OCCUPATIONAL HEALTH

CHAPTER TWO

THE NEED FOR AN OCCUPATIONAL HEALTH SERVICE

1. Occupational Health Services (OHS) exist to:

   - "promote and maintain the physical, mental and social wellbeing of all staff" (World Health Organisation OHS definition)
   - improve the health of people at work by appropriate and effective OH interventions based on an assessment of need of both employer and employee
   - help management to protect staff from physical and environmental health hazards arising from their work or conditions of work, and to provide advice on the working environment
   - contribute to increasing the effectiveness of the organisation, by enhancing staff performance and morale through reducing risks at work which lead to ill-health, absence and accidents
   - assess applicants for employment, to ensure they are fit for and placed in appropriate work
   - help management to protect patients, visitors and others from staff who may represent a hazard **(Bullock Recommendation 8)**

2. The functions of an OHS fall into the following broad categories:

   - Development of OH policies and standards in collaboration with all stakeholders and staff representatives, personnel, health and safety services and infection control
   - Monitoring health of in-service employees and others ; assessment and reduction of risk;assistance with job design to allow for application of ergonomic principles and appropriate strategies for risk elimination, reduction or control; production of comprehensive workplace assessments; monitoring of ill-health and accident statistics - contributing to the understanding of the working environment, management of sickness absence and the reduction of risk. **(Bullock Recommendation 26)**
   - Health assessment on recruitment, including the provision of advice, in collaboration with the Infection Control Team, on immunisation policy

- Education of staff in, and promotion of adherence to, health and safety legislation and objectives in association with health and safety, personnel, line managers and other relevant professionals

- Health promotion and education in the workplace in collaboration with health and safety, health promotion, personnel and other relevant professionals

3. **Active co-operation and good communication between OHS, health and safety officers, line managers and personnel departments within the employing organisation is essential to ensure effective outcomes, both for individual staff members and for the organisation.**

4. An effective OHS, working closely with colleagues in personnel and health and safety management,

    - will contribute to the effective strategic management of all staff health, safety and welfare issues.

    - will assist management in providing a safer, healthier environment for staff, patients and visitors by recognising, assessing and suggesting ways for managing risks.

    - will be especially useful in the process of assessing staff health prior to appointment and in the ongoing monitoring of staff health for those already in employment. **(Bullock Recommendation 9)**

    - will advise on the medical suitability of an applicant or employee to perform all or any part of the job description/person specification and assist the personnel department in making any reasonable adjustment that may be required under the Disability Discrimination Act 1995 **(Bullock Recommendation 9)**

    - will assist in identifying where sickness absence is a concern and make suggestions for eliminating identified causes, consequently assisting in its management and reduction

    - will be aware of the organisational and individual causes of work related stress and advise management on the drawing up, implementation and monitoring of strategies for dealing with the causes and effects of these

    - will work with health and safety colleagues to produce strategies for the reduction of violence to staff as well as providing or arranging for initial assessment of the counselling needs of those who have been abused

- will advise on health risks in the workplace and support employer and employees in reaching the most appropriate OH strategy or solution to their problem

CHAPTER THREE

PLANNING AND ORGANISING OCCUPATIONAL HEALTH SERVICES

1. The provision of Occupational Health Services for staff within the NHS has varied widely across the country and differs substantially from area to area. In the light of this:

   Employers should ensure that:

   - All their staff are provided with access to a competent confidential OHS.

   - The OHS is geared appropriately to the needs of the organisation and the health and safety risks identified, and is staffed by competent and appropriately trained medical, nursing and other staff

   - Arrangements are made for OH teams to have access to and advice from a Consultant Occupational Physician as required. There should be a written protocol for the provision of this service.

   - The size and mix of the OH team is appropriate to the level of risks. The size of the OH team should **not** be allocated on the number of employees alone, but should take into account other factors such as the number of units and their locations and the types of work being carried out, i.e. it is fit for the purpose.

   - Staff representatives are consulted over setting up and reviewing the running of the OHS. Arrangements should also be made for continuing discussions, e.g. a user's committee

2. Detailed guidance for managers, who are reviewing an existing OHS or setting up a new one is to be found in the HSC document **"The Management of Occupational Health Services for Healthcare Staff"** paras 44-60.

3. Managers may also wish to consider the setting up or purchasing of other complementary support services to work alongside and with OHS in the provision of counselling and support to staff .i.e. Chaplaincy, National Association for Staff Support (NASS), Employee Assistance Programmes

The Nurse led OH Team

4. The English National Board for Nursing, Midwifery and Health Visiting and the Department of Health in collaboration with the Association of OH Nurse Practitioners and the RCN Society for OH Nursing published **"Occupational Health Nursing: Contributing to Healthier Workplaces"** in Febrauary 1998 to highlight the role of OH Nurses in the provision of services.

5. Nurses working in occupational health have long been the backbone of the occupational health service, providing skills and professional expertise to keep the workforce healthy and to advise on current legislation.

6. The specialist practitioner in occupational health nursing develops skills in the management of change and problem solving which provide the confidence to challenge out dated and ritualistic practice. They are able to innovate and problem solve within the practice environment, and are equipped with the skills to ensure the practice is underpinned by evidence, based upon assessment of need, and evaluated for clinical and cost benefits.

7. It has to be recognised that the majority of services in the NHS are currently nurse led with part time input from a non consultant grade occupational health physician. Employers must ensure that arrangements are in place to have available support from a Consultant Occupational Physician or other specialist Occupational Physician with experience and expertise in health care work.

8. The contribution of OH nurses to the service and to the business relates to the combination of basic nursing skills, knowledge of the demands of the work place, and specialist occupational health nursing education consolidated by experiential learning. This contribution will in most cases be backed up by the skills available from Psychologists, Physiotherapists and other professionals as required.

PROVIDING OCCUPATIONAL HEALTH SERVICES TO OTHER EMPLOYERS

9. Occupational health services in the NHS are set up to care for NHS employees. The prime responsibility of the OHS is to provide a service to the employees of their own Trust or Health Authority and those employees of other NHS employers with whom they have a contract. An OHS should actively seek to provide services to other parts of the NHS where such contractual arrangements do not, at present, exist. This may involve negotiations with Health Authorities to provide a service to groups of GP practices contracted to the Health authorities. The purpose of these arrangements is to ensure equity of access to OHSs for all NHS employees wherever they are employed within the service.

10. Competent OHSs may also wish to provide occupational health services to other employers in their community. Such work has several advantages. On a professional level it provides variety of work and allows experience of workplace hazards that may only be found rarely in the NHS. Such work also provides additional opportunities for both medical and nursing trainees within occupational health, thereby aiding recruitment to the speciality. It may also give an opportunity to raise money for the OHS as such external services should only be provided where a normal commercial profit can be made. It must be emphasised that income generation should never be the prime purpose for an OHS undertaking external work in the community.

11. The provision of such services must not be to the detriment of the services provided to NHS staff and must be adequately resourced. Employing authorities will need to remember their duty to ensure that the services provided to external customers are competent and meet the needs of the external employer. They must also ensure that adequate insurance is in place to cover the professional liability that such services take on.

KEEPING AND TRANSFERRING OCCUPATIONAL HEALTH RECORDS

12. Information given by the applicant or obtained from previous employers or education providers (with the applicants consent) about medical history including sickness absence, relevant hospital admissions and medications should be recorded. This information should, if the person is recruited, form part of his or her occupational health records.

13. To ensure confidentiality, OH records should be markedly different from other hospital records and should be stored in a secure place preferably within the OH department. Each employee must have an individual record which includes immunisation history, responses to vaccination, health monitoring activities and referrals. It is recommended that records be kept for a minimum of 10 years after the date of the last entry or longer if so required by particular legislation (e.g. **Asbestos Regulations** stipulate 40 years for exposure over a certain level; **Ionising Radiation Regulations** 50 years). **(Bullock Recommendation 26)**

14. It is recommended that copies of clinical OH records held by a previous employer or institution are, when necessary, obtained by the OH Department with the written consent of the new employee.

15. In the context of this guidance, continuity of records is of particular importance, indeed this was a particular feature of the Bullock Report recommendations. In the light of this it is expected that when previous employers receive a request for OH records to be passed on, with the written consent of the person concerned, they will be passed on immediately.**(Bullock Recommendation 25)**

CHAPTER FOUR

PRE EMPLOYMENT CHECKS

Purpose

1. The purpose of pre-employment health assessment is to ensure that

   a. prospective staff are physically and psychologically capable of carrying out the work proposed, taking into account any current or previous illnesses.

   b. anyone likely to be at excess risk of developing work related diseases from hazardous agents present in the workplace is identified

   The assessment also aims to ensure, as far as is possible, that the prospective employee does not represent a risk to patients.and that the work is suitable and safe for the propsective employee.

2. Employers need to ensure that the requirements of the Disability Discrimination Act 1995 (DDA) are taken into consideration and that adjustments are made, when reasonable, to ensure that people can work in the NHS regardless of physical impairment or learning disabilities.

Role of the OHS

3 Although responsibility for recruitment rests with the referring manager, the OH Department's role is to provide specialist confidential advice to the employer and applicant.This role has to be taken forward whilst recognising that the OH professional has a duty not only to the potential employee to whom they are providing a professional service but also to that applicants potential employer, patients and colleagues.**(Bullock Recommendation 8)**

4 Responsibility for taking up references including information about absence behaviour,and making registration checks (with UKCC or GMC), rests with the referring manager. No applicant should be refused employment on health grounds unless expert occupational medical advice has been sought ,the applicant has had the opportunity to discuss issues raised with an OH professional and the employing manager has given all of the facts full consideration. It is for the employing manager to decide to employ the applicant in light of reports from the OHS and other relevant information. The referring manager may choose to employ an applicant despite concerns expressed by the OHS but will need to be able to fully justify such a decision. **(Bullock Recommendation 3)**

5 All NHS staff should have a pre employment health assessment carried out fairly, objectively and in accordance with equal opportunities legislation and good OH practice

- on taking up their first post, whether or not this is preceded by a period of training
- on subsequent appointment with new NHS employers, and
- on job change, where this involves a significant change of duties

6 Close attention should be paid to the stage at which a pre-employment assessment is made to ensure that the process is not contrary to the requirements of the Disability Discrimination Act. Good practice indicates that pre-employment assessments should be made between the interview and job offer stage.

Links with Referring Manager

7. It is essential, if the OHS is to provide a useful function in pre-assessment, that referring managers provide them with a copy of the person and job specifications and the health and safety risks associated with the job and discuss any unusual requirements of the post. This will allow the OHS to better distinguish whether the applicant is suitable. It is also fundamental to the provision of both pre-assessment and in-service review that the OHS staff have been provided with an opportunity to become aware of the different ways of working throughout the organisation and to make themselves familiar with the different requirements for the wide variety of posts. **(Bullock Recommendation 13).**

Assessment Format

8 The assessment should include consideration of a health questionnaire completed by the applicant when applying for the post, interview with an OH Nursing Adviser (should it be felt the questionnaire answers warrant an interview) and, if considered appropriate, onward referral to an OH physician. The initial nurse interview may be carried out by telephone if it is considered that this will elicit sufficiently clear answers to any questions raised by the form.

Questionnaire Format

9. A questionnaire which is capable of ascertaining, from the answers given, whether there are grounds for further investigation should be used. An example of a pre employment questionnaire, devised as part of research into pre employment policies is given at Annex E. This should not be considered as the only possible format but is offered as as an example. **(Bullock Recommendation 16)**

10. It is likely that in the majority of cases the OH questionnaire will be passed first to an OH nurse adviser for consideration. If they consider it to be necessary they will arrange an interview with the applicant to assess their fitness for the post. If an OH Nursing Adviser feels that they have not been able to gain a clear and unequivocal picture of the applicants past medical history from the questionnaire and the interview they should refer the matter to an OH physician for further consideration.

Confidentiality

11. OH staff will find it beneficial to their work to develop an OH policy with their colleagues in personnel/human resources which is available widely throughout the organisation. Local policies should include explicit references to the guidance relating to confidentiality set out by the GMC and UKCC and be consistent with the guidance published by the Department of Health. OHS's will find it useful to include the following principles (published by the GMC) in their policy statement so that staff and colleagues are aware of the constraints placed upon the service. **(Bullock Recommendation 12)** These principles apply in all circumstances:

- Patients (staff) have a right to expect that you (OH professionals) will not disclose any personal information which you learn during the course of your professional duties, unless they give permission.

- When you are responsible for confidential information you must make sure that the information is ewffectively protected against improper disclosure when it is disposed of, stored, transmitted or received.

- When patients give consent to disclosure of information about them, you must make sure they understand what will be disclosed, the reasons for disclosure and the likely consequences.

- You must respect requests by patients that information should not be disclosed to third parties, save in exceptional circumstances (for example where the health or safety of others would otherwise be at serious risk)

- If you disclose confidential information you should release only as much as is necessary for the purposes

- You must make sure that those to whom you disclose information understand that it is given to them in confidence which they must respect

- If you decide to disclose confidential information you must be prepared to explain and justify your decision.

12. In certain circumstances it may be necessary to disclose information in the interests of others. The GMC guidelines state:

- Disclosure may be necessary in the public interest where a failure to disclose information may expose a patient, or others, to risk of death or serious harm. In such circumstances you should disclose information promptly to an appropriate person or authority.

- Such circumstances may arise, for example, where:

  A colleague who is also a patient is placing patients at risk as a result of illness or other medical condition.

  Disclosure is necessary for the prevention or detection of a serious crime.

13. Further guidance on Confidentiality can be obtained in **"Duties of a Doctor. Guidance from the General Medical Council"** published by the GMC and in the Faculty of Occupational Medicine **"Guidance on Ethics".**

14. Every effort should be made to try to persuade the individual to be honest about their medical condition or whatever matter is causing the concern, or at least to give the occupational health professional permission to speak of it. If the individual cannot be persuaded to give permission, where there is a forseeable risk of serious harm or death, it will be necessary to breach confidentiality. In all such cases a Consultant Occupational Physician should be involved in making the decision and the reasons for reaching it should be fully documented. Employers should have in place agreed processes for dealing with such circumstances. **(Bullock Recommendation 19)**

15. Guidance for the NHS on the protection and use of patient information was published as HSG(96)18 by the Department of Health.

Retention of Records

16. Information given by the applicant or obtained from previous employers or education providers (with the applicants consent) about medical history including sickness absence, relevant hospital admissions and medications should be recorded. This information should, if the person is recruited, form part of his or her occupational health records.

Seeking GP assistance

17. In the small number of cases when the the amount or nature of sickness absence, or other factors, suggests that the applicant may be unsuitable for the post offered, and further information is required concerning the past medical history this may be obtained from the applicants GP. This process will require the applicants signed

consent and they must be told precisely what information is being requested and why before their fully informed consent can be obtained. A copy of the persons consent together with a copy of their Occupational Health questionnaire should be sent to the GP with a request for specific information.

18. The OHS should make clear what information they are seeking from the applicants GP, taking account of the **Access to Medical Reports Act 1988** and **Access to Health Records Act 1990**, advising the applicant of their rights and respecting confidentiality of any clinical information obtained. Because this service falls outside the provision of general medical services GP's can be expected to charge employers for this service. Direct arrangements for meeting their fees must be clear.Clinical judgements must be based on justifiable OH standards. Judgemental perceptions and value judgements made about people with disabilities or impairments are unacceptable.

HIV /Hep B infected applicants

19. Applicants who are known to be HIV or Hepatitis B infected should be considered using the same criteria which apply to other applicants.They should not however be recommended for employment in posts where exposure prone procedures may be performed **Health Care Workers (HCWs) who are Hepatitis B e antigen positive and HIV infected HCWs must not perform exposure prone procedures in which injury to the HCW could result in the workers blood contaminating a patient's open tissues.** If doubt exists about the need for modification of working practices, the UK Advisory Panel for HCWs Infected with Bloodborne Viruses can be asked to advise. Where modification is necessary, suitable alternative work or retraining opportunities should be made available, in accordance with good general principles of OH and management practice. Detailed advice on the management of Hepatitis B and HIV infected HCWs and the role of the OHS is available in separate DH guidance **"Protecting Health Care Workers and Patients from Hepatitis B" [No45. References]** and **"AIDS-HIV Infected Health Care Workers - Guidance on the Management of Infected Health Care Workers" [No 46 References]** which also provided details of the DH Secretariat through whom contact with the UK Advisory Panel should be made.

20. Employers are responsible for ensuring that appropriate immunisations are carried out on employees, and should satisfy themselves of the immunisation status of agency and locum staff [see chapter 4 paragraph 5]

Further Guidance

21 Further guidance on pre employment assessment can be found in the HSC publication **"The Management of Occupational Health Services for Healthcare Staff"** at paragraphs 23 - 28 and 35 - 38 which also includes an example of a health questionnaire at Annex 1. Guidance on best practice in recruitment can be found in **"The IPD Guide on Recruitment"** . A copy of the short version of this guide is printed at Annex B and the full version can be obtained from the Institute of Personnel and Development.

CHAPTER FIVE

HEALTH MONITORING

Introduction

1 An OHS is a proactive and preventative service rather than a treatment service. Its aims include the prevention of occupational ill-health and injury by hazard identification, risk assessment, elimination or control followed by an audit of effectiveness.

2. Staff are bound to benefit from the availability of a competent, confidential service with resulting improvement in morale. Work in these areas contribute significantly towards helping employers reduce occupational illness and injury thereby improving the service to patients and reducing costs. Patients will benefit from being cared for by staff who are appreciated and valued and from being protected from staff who might otherwise represent a hazard.

3. In the course of its work, an OHS will discover illnesses and injuries amongst staff which require treatment. An OHS does not normally provide a treatment service and it is important, with the employees consent, to inform the general practitioner where such problems are identified. Staff should have fast tract access to secondary treatment services.

4. The work of the occupational health department will be enhanced by developing professional links with clinical colleagues in other disciplines. OH staff should also liaise with the Employment Medical Advisory Service of the Health and Safety Executive. They should also maintain strong professional links with other OH staff employed with the NHS and such colleagues employed outside the NHS. Professional staff should play a full part in the work of professional organisations, such as the Faculty and Society of Occupational Medicine, the Association of NHS Occupational Physicians, the Association of Occupational Health Nurse Practitioners (UK), RCN Society for Occupational Health .

5. Staff should also develop close working links with colleagues in health and safety, human resource and health promotion departments. Such links do not threaten the professional independence of an OHS but care should be taken that such an erroneous perception does not emerge. The aim should be to develop within the organisation integrated staff health, safety and welfare policies.

6. Services provided by an OHS may be broken down into a number of different categories.

Pre-Employment Health Assessment

7. This service is described in detail in Chapter Four.

Management Referral

8. Managers may wish to seek medical advice about an existing employee where there is an employment or management issue involving health matters. A manager may refer an employee because of the possibility of the occurrence of an occupational disease, as part of the management of sickness absence or in consideration of the possibility of early retirement on the grounds of ill-health. This referral system should not be used simply to obtain a "second opinion" which, where necessary, should be arranged in the normal manner through the GP.

9. Managerial referrals to an OHS must be in writing. It is essential that both the employee and the occupational health service are aware of the reason for the referral. Managers should ensure that explicit questions are asked of the OHS. This should preferably be done on a standard form, a copy of which should be made available to the employee. It is good practice that the manager obtains the employee's consent for referral by means of a full explanation. The OHS must ensure that the employee's consent has been obtained before the employee is seen. **(Bullock Recommendation 15)**

10. Managers need to be aware that employees may divulge information to an occupational health professional which they ask to be kept in confidence. Such information will play a part in shaping the OH recommendations but the information upon which the advice is based will not be divulged to the manager. The only exception to this rule will be if the occupational health professional considers that it is necessary to breach medical confidentiality in line with the guidance provided by the GMC and UKCC (see paras 11 - 15 in chapter 3). The occupational health advice should be provided in writing and must be in accordance with the requirement of the **Access to Medical Reports Act 1988** and the **Access to Health Records Act 1990.**

11. When the point at issue is consideration of early retirement on the grounds of ill-health, care must be taken to distinguish between advice as to whether or not the individual is capable of continuing in employment and the early payment of pension benefits. In the first case, the OHS must provide advice on the medical aspects of suitability for continued employment but the decision as to whether or not an individual remains in employment is made by the manager, taking into account relevant information including the advice of the occupational health department.

12. The question as to whether or not an individual is entitled to the early payment of pension benefits on the grounds of ill-health is a decision made by the NHS Pensions Agency, It must be understood that whilst it is usual to attempt to make the two decisions take effect at the same time, they are in fact quite separate matters.

Self-Referral

13. Access to occupational health staff must be available to employees on a self-referral basis. This fact should be publicised within the employing authority and stress the confidential nature of the service. In particular, staff should be encouraged to refer themselves if they are concerned about their own physical or mental occupational ill-health. Early referral is likely to be of maximum benefit to employees.

Immunisation

14. The responsibility for advising line managers and employees on a suitable immunisation policy rests with the OHS, which should, in drawing up policies on infectious diseases and immunisations in liaison with the infection control team, apply Departmental guidelines. Employers are responsible for ensuring that appropriate immunisations are carried out on employees, and should satisfy themselves of the immunisation status of agency and locum staff. The OHS is responsible for keeping accurate health and medical records. The diseases of special concern are tuberculosis, polio, rubella and hepatitis B/HIV. **Only when an employee does not pose a risk of infection to patients from infectious diseases should employment be recommended.** i.e. when exposure prone procedures are not involved in the employees work.

15. Hepatitis B immunisation is of particular importance. **Employees who are Hepatitis B e antigen positive should not perform exposure prone procedures and should not be recommended for employment in posts where such procedures cannot be avoided.** Detailed guidance on immunisation policy and procedures is contained in the Health Departments publication **"Immunisation against Infectious Diseases"** HMSO 1992 **[No 48 References]** Particular guidance on Hepatitis B immunisation will be given in **Protecting Health Care Workers and Patients from Hepatitis B"** which is to be published shortly.

Health Care Workers infected with blood borne viruses

16. **Health Care Workers (HCWs) who are Hepatitis B e antigen positive and HIV infected HCWs must not perform exposure prone procedures in which injury to the HCW could result in the workers blood contaminating a patient's open tissues.** If doubt exists about the need for modification of working practices, the UK Advisory Panel for HCWs Infected with Bloodborne Viruses can be asked to advise. Where modification is necessary, suitable alternative work or retraining opportunities should be made available, in accordance with good general principles of OH and management practice. Detailed advice on the management of Hepatitis B and HIV infected HCWs and the role of the OHS is available in separate DH

guidance **"Protecting Health Care Workers and Patients from Hepatitis B" [No 45 References]** and **"AIDS-HIV Infected Health Care Workers - Guidance on the**

Management of Infected Health Care Workers" [No 46 References] which also provided details of the DH Secretariat through whom contact with the UK Advisory Panel should be made.

Injuries and Ill Health at Work

17. The OHS should advise managers and staff on the management of injuries sustained at work, for example needle stick injuries; dermatitis; the results of manual handling accidentsas well as post exposure prophylaxis for occupational exposure to HIV and in cases where entitlement to industrial benefits is under consideration. Managers, in collaboration with the OHS, should liaise with other departments (e.g. accident and emergency) to ensure that adequate and appropriate services (treatment and counselling) are available at all times, including out of hours. (see Health and Safety Guidance in chapter 8).

Action after Ill Health, Accidents and Absence

18 **The responsibilities of line managers and OH departments need to be clearly defined for their liaison to be fully effective.** Managers are responsible for referring staff to the OHS following ill health absence or accidents as appropriate. They should also be recognising symptoms of ill health and referring staff accordingly. Procedures for management referrals to OHS should make clear the criteria (e.g. length and pattern of sickness absences) which should trigger such referrals. When referring, the manager must make clear the questions that need to be answered by the OHS.These include such matters as whether an occupational disease is present, if a medical condition exists which could be worsened by work, whether work needs to be modified for the worker, or whether a person is fit for work and is not a risk to patients, for instance as a result of infection.

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19. In accordance with the **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995** injuries diseases and dangerous occurrences should be notified to the Health and Safety Executive by an identified person on behalf of the employer.

Investigation and Policy Advice

20. The OHS should be involved alongside health and safety and risk managers in accident investigations and advise managers on policies, procedures and measures to prevent or control risks including those to mental health.

21. The HSAC publication **"The Management of Occupational Health Services for Healthcare Staff" [No40 References]** contains detailed guidance at paragraphs 30-38 on referrals to the OHS after absence. For example, on return to work after sickness absence, limited duties and working hours or temporary work in another area suited to the employee's ability to work may be recommended for a period.

Relationships with other Professionals

22. OH is primarily a preventative not a a treatment service. It is therefore important, with the employees consent, to inform GP's when significant health problems are encountered in their patients.

23. OH staff should liaise closely with the Employment Medical Advisory Service (EMAS) which is responsible within the HSE for the provision of advice to employers and others about OH matters, both clinical and organisational. Local contacts can also be supplied by the Faculty and Society of Occupational Medicine the Association of NHS Occupational Health Physicians (ANHOPS)or the local Health and Safety Executive office.

24. Employers should take every opportunity to encourage closer working between OHS staff and colleagues involved in health and safety, health promotion and personnel to develop and take forward improvements in the organisational development of integrated staff health and welfare policies.

Ill Health Retirement and Rehabilitation

25. Managers are responsible for decisions about whether to recommend or agree to a proposal for retirement on the grounds of ill health. The OH physician is responsible for advice to employees and the management on fitness for specific jobs and tasks, and hence on the justification for ill health retirement. Reports from GPs and consultants may be required; these should respond to specific questions from the OHS. Written informed consent (a copy of which should be sent to the GP) must be obtained from the employee before GPs etc can be approached, and the employee should be told what information is being requested about them and why. The employee should also be advised of their rights under the **Access to Medical Records Act 1988** and the **Access to Health Records Act 1990**, and the confidentiality of any clinical information obtained must be respected. GPs may expect payment for the provision of such reports.and these costs are expected to be borne by the employer. All other avenues such as redeployment where possible, rehabilitation and retraining should always be thoroughly investigated before any action is taken leading to ill health retirement, which should be regarded as a last resort. Detailed guidance on the rehabilitation of staff after illness or after acquiring a disability is contained at paragraph 39 of the HSAC publication referred to in paragraph 21above.

SPECIFIC WORKPLACE HAZARDS

26. **The Management of Health and Safety at Work Regulations 1992** place duties on employers to systematically assess all workplace risks and to take all resonably practicable action to minimise those risks.

Glutaraldehyde and other disinfectants

27. Employers should give priority to preventing their employees being exposed to glutaraldehyde by any route (i.e. inhalation, ingestion, or contact with skin) as required by the **Control of Substances Hazardous to Health (COSHH) Regulations 1994**. The OHS is responsible for advising employers and employees on the risks associated with glutaraldehyde and how these can best be managed. Where appropriate a formal health surveillance programme must be in place, drawn up and implemented by the OHS. All employees who are, or who may be, exposed to glutaraldehyde must be given sufficient information, instruction and training to understand the potential problems and the precautions they need to take. Further information is given in **HSG(97)6 at Annex B(d)**. The HSG appears as Chapter 8 in this document.

MRSA (Methycillin Resistant Staphylococus Aureus) and other Infectious Diseases

27. Every hospital should have a policy for dealing with methicillin resistant staphylococcus aureus (MRSA) and other infectious diseases. The content of the policy will depend on the local prevalence and risk assessment. New guidance for the management of MRSA, which will include detailed advice on staff screening, will be available later this year.

28. Managers, in consultation with the OHS and microbiologists will advise on the appropriate deployment of staff with infectious diseases.

Latex Allergy

29. Exposure to latex in gloves can produce skin and respiratory problems. Reactions range from non allergic irritation of the skin to a permanent allergy which produces severe effects and offers the potential for anaphylactic shock. The OHS is responsible for advising employees who have developed an allergy on how this can be managed within the workplace through provision of latex free gloves. Employers should implement policies in relation to the use of latex free gloves. Policies in relation to the use of latex free gloves should be introduced based on risk assessment of the tasks carried out. Further information is available from the Medical Devices Agency in **"Latex Sensitisation in the Health Care Setting"** MDA DB 9601.

30. Substance Abuse

The Working Group on the Misuse of Alcohol and Other Drugs by Doctors published a Report in January 1998 making recommendations for all doctors working directly or indirectly with patients and recognising that they were equally applicable to all health professionals working with patients. These recommendations were endorsed by both the Chief Medical Officer and the Association of Directors of Medicine who recommended the setting up of appropriate systems in all Trusts for managing substance abuse and suggested that managers should ensure a robust policy was in place.

31. The NHS Executive will be issuing guidance on this subject later this year.

Monitoring

32. The OHS has a role in monitoring trends in ill health, absence and accidents which it is uniquely placed to carry out. Working closely with colleagues in personnel and health and safety they can provide invaluable information to the Health and Safety Committee and Directors on the developing trends and can suggest policies for dealing with these.

CHAPTER SIX

WORKPLACE EDUCATION AND GENERAL HEALTH PROMOTION

Workplace Education

1. Poor health in individuals may result from the way in which the employing organisation works: for example, anxiety and depression can be caused by, bullying, poor management, bad communication, poor job design as well as factors outside of work. OHS can play an important role in alerting management to the importance of addressing occupational causes of poor mental and physical health, for example by providing advice on altering work organisation and jobs to alleviate stress. **The OHS should be aware of the organisational and individual causes of work related stress and be able to advise management on the drawing up, implementation and monitoring of strategies for dealing with these.**.

2. Health promotion through health education should include mental as well as physical health. It should include topics such as stress management and the production of strategies, designed with colleagues, to reduce the incidence of violence, the provision or arrangement of counselling for those who have been abused, and provision of services to those who are involved in untoward situations such as patient suicide and frequent incidence of death. See HSC publication "Violence and Aggression to staff in the health services" **[No42 References]**

3. Support for existing programmes, for example breast and cervical screening, and awareness campaigns (e.g. on skin or testicular cancer, ethnic minority health, healthy eating options etc), is an important feature of occupational health services, as well as support for particular initiatives such as Health Promoting Hospitals, Health at Work in the NHS, No Smoking Day and World AIDS Day. Personal counselling on health care concerns of staff provides an opportunity for an OHS to promote health awareness and a healthy lifestyle. See also paragraphs 19-20 of the HSAC **"Management of Occupational Health Services for Healthcare staff".**

4. Individual staff members' consultations with OH staff may include a health promotion element. Sometimes the OHS may need to institute or support preventive health programmes specific to the workplace, which may include appropriate general disease prevention.

5. Encouraging the individual employee to be aware of the importance of a healthy lifestyle and approach to work is an important responsibility of any OHS. This responsibility supports directly the essential message of the **"The New NHS" White Paper 1997 and the "Our Healthier Nation" Green Paper 1997.**

6. The phrase "workplace health promotion" covers those activities designed to improve the health of and reduce risk factors for employees. Employers already have a legal responsibility to promote safe working environments and systems of work. Health promotion facilitates an environment that promotes the health of employees as well as encourages individuals to take responsibility for improving and maintaining their own health.

7. Research into workplace health promotion programmes has found that their main economic benefits are in reducing staff turnover, absenteeism, frequency of accidents and improved productivity and corporate image.

General Health Promotion

Health at Work in the NHS

8. The Health at Work in the NHS (HAWNHS) initiative was launched in 1992 as part of the national strategy for health outlined in 'The Health of the Nation'. Its strategic aim is to ensure that as an employer, the NHS promotes healthy workplaces and thereby contributes to the health and well-being of its employees. The project is managed by the Health Education Authority on behalf of the NHS Executive.

9. The role of HAWNHS project is to encourage systematic and sustained programmes for promoting healthy workplaces by providing information, guidance and support on a range of health issues.

10. The primary source of information and guidance comes from the national database. Over 600 NHS organisations in England have elected to join the database which gives access to free publications, quarterly newsletters, training events and advice.

11. Additional support has been offered in the following topic areas:-

    Sickness absence - research and guidance on appropriate techniques to measure, monitor and reduce sickness absence;

    Communicable diseases - joint dissemination of a teaching pack on reducing the transmission of bloodborne infections with the BMA; a flipchart and posters for teaching infection control to ancillary staff;

    Mental Health - a series of publications to tackle organisational stress;

    Physical Activity - booklet to encourage the design and take up of physical activity in the workplace;

    Risk Assessment - a series of publications to promote understanding of health and safety requirements of risk assessments in a range of environments such as

GP surgeries, NHS premises and the use of contractors to deliver services; roadshows to demonstrate the importance of health and safety to senior management;

12. Assistance in promoting healthy workplaces is provided through.

Briefing packs - giving background information, examples of good practice, case studies and a strategic framework for implementing activities to promote health at work;

Needs assessment - evidence - based and validated tools for assessing the health needs of employees;

Resources directories - easy identification and location of materials useful to supporting health at work;

Training programme - specific training for staff intending to implement health at work in their organisation;

Local networks and events - ongoing support for NHS staff involved in promoting healthy workplaces to share experiences and good practice locally;

Communication - quarterly newsletters, Chief Executive briefing and Guide to Local Networks;

13. Future developments expected include:-

Further work on organisational stress - including the development of an audit tool for identifying organisational causes of stress and devising options for tackling the issue;

Expansion of the HAWNHS programme into primary care - extending the benefits from the database and additional support to staff from general practice;

Developing a 10 point action plan for a healthy workplaces in the NHS - a framework to identify the differential responsibilities of the organisation, managers and staff in promoting a healthy workplace;

Encouraging more partnership working - plans to build on existing partnerships, for example, the Health and Safety Executive, and to create new alliances to ensure an integrated approach to workplace health promotion so that interventions from different health professional complement, rather than contradict, each other;

CHAPTER SEVEN

EXAMPLES OF GOOD PRACTICE

The following examples of good practice are offered as recognition of the wide variety of good practice already being carried forward within the NHS.

Whilst these examples have not been critically evaluated they do represent succesful local interventions and are offered to allow you to draw and build upon them for your own organisations benefit.

The authors of the examples have agreed that interested parties may contact them for further information.

The areas covered are:

A. Induction

B. General Health and Welfare Policies

C. Safe Disposal of Sharps

D. Managing Stress at Work

E. Improving Staff Support

F. Manual Handling

G. Preventing Violence to Staff

H. Recruiting New Staff

I. Working with the National Association for Staff Support (NASS)

J. Hepatitis B

K. Occupational Health Audit

SECTION A: INDUCTION

Derbyshire Royal Infirmary (DRI)

The Derbyshire Royal Infirmary NHS Trust has in place a number of induction policies and procedures to cover all members of staff .

Managers are encouraged to plan an appropriate induction programme for new staff and are encouraged to use the Induction Checklist that they have produced as a guide when completing this task.

There are two parts to the corporate induction programme: 1. "Welcome to the DRI" and 2. "Safe Practice".

"Welcome to the DRI" introduces staff to the DRI's approach to quality and includes the Trust's Vision and Values and Staff Rights and Responsibilities.
"Safe Practice" provides an overview of health and safety issues including incident reporting and how to express concern on health care issues.

On the first day of employment, managers should provide new staff who are on permanent, substantive contacts with a copy of the DRI's Personal Development Portfolio, and staff handbook. Included in the staff handbook are the topics, 'Your Training and Development',' Equal Opportunities', Holidays and Absence, Pay and Pensions, Safety First,Finding Your Way Around,and also a section on Health at Work detailing all of the support mechanisms that are in place and listing the contacts.
The Trust also provides all new employees with a guide to 'Health and Safety within the Trust' and 'Staff Guidance on Trust Policies and Procedures'.

On their first month of employment, managers should ensure that they complete their induction programme satisfactorily. This information is recorded in the member of staff's Personal Development Portfolio.

Members of staff who are not on permanent, substantive contracts eg bank staff, agency staff, are not expected to attend the corporate induction programme. However, induction programmes are arranged which are appropriate to their role by using the Induction Checklist as guidance, and the DRI Induction Workbook if appropriate.

Members of staff whose working arrangements prevent them from attending either or both parts of the corporate induction programme are provided with a copy of the DRI Induction Workbook, to be completed within the first month of their employment. However, the necessary elements of the Safe Practice programme must be covered in the first month of their employment.

The Induction checklist is used to ensure that all new members of staff receive an effective induction programme.

Junior Doctors under take induction as provided by the Trust and required by EL(94)1. They are also provided with an introductory handbook which is intended to form a useful reference guide to the hospital's services and procedures. The handbook aims to define good medical practice and help the doctors' organise their work effectively.

For further information please contact:

Ms Linda Garnett - Deputy Director of Human Resources
Tel: 01332 347141 ext 2189

The Doncaster Royal and Montagu Hospital

The Doncaster Royal and Montagu Hospital have an induction programme involving speakers on areas concerning the management structure of the Trust, Personal Development, Interpersonal Skills, Introduction to an Executive Director, an open forum with the Chief Executive, a Human Resources Presentation and also presentations concerning security, caring for the carer and a fire safety talk.This induction programme allows time for the new employees to ask questions and to gain knowledge about the procedures and services that the Trust have available.

To aid the organisation of the induction day a training and presentation plan has been designed. This package involves a selection of over - heads, a breakdown of the day and the subjects to be covered and a summary of what is to be conveyed to the new employees under each heading.

Enclosed in the induction package is the **' Implementation of the NHS Complaints Procedure'.** This booklet shows new employees the procedure for handling a complaint, a complaints record form, the role of the independent review panels and the confidentiality involved in complaint handling. This is a very comprehensive document and also has listed the name of the patients' representative for further reference.

For further details please contact:

Mr Joe Brayford - Director of Human Resources
Tel: 01302 36666

Fosse Health

Fosse Health NHS Trust produces a 'Core Induction Document' which details the importance placed on a thorough and consistent induction into the workplace for all new staff. The induction document provides a framework to assist managers in familiarising new members of staff with the policies and standards essential for effective performance of their duties.

The document comprises of three sections:

Section 1: Information which is essential to give to all employees on their first day. For example, introduction to line manager, amenities and hours of work/time keeping procedures.

Section 2: A general induction to be completed within six weeks of commencement of the position. Some guidance is given about which areas should be covered, but this section is largely 'profession specific'. Examples of the general areas for most staff would be, Structure of the Organisation, Record keeping and Report writing, Complaints Procedure, and COSHH (General).

Section 3. An Induction Workbook. This enables employees to discuss their understanding of what they have learned during their induction period. It also enables managers to address issues which may need further clarification. This section is set out as a number of questions for the new employee to answer. It is not used as a test, but as a method of feedback which will help the employee assess how well they have understood the information.

New employees are also provided with two staff handbooks. The first handbook contains details on the Contract of Employment, Annual Leave and Special Leave, Health and Safety Policy and Equal Opportunities policies as well as many others. The second handbook contains details about the Trust itself and areas of staff support that the Trust is committed to, for example, the Patients Association, The Health at Work in the NHS project, the Employee Assistance Programme and also Trade Union Contacts.

For further details please contact:

Ms Kathryn D Burt - Director of Human Resources
Tel: 0116 246 0100

SECTION B: GENERAL HEALTH AND WELFARE POLICIES

Derbyshire Royal Infirmary

Derbyshire Royal Infirmary NHS Trust is committed to taking a systematic and effective approach to identifying, addressing and promoting issues relating to all aspects of the health, safety and welfare of its employees.

Its policy focuses on health issues and aims to incorporate the principles of the Health at Work in the NHS initiative and to promote the Trust as a healthy employer.

All prospective employees undergo health screening prior to confirmation of appointment to ensure they are fit to undertake the duties for which they will be employed and they are provided with access to a wide range range of clinical, preventative and advisory occupational health services. Services provided by the OHS are detailed in publications to staff and the Trust is looking to extend the range available wherever possible.

The Trust has a policy on the reduction of smoking for the following reasons:

i) in line with the national strategy on reducing smoking, hospitals have a duty to promote a reduction in smoking and to set an example in terms of healthy workplace practices

ii) there is strong evidence of the risk to health from passive smoking and it is considered that staff and patients should be protected from this

iii) patients are also entitled to a smoke free environment and to be cared for by staff who are free from the odour of smoke and tobacco

Visitors are not normally permitted to smoke on the Derbyshire Royal Infirmary site although the Trust acknowledges that sensitivity towards patients relatives is required

Staff are provided with a list of the services available from the OHS which include Clinical Services such as medical examinations, counselling and screening together with Preventative and Advisory Services such as immunisation, vision screening, first aid training and workplace surveys.

Managers are provided with guidance on health in the workplace and on recognising causes for concern in staff health and behaviour.

For further information please contact
Ms Linda Garnett - Deputy Director of Human Resources
Tel: 01332 347141 ext 2189

Northern General Hospital

The Trust has introduced a comprehensive Staff Welfare Policy which is "aimed at developing a corporate framework to develop staff health and welfare. It applies to all employees and subsequently contributes to the provision of the best health care to patients"

The aims and objectives of the policy as set out in its handbook are:

- to provide a safe and healthy working environment
- ensure all employees fulfil their responsibilities with regard to the health and safety of patients, visitors and staff
- to encourage employees to maintain a healthy lifestyle, ensuring access to Occupational Health Services and to make progress towards access to dental, optical, physiotherapy etc services on site
- to ensure employees who have health problems or disability receive fair and equitable treatment in all matters related to employment in accordance with the Trust's Equal Opportunities Policy.

The Trust, Line Managers and employees have a responsibility to ensure that the policy is implemented and that confidentiality is maintained.

To assist in meeting the aims and objectives of the policy five areas are covered in the policy document. These are:

- sickness absence
- alcohol and substance awareness
- stress management
- OHS
- phased return to duty

The document is also divided into sections for staff and managers giving an outline of responsibilities and expectations. It is to be reviewed on an annual basis by the Director of Human Resources and representatives of the appropriate Staff Organisations.

For further information contact
Mr J F Watts - Director of Human Resources
Tel: 0114 243 4343

SECTION C: SAFE USE AND DISPOSAL OF SHARPS

Best practice information for safe use and disposal of sharps can be found in the British Medical Association publication "A Code of Practice for the Safe Use and Disposal of Sharps"

The report *A Code of Practice for The Safe Use and Disposal of Sharps* was first published by the BMA in 1990 and then reprinted in 1995. The report follows on from concerns expressed at the Annual Representative Meeting of the BMA in 1989 regarding the lack of adequate training for medical students in the correct use and disposal of sharps. Further research revealed that these concerns were not limited to medical students alone and that all members of the medical profession required clear central guidelines on the subject. The report is intended to provide a source of advice on the relative risks of sharps at different points of use from handling to disposal and to offer advice on ways in which to prevent sharps injuries. Information on the transmission of the three major blood-borne viruses - HIV, Hepatitis B and Hepatitis C - by sharps injury is also given. The report also sets out proposals for improving standards of education for all health care staff and can contribute to the teaching of clinical safety in medical schools. In 1993 in a joint educational initiative, the BMA and the Department of Health advised all General Managers of Health Authorities and Directors of Public Health/Occupational Physicians about these guidelines and the importance of safety training.

This report, along with other BMA documents including *A Code of Practice for the Sterilisation of Instruments and Control of Cross Infection, A Guide to Hepatitis C* and *Immunisation against Hepatitis B* are currently being incorporated into a CD-ROM on Infection Control guidance for health care professionals. This CD-ROM is due to be launched later this year.

The contact name for the guidelines is:
Dr David Morgan
Head of Science
British Medical Association
BMA House
Tavistock Square
London
WC1H 9JP.

SECTION D: MANAGING STRESS AT WORK

Communicare

The Communicare NHS Trust has introduced an action plan for reducing stress at work because it accepts that "work related stress is a problem for the organisation, and that changes may be required in the workplace to reduce or eliminate the sources of stress. It also accepts that there is a need for a cost effective strategy within available resources, for action."

The action plan is based on the following principles:

- treatment of the causes of the stress and not the symptoms
- acceptance that work related stress is a problem for the organisation and not the individual employee
- acceptance that work related stress does actually exist
- the need to consult with employees and their representatives
- realistic approach to what can be achieved

Each Directorate has been given the task of considering the causes and effects of stress at work and identifying the current practices which may be contributing to harmful stress in the workplace. They are then asked to take the necessary action to reduce the stressors or to be able to justify why no action has been possible. The broad areas considered by each Directorate are: improvements to the physical environment, clarification of job roles, culture, management practices and training, arrangements for dealing with organisational change.

The Personnel, Occupational Health and Health Promotion departments have been given the task of providing advice and support to each directorate on request.

For further information please contact
Mr Stephen Hitchon - Senior Personnel Manager
Tel: 01254 356807

The Walton Centre for Neurology and Neurosurgery

In response to a survey carried out among staff by the trusts "Healthy Workers Committee" the trust board agreed that work should be undertaken to assist staff in dealing with stress.

The trust joined the National Association for Staff Support and used its publications and expertise as a resource in compiling a programme for stress management at the Walton Centre.
The aims of the programme were to:

- empower and inform the Walton Centre workforce so that stress could be acknowledged and dealt with effectively
- to raise awareness of the causes and symptoms of stress
- to inform staff of a variety of effective coping mechanisms
- to raise awareness of support currently available and to expand on this
- to induce a permanent change in the working climate at the Walton Centre enabling people to be happier, more contented and satisfied with their work

All staff were targeted via a series of mailshots at regular intervals and this stimulated awareness of the programme and discussion with colleagues. The information provided was designed to be informative, interesting and light hearted in the style of a newspaper which could be easily picked up and glanced through.

For further information please contact
Ms Linda Carpenter - Head of Occupational Therapy
Tel: 0151 525 3611

Mental Well Being in the Workplace
A Resource Pack for Management Training and Development

The promotion of mental well-being in the workplace and how to avoid work related stress, anxiety and mental ill health are difficult subjects for managers to address. they are beset with issues such as people's fears of mental illness and misguided ideas that it is associated with personal weakness. Managers may feel that it is easier to focus on the individual with symptoms of stress rather than deal with the organisational causes of stress, because they are concerned that solving the problem of work-related stress in an organisation may cause problems in other areas. Managers can often feel they should do something, but they do not know how or where to begin to address it.

This resource pack seeks to help by providing materials for organisations to use in training managers to improve the management of mental well-being. It provides: an introduction to the subject; a framework for understanding mental well being and for taking action; a description of the business case for action; information on good management practices, auditing mental health issues and facilitating mental well-being; model mental well being policies and case studies of problems and actions taken in a range of organisations. It was written by Cranfield University's School of Management under contract to the Health and Safety Executive, on behalf of the Department of Health's Inter-Agency Group on Mental Health in the Workplace.

Senior managers with responsibility for people management, training organisations, training and development managers, health and safety and personnel specialists, occupational health services will all find this resource pack useful.

Copies are available from your nearest HSE Books supplier. Those employers taking part in the Health at Work in the NHS Project will receive one free copy via the Project.

SECTION E: IMPROVING STAFF SUPPORT

Derbyshire Ambulance Service

The Trust Healthy Workplace Team has made a number of recommendations to the board which are being introduced from January 1998.

The Staff Support Programme (SSP) " should provide all staff with a choice of support, but should be based on the fundamental principle of staff being able to help themselves and their colleagues in the majority of cases".

The success of the approach is dependant upon the trust developing and implementing a programme of education and awareness for all staff, and more intensive skills training for managers, supervisors and work-based assessors in identifying and coping with symptoms of stress in themselves and others. The Trust already has a wide range of staff support mechanisms in place including high quality OHS, fast track physiotherapy, counselling support and the professional training of accident and emergency staff.

The Staff Support Programme includes:

- Education and Awareness: involving modules on managing stress in self and others, skills workshops for managers, distance learning, closer involvement of the OHS

- External Counsellors: up to six external counselling sessions to be funded by the Trust, short term therapy, anonomised quarterly feedback to the organisation to aid in managing organisational causes of stress

- Staff Support Line: access to be direct and completely confidential

- Critical Incident Debrief Team: mandatory following a major incident, voluntary in other circumstances

- Organisational Issues: key concerns around communications, involvement, participation, ownership, management style to be addressed by board and managers. Now considered as permanent agenda issues.

For further information please contact
Ms Sheree Boore - Director of Personnel
Ms Debbie Jarvis - Occupational Health Manager
Tel: 0151 525 3611

SECTION F: MANUAL HANDLING

Northern General Hospital

The Northern General Hospital NHS Trust have introduced a Keytrainer cascade system for training staff about manual handling problems and how best to lift. This started in 1997 and they have now trained 30 Keytrainers in their role. Of these 28 have been assessed as being competent to train others in neuromuscular approaches to moving and handling. The other two continue to be supported and supervised by the Moving and Handling Co-ordinator.Keytrainers are allocated time and resources (in varying amounts) to apply and teach neuro muscular principles to the specialist needs of CMTs and Departments.

Training falls into two broad categories; those who require patient movement skills and those for objects only. In total some 3,700 staff have received training to date.The activity has:

- expanded the use of hoists and single patient slings and one supplier has consequently developed a wipe clean cover which allows for multiple use of slings.
- increased investment in a wide range of equipment to aid all patient movement
- increased the usage of available equipment which is now out on the wards

An audit of training and practice has been conducted and discovered a significant reduction in the number of accidents relating to manual handling.

For further information please contact
Mr J F Watts - Director of Human Resources
Tel: 0114 243 4343

SECTION G: PREVENTING VIOLENCE TO STAFF

South Tees Community and Mental Health

Environment is a key player in the security and safety of staff. In the Mental Health setting all wards are alarmed with rapid repsonse systems. Mental Health staff are trained to various levels of safety awareness dependant upon the area in which they are emplyed. This would include general personal safety training on Induction, Breakaway training (2 days), and/or Control and Restraint (7 days). Breakaway training also includes not only nursing staff but also support staff e.g. Receptionists, Porters, Catering. All minor casualty departments have been fitted with rapid response alarm systems and staff are trained in breakaway techniques.

The Trust concerns were more Community based, with staff working in isolation and in perceived areas of risk. Many staff were not aware of the risks to themselves and how to reduce them. A video package was produced within the Trust to highlight good personal safety practice and emphasise the need for staff to carry out their own Personal Safety Risk assessment. This was presented to Community Nursing staff, who are also being introduced to the Breakaway training.

All Community staff including Health Visitors, PAMs etc have been issued with Personal Safety Alarms and pagers. The concept of the Alpha Numeric Pager is to enable staff to inform their managers and colleagues of their location during their working day, and to ensure contact is always possible. This is co-ordinated through a National Bureau, contacted by staff who inform them of their daily itinerary. This ensures that in a situation where a member of staff is not contactable, Trust managers/colleagues/relatives can identify their last appointment or location. This information can be passed to the Police if thought appropriate. One advantage of this new system has been the increase in staff morale following what has been seen as investment by management in looking after its staff

For further information please contact:

Mr T J Holloran - Head of Risk, Health and Safety
Mr Nigel Packer - Risk Management Support Officer
Tel: 01642 822717

Tameside and Glossop Community and Priority Services

The Trust devised a "Strategy for Staff Safety and Security"

This has been distributed to all staff and in the first year after its production £12k was spent in security measures.

A new badge format was introduced which did away with the need for staff to wear their badges at all times while on duty.

Employee safety advice was obtained from the Suzy Lamplugh Trust and the Home Office and was distributed to all staff. The Suzy lamplugh Trust also provided on site training.

Personal Safety training was written into the Induction package and the Health and Safety Training.

The Local Police Community Safety Officer has given talks to staff and they have been offered free HepB immunisation.

A confidential out of hours counselling service is available to all staff.

Posters have been produced to inform patients and visitors that violence to staff is not acceptable and may result in prosecution.

For further information please contact:
Mrs Christine Round - Secretary to the Director of Nursing and Service Development
Tel: 0161 331 5009

SECTION H: RECRUITING NEW STAFF

St James's and Seacroft University Hospitals

The Trust recognises the importance of ensuring that all appointing officers are trained in selection and recruitment procedures.

The Trust runs regular 2 day workshops through its management development department and new members of staff are expected to attend prior to being registered as an appointing officer.

For those members of staff who are already experienced or who have had some training in the past a self assessment guide "Recruiting the Best" has been produced.

This gives information on equal opportunities policies, incorporates information on the Disability Discrimination Act 1995 and provides information on the selection and recruitment process.The guide also includes examples of relevant case studies.

The member of staff is requested to sign to confirm that they have read and understood the guide and will abide by the guidance and policies described within.

For further information please contact:

Ann Hobson - Divisional Personnel Manager
Tel 0113 206 6053

SECTION I: WORKING WITH NASS

East Berkshire NHS Trust

N.A.S.S.
NATIONAL ASSOCIATION for STAFF SUPPORT
(within the health care services)

1. THE PROCESS

The East Berkshire NHS Trust has stated values which underpin all their activities. Two of the values are:-

- to support people to take responsibility
- to promote teamwork

To this end, supporting staff is one of their prime objectives, approved by the Board, and reflected in the Trust Business Plan, which identified the need to

> "ensure that staff working within the service are properly supported, particularly when working in isolated settings"

In May 1997 the Trust commissioned The National Association of Staff Support - (N.A.S.S.) to facilitate workshops to identify what support staff would value. Over 50 staff attended which resulted in a steering group being formed to further develop the work.

Following discussions with operational staff managers and staff-side representatives in December 1996, it was agreed that two one day workshops would be held in May 1997 to examine issues relating to Staff Support. Membership would be open to any members of the Trust. N.A.S.S. Consultancy Service was approached to run the workshops as it specialised in supporting health care workers and had knowledge and experience in assisting Trusts to provide Staff Support. Meetings held with the Directors of Human Resources clarified outcomes for the day(s) programme.

Two workshops of similar nature and format were envisaged to identify what support staff felt they needed throughout the working lifespan from both a personal and organisational perspective. Progress made in the first workshop suggested the need to use the second workshop to build on the information gained and explore in more detail the concepts of organisational and individual responsibility.

The members of the second workshop were in agreement with the issues identified by the first group, concerning employment and routine support, and support for unplanned and unexpected employment events.

In discussion it emerged, was recognised and accepted that some issues could only be addressed and promoted on a trust wide basis (Human Resources and Chief Executive level) but that the promotion of a support culture needed to be implemented on an individual team basis throughout the Trust Members of the group agreed they would play

an active role in the implementation of a range of actions they identified to work on to promote a shared vision of a support culture with the management.

2. TOWARDS A SUPPORT CULTURE

Upon completion of the workshops, a steering group was formed - from the workshops - to develop a staff charter. This group has a clear remit, and reports to Agnes Harvey, the Director of Human Resources. The N.A.S.S. Consultant worked with The Director of Human Resources to create parameters for the steering group, agreed time frames, methodology, etc., and provide outline suggestions for a staff charter. Meetings were held to chart the progress of the group and offer support and advice where necessary.

A Staff Charter for use on a Trust wide basis has now been produced by the Steering Group in consultation with Trust staff. The Steering Group is still working on targets concerning rights and responsibilities, and prioritising issues that require immediate focus.

3. KEY ELEMENTS in the process towards a staff support culture involved:-

- A commitment to staff training and development
- Involvement of staff and active participation in planning and implementation of ideas.
- Each individual had a personal contribution to action and shared vision, all contributing to the corporate and organisational change.
- There was approval and recognition and shared vision from management
- Implementation of action at no extra cost to the organisation.

4. ANECDOTAL COMMENTS FROM STAFF

Staff have indicated appreciation of the growing supportive elements in relation to:-

- Support during crisis situations (e.g. following traumatic incidents, or personal issues.)
- Support in periods of bereavement.
- Support during periods of sickness.
- General health promotion. (Involves home visiting)
- Follow up support after these events.
- Appreciation of personal touches such as receiving flowers or cards in times of difficulty.
- A general ethos that staff are valued and cared for.

5. OBSERVATIONAL OUTCOMES

- Many changes have occurred "creating a culture" of support.
- There are more examples of support for individuals that complement trust wide issues.
- Staff are becoming more people focused, there is an awareness that part of their role is to offer support to other colleagues, managers, etc.

- people are responding.

- There is a greater effort all round to support individuals (e.g. when staff are called as expert witnesses or to give evidence, staff are commenting that everything went well and that they are well supported.
- Staff have access to membership of a health and fitness club offering a wide choice of recreation facilities and alternative therapies.

> "A request for extra resources secured a new Chaplaincy post to focus on staff support, and chair the Steering Group. The culture has been stimulated, people are talking about it (Staff Support) and demonstrating it more."

6. QUANTIFIABLE IMPROVEMENTS with COST IMPLICATIONS AND SAVINGS

As in any short term evaluation, statistical figures must be interpreted with caution. Also over a period where constant change has been occurring in health care policies, the basic parameters change frequently, and it is difficult to find comparable base lines. However, over a period of approximately one year steady improvements in a number of areas are occurring and have been maintained, for example:-

- Staff turnover has fallen steadily to the extent that few vacancies remain unfilled and this over a period of uncertainty when high levels of resignations could be anticipated.
- This is a marked reversal of previous trends.
- Sickness and absenteeism show steadily falling rates, even when compared with a similar period the previous year.
- The numbers of staff taking early retirement have fallen.

Clearly at this stage statistical records are not complete over comparable periods. However there are encouraging trends in all areas of records available.

The 1996/7 **staff turnover rate** was 22% and target was set for a 3% reduction in 1997/8. Figures at present give a fair indication that the target is being achieved.

Analysis of '**reasons for leaving**' **employment** showed there was a group of 15% giving a reason of dissatisfaction with work in 1996/7 and that group is now reduced to 5% for 1997/8.

Sickness rates which were already lower than the national average have shown a reduction from 3.38% to 2.61% over comparable months of the 2 periods recorded. The trend shows signs of continuing, and this is reflected also in a considerable reduction in quarterly figures for **"days lost in work"** over comparable periods.

All current returns are therefore showing a steady and consistent reduction in staff wastage and therefore savings over the period.

One **key feature** of this development throughout is the involvement of the management team working together with all staff, who share a sense of commitment to the shared vision. One further outcome indicating management support is the recent addition of Chaplaincy time, upgrading a part time to a full time post working with the team sharing their objectives, and offering leadership in this area, throughout the Trust.

Further reports will be available on this development as they are ready but even at this stage of just over 9 months work the rewards and cost savings are becoming apparent. Savings of this nature will allow for further investment in the area of staff support in an already caring culture and so continue to improve good patient care.

NASS
Feb 1998

For further information please contact: Agnes Harvey Director of Human Resources
East Berkshire NHS Trust

SECTION J: HEPATITIS B

South Thames Guidelines for Hepatitis B Vaccination Status of Locum Doctors

Trust management, not locum agencies, are responsible for ensuring compliance with guidelines on hepatitis B. Please ensure all points below are checked before a locum doctor is accepted from an agency.

"Management is responsible for ensuring that appropriate immunisations are carried out on employees, and should satisfy themselves of the immunisation status of agency and locum staff".[1]

"Employers should ensure that locum or agency staff whose work will involve 'exposure prone procedures' have adequate documentation demonstrating satisfactory compliance with this guidance".[2]

All boxes must be ticked if locum is to be accepted for work.

1. Laboratory reports must be from either an NHS Trust laboratory or an independent U.K. lab. *(NHS Executive guidelines recommend that "Where feasible, samples (blood) should be taken by the occupational health doctor or nurse. Where this is not feasible , samples should be taken by a person acting on behalf of occupational health").*[3] ☐

2. The lab report must contain the following information: name, date of birth, blood result and date blood taken. ☐

3. Laboratory tests for: ☐

   anti-HBs must have been carried out within the last 5 years.
   or
   HBsAg **within 6 months.**

4. Locum doctors must have completed a vaccination programme for hepatitis B and have a minimum level of antibodies (*anti-HBs greater than 10miu / ml).* Further boosting should be carried out in accordance with NHSME guidelines.[2]

   or

   If anti-HBc is positive and HBsAg negative (on the same test date), this indicates natural immunity and is satisfactory.

   or

   If the anti-HBs less than 10miu / ml *(non responder)* , then an HBsAg test carried out within the previous 6 months must be negative. You must also inform the Occupational Health Department that this locum is working in the Trust. **If the HBsAg is positive, contact the Occupational Health Department for further advice before allowing locum to work.** ☐

   or

   If the locum has not undertaken the above vaccination course but wishes to work urgently they should be tested for hepatitis B surface antigen (HBsAg). Provided this is negative they can work. **If positive contact Occupational Health Department.**

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[1] Occupational Health Services for NHS Staff NHS Executive HSG (94) 51 December 1994

[2] Protecting Health Care Workers and Patients from Hepatitis B NHS Executive HSG (93) 40 August 1993

[3] Amendment to HSG (93) 40 Protecting Health Care Workers and Patients from Hepatitis B. NHS Executive September 1996

The HBsAg test can usually be completed within 24 hours.

5. An original, photocopy or fax of the certificate will be deemed acceptance provided that it contains all the above information.

It is essential that if you are unsure about any of the above that you contact your Trust's Occupational Health Department or Virologist / Microbiologist.

SECTION K: OCCUPATIONAL HEALTH AUDIT

The South Thames Occupational Health Audit Group

Occupational Health Physicians in the former South East Thames region began meeting on a regional basis in September 1992. Funding for an audit co-ordinator was made available in May 1993, from the Regional Comparative Audit Programme which currently supports 13 other specialties' programmes. Further to this the South Thames Occupational Health Audit Group was set up with the aim of developing a regional multi-professional clinical audit programme that enhances the appropriateness, effectiveness and efficiency of occupational health departments.

The group is composed of doctors and nurse managers from occupational health (OH) departments providing services to the 63 South Thames NHS trusts, and it meets formally six times per year. Additional working group meetings (derived from the main group and often including other relevant specialists) are organised as required, to negotiate guidelines.
In addition to regional comparative audit, the programme co-ordinator supports local audit projects in individual departments. Help provided includes literature searches, audit design and data analysis. Often projects begin locally and once proven go on to become regional projects.

Initially the group embarked on a Regional Organisational survey to obtain information about the structure, processes and resources of the services provided by participating Occupational Health Departments. This highlighted areas which could benefit from audit and the development of Regional guidelines.

Some current projects include:
Audit of Compliance to Hepatitis B Vaccination requirements: Regional guidelines for Locum Doctors were developed over a year ago, to enable effective screening by OH, medical staffing, and locum agencies. These were widely distributed across the region with accompanying information booklets and simultaneous training. A recent audit of 194 locums employed in 20 Trusts during one week showed these guidelines were being used in 81% of cases. Adherence to the specific requirements of these guidelines is currently being audited. The same method will then be applied to auditing surgeons and midwives following agreement of their screening guidelines.
Pre-Employment Assessment Audit: The aim is to reduce undesirable variation in the application of pre-employment assessment procedures in South Thames region by devising guidelines (questionnaire format). The results of the first stage looking at potential employees with a previous history of back pain and psychiatric ill health are to be discussed at the next meeting. If this proves effective the same methodology will be used to screen for epilepsy and skin disorders.
TB Screening: Draft guidelines are currently being piloted. Discussions to date already indicate the absence of conclusive research findings in some areas.
Exposure to Respiratory Sensitiser / Irritant Screening: A regional screening questionnaire has been recently finalised by the group. A reduction in false positives has since been reported; a full audit will take place in 6 months
Post-Exposure Prophylaxis (PEP) Prescription following Occupational Exposure to HIV: This is to measure compliance with the risk assessment outlined by the DoH guidelines and includes Pan Thames Trusts to ensure a sufficient sample size.
Regional Audit of Alcohol Policies: An audit of alcohol policies took place in 1994 which involved the development of regional standards. A re-audit will take place this year.

A sickness absence database has also been developed by the programme's Lead Clinician which provides a profile of morbidity trends within the NHS workforce that has already assisted in selecting appropriate samples and topics for audit.

The activities of the group have become increasingly recognised within the speciality of occupational health. This has led to collaboration with research institutes, the Department of Health and other specialities on specific areas of the project's work. This is likely to increase as the work being carried out continues to be widely disseminated.

The methodology detailed below has been and continues to be, used in the audit programme. The process is often slow because of the need to set suitable benchmarks which are acceptable and meet the needs of the majority of trusts. But this thorough and methodical approach has resulted in a sustainable programme of service development that has raised standards in both provision and quality of care provided by OH departments in the South Thames region.

[Employers may also wish to consider using the Park Report as an Audit Tool for their own Trust] (Bullock Recommendations 27 and 28)