

ANNEXES

ANNEX A

RECOMMENDATION ON WHAT MIGHT CONSTITUTE AN OCCUPATIONAL HEALTH AND SAFETY POLICY FOR NHS ORGANISATIONS

This policy sets out the basic principles. Arrangements to carry these out will have to be tailored to local circumstances, drawn up then implemented.

Employers have a statutory duty under Section 2(3) of the **Health and Safety at Work etc Act 1974** to prepare and keep revised a written statement of Health and Safety Policy which:

1. Commits the employer to the provision of a safe and healthy working environment for employees contractors and members of the public. In the NHS this will include patients and their visitors.
2. Ensures that responsibilities both of managers and individuals are clearly identified and understood throughout the organisation.
3. Requires the effective arrangements for dealing with health and safety issues and emergency procedures are in place.
4. Requires that all the above are regularly revised and that progress is monitored.

With a Trust or other NHS organisation the ultimate responsibility for health and safety lies with the Chief Executive. H/she must ensure that all parts of the organisation have a suitable health and safety policy and arrangements to competently carry it out. The implementation of the policy should be monitored to ensure its effectiveness. The contents of the policy will vary according to the size and purpose of the various sub-divisions or groups. Provision should be made for regular review of these policies which will have three basic elements.

1. A general statement of intention, specifying minimum standards;
2. The department or care group with line authority for carrying out the policy, for example illustrated by an organisational chart;
3. Arrangements for assessing risk; implementing preventive measures based on the risk assessment; providing information and training to NHS managers and employees; and installing necessary arrangements which may make use of setting minimum standards, monitoring implementation of policy and improvements where necessary eg. safety audits, Occupational Health and Occupational Hygiene Services.

The Chief Executive should nominate a Board Member (either Executive or non-Executive) with special responsibility for health and safety. A Safety Committee should be constituted and meet at least twice yearly. The role of this committee is to set priorities on health and safety and monitor performance on health and safety policy and arrangements, in accordance with guidance in the **Safety Representatives and Safety Committee (SRSC) Regulations 1977**. Subsidiary committees should also be established. Senior managers reporting to the Chief Executive/Board should be represented on such committees and should be members of the main Health and Safety Committee. The Subsidiary committees may either be based on location eg at a subsidiary site or may follow the organisational grouping such as division or care groups. The performance of the managers chairing these committees in the implementation and monitoring of the effectiveness of health and safety policy would be expected to form part of the assessment of their effectiveness as managers.

Each department will need to have a published health and safety document which will set out the local requirements for complying with health and safety legislation together with other workplace legislation. These will include fire safety, first aid, workplace health and safety duties and reporting responsibilities under **RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regs 19 95)**, health surveillance and risk assessment. Responsibility for implementing the health and safety policy in individual departments lies with departmental managers. The employer will ensure that they have sufficient competence or, as a minimum, access to a competent person and advice, time and resources to carry out this role. Carrying out these duties effectively will help ensure compliance with all the relevant legislation. Arrangements will need to be based on risk assessments and effectively implemented and performance monitored by an appropriate person (for example a line manager responsible for health, safety and welfare)

Operational Procedures

These are required to implement the core Health and Safety Policy. In drawing up these procedures the risk of individual workplaces will be assessed and reference made to national standards already developed. Each operational policy must include arrangements for auditing compliance with procedures and assessing priorities for any changes required to improve the health and safety in the workplace.

Trade Union Representatives

They have an important role set out in law in all the above committees and activities. For example it is expected they will be actively encouraged to be involved in drawing up core policies and the operational procedures required to implement the Health and Safety Policy at all levels in the organisation. Their functions and role are laid out in the **SRSC** regulations. They will be encouraged in their role, consulted and provided with information and facilities as required by the Regulations.

Training

Staff at all levels require training and constant up-dating of their knowledge. Training requirements will vary from the management need to set and monitor arrangements for safe practice to that of the individual in the workplace who will need training on the hazards in that particular workplace, the requirements to follow safe work practice and to use protective equipment etc, and the reporting of accidents, incidents, near misses etc. Funding for such training will be an important consideration and will need to take into account the requirement for update courses for specialist advisors.

Accidents

Each work area will need clear procedures to follow in the event of an accident, near miss etc, and in reporting defective equipment, deficiencies in health and safety arrangements etc. Employees need to be actively encouraged to report incidents and to be trained in the systems set up.

ANNEX B

MODEL IPD RECRUITMENT POLICY

IPD

KEY FACTS

Recruitment

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Background

The recruitment process is often the first experience an individual has of an organisation. It is therefore important that the experience is as positive as possible for all candidates to:

- leave a positive image of the organisation with unsuccessful applicants who may be future customers or employees
- give successful applicants a clear understanding of the organisation and what will be expected of them.
- reduce the risk of a bad selection decision which can be expensive and harm competitiveness
- enhance the quality of candidates.

Aims

This summary aims to:

- highlight the key points of best practice recruitment.
- promote professional standards
- encourage practitioners to read further to develop their recruitment practices
- promote the importance of recruitment to personnel and development strategy.

Viewpoint

The IPD believes that effective recruitment is central and crucial to the successful day to day functioning of any organisation. Successful recruitment depends upon finding people both with the necessary skills, expertise and qualifications to deliver organisational objectives and with the ability to make a positive contribution to the values and aims of the organisation.

Recruitment is not only carried out to fulfil current needs. Recruiters should always be aware of and refer to future plans that have implications for organisational resourcing.

Recruiters also need to be fully aware of equal opportunities legislation and understand how discrimination can occur both directly and indirectly in the recruitment process. For example, untrained interviewers can make subjective judgements based on non-job related criteria and some forms of advertising may discourage or fail to reach potential applicants from certain groups.

Organisations should continuously monitor their recruitment process to ensure their validity, and that they are non-discriminatory.

The Institute believes that selection processes should only be based on:

- ability to do the job
- ability to make a contribution to the organisation's effectiveness
- potential for development

Job profile/person specification

All recruitment episodes should start with a job profile or person specification stating the necessary and desirable criteria for selection. Increasingly such specifications are based on a set of competencies which have been identified as necessary for the performance of the job.

However, in general, specifications should include the following requirements:

- skills, aptitude, knowledge and experience
- qualifications which should be only those necessary to do the job unless candidates are recruited on the basis of future potential eg graduates.
- personal qualities relevant to the job such as ability to work as part of a team.

Competency frameworks may be substituted for job or person specifications but should include an indicator of roles and responsibilities.

Application forms

Application forms should:

- be realistic and appropriate to the level of the job.
- be piloted for readability and ease of completion
- not request detailed personal information unless relevant to the job.
- state the procedure for taking up references, how these will be used and at what stage in the recruitment process they will be taken.
- use clear language.
- be accompanied by details of the job and clear information about the application and selection procedure.

Information collected for equal opportunity monitoring should be used only for this purpose and kept separate from information on which selected decisions will be based.

Recruitment procedures

Dealing with applications

All solicited applications (eg response to advertisements) should be acknowledged. All unsolicited applications should also be acknowledged whenever possible. Prompt acknowledgment is good practice and presents a positive image for the organisation.

All applications should be treated confidentially and circulated only to those individuals involved in the recruitment process.

Pre-selection screening should be done against job related criteria only.

Recruiters must comply with the Data Protection Act 1984 and applicants must be advised if their details are to be held on computer.

Recruitment advertising

Advertisements should be clear and state briefly:

- the requirements of the job
- the necessary and desirable criteria for job applicants
- the activities and working practices of the organisation
- the job location
- the reward package
- job tenure (eg contract length)
- the application procedure.

Advertisements should be genuine and relate to a job which actually exists.

Advertisements should endeavour to appeal to all sections of the community using positive visual images and wording.

Selection techniques

Care should be taken to select techniques which are relevant to the job and the business objectives of the organisation. All tools used should be validated and constantly reviewed to ensure their fairness and reliability.

Selection decisions should be based on a range of tools such as application forms, biodata, interviews, psychological testing, work sampling exercises and group discussions.

Interviews

Although they remain the most commonly used selection technique, interviews have very poor predictive ability if conducted by untrained individuals in an unstructured way. To have any value they should:

- always be conducted or supervised by trained individuals.
- be structured to follow a previously agreed set of questions mirroring the person specification or job profile.
- allow candidates the opportunity to ask questions.

Candidates should be given as much information as possible prior to interview, for example about terms and conditions, to allow them to prepare and to minimise the risk of job offers being rejected.

Organisations should be prepared to cover reasonable travel costs for attending interviews and to be flexible over timings. They should inform candidates of the timescales to appointment and how they will be informed of the outcome. They should make every effort to comply with these timescales and inform candidates of any unforeseen delays.

References

A recruitment policy should clearly state how references will be used, at what stage of the recruitment process they will be taken up and what kind of references will be necessary (eg former employer). These rules should be applied consistently.

Recruiters should always obtain references to check factual information such as qualifications. However, they should not ask former employers to supply subjective opinion as to an applicants' likely future performance. Such data is unreliable and can be misleading.

Medical examinations

It is reasonable to require completion of a health questionnaire where good health is relevant to the job.

Any particular physical and/or medical requirement should be made clear in the job advertisement or other recruitment literature.

When it is necessary for medical records to be obtained, the requirements of the Access to Medical Reports Act 1988 must be observed.

Organisations should pay for medical examinations when required.

Documentation

The process should be documented accurately and access limited to recruitment staff. Information should be kept for sufficient time to allow for any complaints to be handled.

Unsuccessful candidates should be promptly notified in writing giving feedback if possible. As a minimum, give feedback on any psychometric test results.

Employment offers should contain:

- details of the terms and conditions which will apply
- any conditions to which the offer is subject
- time scale to notify acceptance or rejection of the offer
- start date

An employer who refuses employment on trade union membership or non-membership grounds may be subject to litigation.

Induction

Well planned induction enables new employees to become fully operational quickly.

Induction should include:

- completion of employment documentation
- specification and discussion of any training
- explanation of domestic arrangements and people-management policies
- assistance to adapt to the job and gain an understanding of reporting relationships.

Monitoring

Monitoring is not mandatory but it is good practice to ensure all groups have an equal chance at all stages of the recruitment process. Data collected for monitoring should not be used for any other purposes.

Some key points

Organisations should have a recruitment and selection policy which is communicated to all staff.

Equality of opportunity should be an integral part of the recruitment process.

All recruitment and selection systems must be fair, consistent, and valid.

All selection tools used must be validated.

Recruitment and selection must take into account the needs of the individual as well as the needs of the organisation.

Advertisements must not make misleading claims, or present misleading information.

All personnel involved in the selection process must be trained to an acceptable standard for the tools they are using.

All applications should be acknowledged if possible and treated confidentially.

Recruitment advertisements should never contain age barriers or age-related criteria of any description.

External recruitment services

As personnel departments become smaller, many turn to external services to assist in recruitment. To ensure standards of best practice, the following should be considered:

- Examine the market carefully before selecting an agency (or consultancy). Different services are provided by different agencies. It is important that an organisation selects one which reflects its aims and objectives and has experience of its labour market.
- Be clear about what is required from an agency. Provide a brief in writing, ensure it is fully understood and that all information given is current and accurate.
- Provide an accurate and up-to-date job and/or person specification.
- Agree, in writing, the responsibilities of the agency and the organisation (for example, who will be responsible for checking qualifications or handling references).

- Agree the selection tools to be used and the criteria against which applicants will be selected from the initial approaches, to the short-list stage. Ensure these are consistent with the organisation's recruitment policy.
- Ensure equal opportunities standard are adhered to consistently and are in line with the requirements for in-house recruitment.

It is important that an agency has as much information as possible about the organisation and its requirements. It is also important that the organisation continues to monitor standards and the service provided by the agency. This will ensure they meet the best practice requirements set out in the key facts sheet.

Reading list

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Race Relations Act 1976

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(ISBN 0471585106)

INCOME DATA SERVICES

Large-scale recruitment. London, Incomes Data Services, 1995, 20pp (Study No: 581)

(ISSN 03089339)

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THE INDUSTRIAL SOCIETY

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THE INSTITUTE OF PERSONNEL AND DEVELOPMENT

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LEWIS, Christopher. *Employee selection*. 2nd ed. Cheltenham, Glos, Stanely, Thornes, 1992 ix, 190pp (ISBN 00915828717)

MAITLAND, Iain *How to recruit*. Aldershot, Gower, 1991, xiii, 207 pp (ISBN 0566029685)

OBIAGO, Daniel and THAKOORDIN, Jim *Recruitment and selection: a good practice guide*. Luton, Local Government Management Board, 1992. 130pp (ISBN 074889823)

PLUMBLEY, Philip R *Recruitment and selection* 5th ed. London, Institute of Personnel Management, 1991 165pp (ISBN 0852924593)

PERFORMANCE MANAGEMENT OF OHS

SUGGESTED PERFORMANCE MANAGEMENT GUIDE TO OCCUPATIONAL HEALTH PROVISION FOR NHS EMPLOYERS IN TRENT REGION

1. PROMOTING ADHERENCE TO HEALTH & SAFETY LEGISLATION

1.1 Responsibilities

Ultimate responsibility for Health & Safety lies with the Chief Executive who must ensure that all parts of the organisation have a suitable Health & Safety policy with:

- * a Board member responsible for Health & Safety questions
- * a safety committee which meets regularly, at least twice per year, and reports directly to the Chief Executive
- * an effectively implemented Risk Management strategy.

Suggested Questions:

1. *Is there clear responsibility at Board level [eg a single Board member] or overseeing all aspects of Health & Safety [including Occupational Health] within the organisation?*
2. *Is the occupational health service formally represented on the Health & Safety Committee?*
3. *What changes have taken place in the last year to demonstrate an active risk management strategy? [eg in areas such as Manual handling; Violence; Exposure to biological agents; Needle stick injuries; Exposure to respiratory or skin irritants, sensitisers and other physical agents; Ionising and non-ionising radiation.]*

2. PLANNING AND ORGANISATION OF AN OCCUPATIONAL HEALTH SERVICE

2.1 Provision of Occupational Health Services

All staff should have access to an occupational health service;

- * adequately staffed by competent and appropriately trained medical, nursing and other personnel
- * with access to advice of a Consultant occupational physician as required
- * with a facility for staff representatives and a users' committee to be consulted on the setting up and running of the occupational health service.

Suggested Questions:

1. *When has the organisation last formally reviewed its occupational health provision and how were staff representatives and users consulted?*
2. *What formal arrangements have been made for the occupational health service to access the advice of a Consultant occupational physician?*

2.2 Health Assessment on Recruitment

Pre-employment Screening

All new employees should have a pre-employment health assessment to a uniform standard which complies with Equal Opportunities legislation, the Clothier Report and the Disability and Discrimination Act 1995.

Immunisation

Management is responsible for:

- * ensuring that staff attend the occupational health service for appropriate immunisation checks and vaccination
- * satisfying themselves of the immunisation status of agency and locum staff. Particularly with regard to Tuberculosis, Polio, Rubella and Hepatitis B.

Suggested Questions:

1. *Are the systems recommended by Clothier now in place and operational?*
2. *Is the immunisation status of all staff [100% including temporary staff and Consultant medical staff] on occupational health service records?*
3. *When were the systems for identifying immunisation status of new and existing staff last formally reviewed?*

2.3 Health Surveillance of In-service Employees

Employers have a duty under Health & Safety legislation to provide an on-going health surveillance programme for exposure to certain hazards. [Regulations on COSHH, Manual Handling, Management of Health & Safety at Work, Display & Screen equipment and Ionising Radiation.]

Suggested Questions:

1. *Is there a programme of health surveillance in compliance with the regulations on COSHH, Manual Handling, Management of Health & Safety at Work, Display & Screen equipment and Ionising Radiation?*
2. *When was this health surveillance programme last reviewed?*
3. *Are results of surveillance used to inform the risk assessment process?*

2.4 Medical Assessment of In-service Employees

Procedures for management referral to occupational health services should make clear the criteria (eg the length and pattern of sickness absences; capability issues, consideration of ill-health retirement etc) which should trigger such referrals. The employee and the occupational health service must also know the reason for the referral. The manager must make clear the questions that need to be answered by the occupational health service.

The occupational health service is responsible for advising management on the employee's fitness to continue in work, but must respect the confidential nature of the medical report. The occupational health service should publicise the availability of the service, stressing its confidential nature, in order to encourage staff to refer themselves if they are concerned about their own physical or mental occupational ill-health.

Lines of communication between occupational health services and management should be clear and there should be a mutual recognition of the respective roles of each in the management of sick and injured employees together with a recognition of the confidentiality of medical information supplied to occupational health services.

Suggested Questions:

1. *Have the occupational health services been directly involved in the establishment and review of the current Sickness & Absence policy?
How often is it reviewed with the occupational health service?*
2. *To which Board member is the Director/Manager of the occupational health service professionally accountable?*

2.5 Health at Work in the NHS

A key ingredient for success in this initiative [launched in September 1992] lies in building an effective partnership between those responsible for occupational health, health & safety and health promotion and involving staff in "signing up" to the initiative's aims and objectives.

Suggested Question:

1. *How does your organisation address the need to integrate health promotion with Health & Safety and occupational health?*
2. *What has been achieved through this integrated approach in the past twelve months?*

1. ' Consideration should be given to the employment of applicants for a probationary period to demonstrate their achievement of satisfactory standards of conduct and performance'
2. ' Urgent and Positive consideration should be given to the need for a standard form of reference for applicants within the Health Service. Such references should be factual and follow the IPD guidelines so that impressions conveyed are substantiated by evidence.'
3. 'Every employer and prospective employer of a professional career should designate an officer to check that carer's current registration with the UKCC or GMC as appropriate.'
4. ' Only designated and trained staff should be allowed to provide references and when doing so they should also be required to give their own position and status and their formal line management relationship with the applicant.'
5. 'The staff involved in the selection and recruitment process should be trained in interviewing techniques.'
6. 'Emphasis should be given to the need for the provision of appropriate management training, including the development of strong communication and interpersonal skills to equip managers with the relevant and positive ability to deal with problems in the employment sphere.'
7. 'There should be stricter definitions of the accountability of healthcare professionals through professional bodies. Such definition should be enunciated by the bodies as we believe they themselves recognise. Their members lack guidelines of sufficient clarity at the present moment.'
8. ' Occupational Health carers should be reminded of their duty not only to the employee or potential employee to whom they render professional services but also to that employee's patients or professional colleagues if the Occupational Health carer is aware of the possibility of the patient's condition affecting the way in which they perform their own duties to the detriment or danger of their own patients.'
9. 'A review of standards and practices in Occupational Health Departments throughout the NHS and the establishment of guidelines for staffing qualifications, records etc would be helpful in enabling those departments to play a strong and meaningful part in employment practices.'
10. 'The GMC and UKCC should consider whether more precise guidelines should be given as to a healthcare professionals' responsibility following concern about a fellow carer/patient whether because they are employed by the same employer or not but whose condition poses a threat either to patients or to themselves.'
11. ' The GMC, UKCC, BMA, RCN, and the Faculty of Occupational Medicine should be urged to produce a standard code of conduct for those working in Occupational Health to assist in defining their responsibilities towards their employers and the employers' patients.'

12. ' Although the GMC and UKCC both stress to their members that it is possible in the public interest to break medical confidentiality there needs to be much more precise definition of what constitutes "public interest" and more emphasis on this possibility in their professional codes as well as giving frequent reminders of this power in the codes.'
13. 'Line Managers, Personnel Departments and Occupational Health Departments should work together on person specifications and job descriptions to achieve a properly worked out risk assessment strategy in the case of employees /patients who may in certain circumstances pose a danger or risk to themselves and their patients.'
14. 'There is no need for national not merely local frameworks of mental health screening criteria to ensure judgements are based on national criteria and guidelines and on consistent high quality information.'
15. 'There should be a standard form of notification to those being seen by Occupational Health Departments indicating that a report is required by an employer and giving the patient and the Occupational Health Department the reason for the report and the opportunity to confer or withhold confidential information.'
16. A standard Occupational Health questionnaire and consistency in the manner in which such questionnaires are handled would greatly help to prevent determined deceivers from securing employment by giving false information.'
17. 'An applicant's General Practitioner should be asked to confirm (with the applicant's authority) that there is nothing in the applicant's medical history which is inconsistent with the applicant's replies to the Occupational Health Department questionnaire and nothing in that history which would or should inhibit or prevent the applicant from performing the post for which application is made.'
18. 'The GMC and UKCC should stress to their members their personal accountability to alert the proper authorities to the danger of action by patients, who are healthcare professionals, on the basis that it is an offence not to break confidence in appropriate circumstances and to alert the proper authorities to the danger of action by a patient who is a danger either to himself/herself or to their own patients.'
19. ' Trusts and GP practices need to have in place clear systems to identify the trigger for action and arrangements for passing on information or concerns to an appropriated authority.'
20. 'Practitioners should be reminded periodically by their professional bodies that it is a matter of serious professional misconduct to ignore representatives from colleagues about their own conduct or performance or that of fellow healthcare professionals.'
21. ' National support mechanisms in place to deal with serious cases of health related conditions and performance need to be replicated at a local level and support should be given by professional bodies to establish equivalent local arrangements.'
22. ' The introduction of "Exit Interviews" would give the possibility of departing staff having a forum to express any disquiet as to the conduct of the colleagues with whom they have worked.'

23. 'National Boards needs to consider their future role as more and more healthcare professional work in the independent sector and the organisation of the NHS changes with more primary care led work.'
24. 'It would be helpful to introduce an integrated system for performance review, clinical supervision and post registration education and practice (PREP) and to ensure that systems are monitored and supported by appropriately trained staff.'
25. 'Serious consideration should be given to the creation of a system for employment and Occupational Health records to follow healthcare professional from one post to another.'
26. 'Factual records on absence (including causes), performance and conduct should be kept together preferably on a computerised record with a facility to make comparative data available.'
27. 'The use of the Park Report as an audit tool has already been accepted by Bassetlaw Hospital and Community Services NHS Trust and it is recommended that repeat audits be undertaken for the Trust either by Dr Park or some other suitably technically qualified auditor to review progress in the light of the original report and to see whether the reasons for not adopting some of the recommendations have proved justifiable and workable.'
28. 'The Park Report should be adopted in a suitably modified form as an audit tool for other ITU's and as a template for future auditing.'
29. 'The recommendations on employment practices in the Allitt inquiry (Clothier) report should be extended to cover all healthcare professionals.'

PRE EMPLOYMENT QUESTIONNAIRE - EXAMPLE

The model pre employment questionnaire presented here was designed by Dr Stuart Whitaker at the Institute of Occupational Health at Birmingham University. It was developed from a critical evaluation of 147 different pre employment questionnaires used in the NHS (which included an analysis of over 10,000 questions). The results were subjected to peer review process by a group of 60 occupational health professionals to establish which questions were considered to be essential, useful or not necessary. For those questions which were considered essential the reasons why they were thought to be essential were reviewed and used as a basis for this questionnaire.

Copyright

Copyright of this questionnaire has been transferred from Dr Whitaker to the Department of Health providing that:

- a) the questionnaire remains free to be adopted, copied and used by any OHS
- b) OHS's who use the questionnaire retain responsibility for its use within their own service
- c) the original source is acknowledged

Acknowledgements

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References

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 Audit and Evaluation in Occupational Health. Occupational Health Bulletin, Birmingham Vol 4
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 PEA: Working towards standards of good practice in the NHS. Occupational Health 45:12 412-413

Pre Employment Health Assessment

To be completed by the appointing officer

I would like to request that a pre employment health assessment be undertaken for the purpose of safe job placement for the following applicant.

Applicants name

Job Title

Department Start date - -/ - /19- -

Hours of work: Full time Part time hours

Enclosed
Current job description []
Applicants employment history []
Applicants sickness absence record []

Signature Date - -/ - /19- -
Appointing officer

Contact no

To be completed by the applicant

Please read this form all the way through before starting to complete it

The purpose of pre employment health assessment is to ensure, so far as is possible, that you are fit for the post you have applied for in order to protect your own and others health and safety.

Questions are asked about your past and present health, medical treatment and any impairments which may have implications for health and safety. The information you provide will remain confidential to the occupational health department.

If you have any difficulties completing this form or wish to discuss any issues in a confidential setting please contact the occupational health department for advice.

Declaration

I declare that all of the following statements and information is true to the bet of my knowledge.

Signed Date - -/ - /19- -

PERSONAL DETAILS

Last name

First names

Sex: Male Female Date of Birth - -/ - /19- -

Address

.....

..... Post code

Telephone number

Name and address of your General Practitioner/Family Doctor

.....

..... Post code

VACCINATION HISTORY

Have you ever had any of the following vaccinations or tests, please indicate YES, NO or Don't know. Please give dates and test results where known.

Immunisation	YES	NO	Don't Know	Dates	Test result
Tetanus					
Poliomyelitis					
Rubella (German measles)					
TB test (Heaf, Tine, Mantoux)					
BCG (TB vaccination)					
Diphtheria					
Hepatitis A					
Hepatitis B Injection No 1 Injection No 2 Injection No 3 Blood test Booster dose Blood test					

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS. IF YOU ANSWER **YES** PLEASE GIVE DETAILS IN THE SPACE PROVIDED ON THE BACK OF THIS FORM.

		YES	NO	Don't know
1	Do you have any impairment which may affect your ability to work safely?			
2	Do you have any eyesight problems not corrected with glasses?			
3	Do you have any hearing problems not corrected with a hearing aid?			
4	Do you have any difficulty in standing, bending, lifting or other movements?			
5	Have you seen a doctor in the last year for any kind of health problem?			
6	Are you having any treatment or investigations of any kind at the moment.			
7	Are you waiting for any treatment or investigation?			
8	Have you ever had any kind of skin problem?			
9	Have you ever had any kind of back problem?			
10	Have you ever had any kind of problem with your joints including pain, swelling or stiffness?			
11	Have you ever had any mental illness or psychological problems?			
12	Have you ever had a drug or alcohol problem?			
13	Have you ever had fits, blackouts or epilepsy?			
14	Do you have any allergies?			
15	Have you ever had asthma, bronchitis or chest problems?			
16	Have you ever had treatment for Tuberculosis (TB)?			
17	In the last 12 months have you had a cough for more than 3 weeks, ever coughed up blood or had any unexplained loss of weight or fever?			
18	Have you ever had hepatitis or jaundice?			
19	Have you ever had diabetes, thyroid or gland problems?			
20	Do you have any other medical conditions?			
21	Have you ever had any illness which may have been caused or made worse by your work?			

What is your height

What is your weight

In this section please give details of any of the questions which you have answered YES to.

Details which may be useful include:

a)	How long did you have this problem for.
b)	When was this.
c)	What type of treatment, if any did you receive.
d)	Were you admitted to hospital, unable to work or prevented from carrying out your normal activities because of the problem.
c)	Does the condition continue to affect you in any way.

Question Number	Details

Please continue on a separate of paper if necessary.

ANNEX F

DEFINITION OF ROLES

Management of Health and Safety - Definition of Roles

Management

Determines, publishes, implements and monitors the policy. Implementation role includes informing, training and supervising staff. Required to ensure the safety of plant and/or workplace.

Employee

Must comply with all workplace procedures designed to provide a safe place of work in accordance with instruction and training given. These include reporting of defects and accidents.

Infection Control Doctor/Nurse Team

Representative(s) from the OHS should be members of the main health and safety committee on an advisory basis. They advise on good practice, required to control spread of infection within the organisation. Duties will include training of staff of the organisation in control of infection procedures and advice to management on microbiological and microbiologically related environmental issues. They liaise closely with the Occupational Health Service, Community Services, and Primary Health Care Services.

Fire Office (Advisor)

Advises on all fire precautions and preventive actions. Duties include the monitoring of fire equipment for effectiveness and ensuring maintenance of such equipment. Organises training of all staff in fire prevention and safety.

Radiation Protection Advisor

Advises on all matters relating to compliance with **Ionising Radiations Regulations 1985**. Is a member of the Radiation Protection Committee. Holds the register of Radiation Protection Supervisors. Administers the arrangements for assessing staff exposure levels to ionising radiation.

Biological Safety Officer

Advises on all aspects of biological safety in relation to the requirements of the Advisory Committee on dangerous Pathogens and the Advisory Committee on Genetic Modification. Ensures that all appropriate staff training is carried out, liaises with the Occupational Health Service and Control of Infection Officer.

Safety Adviser/Risk Manager

Recommends standards of safety to be met with the Trust/organisation by advising on risk assessments and preventative measures. Monitors accidents and incidents in the workplace, provides regular reports to management on this topic. Identifies health and safety training needs at all levels within the organisation and advises on the content of training courses. Liaises internally with the Occupational Health service and other specialist safety advisers. Liaises with all relevant statutory external authorities.

Occupational Health Service Staff

Staff working in this service maintain an independent professional stance emphasised by their advisory role on the main Health and Safety Committee ie they provide advice to both management and the employee.

Safety Representatives

Appointed by trade union members to represent staff. They have rights of inspection, investigation, information and consultation in good time on health and safety matters. Full details of their rights including the provision of facilities and training are given in "Safety Representatives and Safety Committee Regulations"

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2. The Health and Safety at Work etc Act 1974: £11.95
3. Safety Representatives and Safety Committee Regulations 1977 (SRSC): £1.90
4. Health and Safety (First Aid) Regulations 1981: £1.70
5. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR):
6. Control of Asbestos at Work Regulations 1987: £2.70
7. The Control of Substance Hazardous to Health Regulations 1994 (COSHH)
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17. Workplace (Health, Safety and Welfare) Regulations 1992: £3.20
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Telephone - HMSO Publications Centre 0171 873 9090

HSC and HSE Publications

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HSC and HSE Publications

Telephone HSE Books 01787 881165

HSG's

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- 44 Decontamination of equipment prior to inspection, service or repair HSG(93)40
- 45 Protecting healthcare workers and patients from Hepatitis B HSG(93)40
- 46 AIDS-HIV Infected Health Care Workers - Guidance On the Management of Infected Health Care Workers HSG(94)16
- 47 NHS Health and Safety Issues HSG(97) 6

OTHER DEPARTMENT OF HEALTH PUBLICATIONS

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- 49 Mental Illness: A guide to mental health in the workplace. DoH 1993
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- 68 Working for Health - A practical guide to developing a healthy workplace in the NHS (1995)
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UNISON PUBLICATIONS

- 70 Work - it's a risky business - guide to risk assessment (Stock No 1351)
- 71 Stress at Work - A Trade Union Response (Stock No 1226)
- 72 Bullying at Work - guidelines for UNISON branches (Stock No 1281)
- 73 Violence at Work - A guide to Risk Prevention (Stock No 1346)

(All the above are free to UNISON members - others are charged)

- 74 RSI Hazards Handbook (Stock No 1395) £2.50 to UNISON members

Available from UNISON, Communications Department, 20 Grand Depot Road, London SE18 6SF

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ANNEX H

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and all providers of good practice examples.

