card (All clinical staff),
- Copy of the leaflet 'Introduction to the Occupational Health Service', found in the OH&S manual (All staff), and
- Copy of 'Advice to Doctors & Dentists undertaking Exposure-prone procedures' (if applicable) (HS06).



## Health Declaration Form

*(To be completed by PM or other appointed agent)*

Appointing Manager:..... Contact number:.....

Practice name.....

Candidate name: Dr/Mr/Mrs/Ms.....

Post.....Location/Practice.....

Start date.....

This declaration and assessment is help us to identify any changes or support that might assist you in undertaking the duties of your employment whilst working within the Practice above, thus the purpose of this assessment is to:

- ***Identify any health problems or disabilities that may make the proposed role difficult or unsafe for you or others***
- ***To enable your employing Practice to assess what adjustments to the job may be needed to enable you to work if you have a health problem or disability.***

Please read carefully the questions below. At the end, there is a single Yes or No box to be ticked.

To preserve medical confidentiality, you are not required to identify which conditions/illnesses you have or have had. **If you tick NO, this form will be retained in your personal file at your employing Practice. No further action is needed on your part; if you tick YES, this form will be sent to the Occupational Health Service for Primary Care in Devon & Cornwall. The Occupational Health Service will contact you for further information.**

Please note any deliberate material inaccuracy in the information given may result in your employment being terminated. In completing this form you are certifying that to the best of your knowledge and belief the information given here is true and correct.

*Please turn over*



**HS 02**

**SURNAME:** ..... **First name:** .....

**Date of Birth:** ..... **Email:** .....

**Address:**.....

.....

**Current contact phone number(s):** .....  
**(including mobile)**

- **Do you have** any condition or disability that could affect your ability to undertake any of the role or responsibilities of your future posts with NHS Devon, including shift patterns, without adjustments?
  
- **Has your work** (hours of work, role or responsibilities) been modified or have you had to leave a job because of a health problem?
  
- **Have you ever been** affected by one or more of the following health problems:
  - Depression, psychiatric or nervous problems, substance or alcohol misuse?
  - Any communicable disease such as Hepatitis B, Hepatitis C, TB or HIV?
  - Any condition which may result in suppression of the immune system e.g.
  - chronic renal failure, treatment with chemotherapy, autoimmune disease.

To one or more of the questions above, I respond: **Yes**  **No**

Signed.....

Date.....





**HS 03**

## **Occupational Health Clearance Procedure; Protecting Patients.**

You are applying to work at a GP or Dental Practice in Devon or Cornwall. There are specific checks that you must undergo in relation to infectious diseases before you can be accepted (Ref; Health clearance for tuberculosis, hepatitis B, hepatitis C and HIV; New healthcare workers [www.dh.gov.uk](http://www.dh.gov.uk) gateway 5514).

The evidence that we require is as follows;

- 1) Serology results demonstrating your freedom of infection from Hepatitis B
- 2) Serology results demonstrating your freedom of infection from Hepatitis C
- 3) Serology results demonstrating your freedom of infection from HIV
- 4) Evidence that you have undergone a Tuberculosis screen.

**All documentary evidence must be derived from identified, validated samples. i.e. you will have shown proof of identity (including your photograph) when you gave a sample, the sample will have been taken in a UK NHS occupational health department and the sample will have been transported in the usual manner (not by yourself).**

Please return all evidence (copies) that you have with your completed health declaration to your employing Practice. This will be forwarded to the Occupational Health Service for Primary Care in Devon & Cornwall. The OH Service will be in touch with you if your evidence is unacceptable or you have been unable to provide any.

To this end, please ensure that you include your current telephone number and email on your health declaration so that delays in processing your application can be kept to the minimum.

**Please note that if any part of your documentary evidence is found to be unacceptable you will be liable for the costs of undergoing further tests to demonstrate your freedom from infection.**



**Pre-Employment Health Assessment – Risk Assessment**

This form must be completed by the Appointing Manager and attached to a Health Declaration Form that has a 'yes' box ticked.

Name of candidate: .....

Proposed Post:.....

Anticipated Start Date .....

Proposed place of work: .....

Contract Hours/week:..... Days/evenings/nights (please circle)

This post will involve (please tick all appropriate boxes [see explanation of terms and guidance overleaf])

		Yes	No
1.	A requirement to work an 'on call' rota?		
2.	A requirement to work alone/unsupervised for a significant part of their working day/night?		
3.	Clinical patient contact?		
4.	Non-clinical patient contact?		
5.	No patient contact?		
6.	Driving (except journeys to and from the main place of work)?		
7.	Manual handling or postural demands?		
8.	Exposure to cytotoxic drugs?		
9.	Dispensing?		
10.	The use of Display Screen Equipment?		
11.	Contact with blood, body fluids or body tissue?		
12.	Performing Exposure Prone Procedures?		
13.	Exposure to potentially violent or aggressive behaviour?		
14.	Working with vulnerable patient groups?		
15.	Exposure to hazardous chemicals – please list on separate sheet and attach		
16.	Exposure to ionising radiation		
17.	Exposure to non ionising radiation		

Please list any other occupational hazards or hazardous substances which may be associated with the work:

.....

Any other relevant comments?.....

.....

Name of Manager.....

Signature .....

Date..... Email address.....



Telephone Contact number .....



### Explanation of Terms

The following guidelines will assist managers in the completion of the Pre-Employment Risk Assessment Form overleaf. Further information and advice, if required, can be obtained from the Occupational Health Service.

Q 4.	Non-clinical patient contact	Staff who have face-to-face contact with patients with no 'hands on' clinical involvement
Q 6.	Driving (except to and from main place of work)	Those staff whose employment requires them to transport clients/patients or supplies on behalf of their Employer
Q 7.	Manual handling or postural demands	This includes patient and non-patient handling, lifting, carrying and lowering, repetitive bending and twisting, prolonged standing, or maintaining an awkward posture.
Q 11.	The use of Display Screen equipment	This involves continuous periods of an hour or longer per day where the worker has little or no discretion on when or whether to use the screen for their work.
Q 13.	Exposure prone procedures	<p>Those where there is a risk that injury to the worker may result in exposure of the patient's open tissues to the blood of the worker.</p> <p>These procedures include those where the worker's gloved hands may be in contact with sharp instruments, needles, or sharp tissue (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space, where the hands or fingertips may not be completely visible at all times.</p> <p>(NB venepuncture is NOT an exposure prone procedure)</p>
Q 15.	Vulnerable groups of patients	This may include staff who are required to work with children, immuno-compromised patients, the elderly, or patients with mental health problems



**Health Declaration query - Outcome**

**Surname**.....

**Forename/s**.....

**DoB**.....

**Following investigation of the supplied information we find the above applicant:**

**1. Fit for work**

**2. The following adjustments are for your consideration;**

.....  
.....  
.....

**3. Fit to undertake EPPs**

**4. Not cleared to undertake Exposure Prone Procedures**

Please make available to this applicant as appropriate a;

- Green Card (Doctors and Dentists)
- Needlestick advice card (All clinical staff),
- Copy of the leaflet 'Introduction to the Occupational Health Service', found in the OH&S manual (All staff), and
- Copy of 'Advice to Doctors & Dentists undertaking Exposure-prone procedures' (if applicable) (HS06).

Many thanks

**Signature** .....**Print Name**.....

**Occupational Health Specialist Practitioner**

**Date** .....





## **Advice for doctors and dentists undertaking exposure-prone procedures (EPPs)**

### **EPPs are defined by the DoH as:**

*"Those procedures where there is a risk that injury to the worker may result in the exposure of the patient's open tissues to the blood of the worker. These procedures include those where the worker's gloved hands may be in contact with sharp instruments, needle tips and sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times."*

The DoH advice is that EPPs are rare in General Practice although most Dentists (and Dental Hygienists) would be considered to undertake EPPs as part of their routine work.

For staff who undertake EPPs, there is a requirement (as distinct from a recommendation) regarding Hepatitis B, Hepatitis C and HIV. The requirement is of freedom from infection (i.e. surface antigen negative), which you will have already demonstrated before being accepted into your new post within.

All doctors and dentists who undertake EPPs have a duty (as defined by their respective professional bodies, the GMC and GDC) to consider their BBV status at all times; this is particularly the case after a high risk needlestick injury or after undertaking clinical work outside of the UK. If you have any reason to believe that your BBV status might have changed and that this could put patients at risk then you have a professional duty to seek Occupational Health advice.

In terms of protecting yourself, it is recommended (but not required) that you undergo a full course of Hepatitis B immunisation with the aim of achieving immunity.

Any doctor or dentist intending to undertake EPPs who:

- does not develop antibodies after immunisation,
- or who knows him/herself to have or to be at risk of, acquiring Hepatitis B, Hepatitis C or HIV, must seek confidential Occupational Health advice.

If queries regarding any of the above please contact the Occupational Health Team on 01752 762116.

