

**HEALTHIER BUSINESS UK  
LTD HAS SEQOHS  
ACCREDITATION.**

**THE SEQOHS  
ACCREDITATION SCHEME IS  
A STAND-ALONE SCHEME  
MANAGED BY THE ROYAL  
COLLEGE OF PHYSICIANS OF  
LONDON WHICH HAS BEEN  
SELECTED TO LEAD AND  
MANAGE THE PROCESS ON  
BEHALF OF THE FACULTY OF  
OCCUPATIONAL MEDICINE.**

**HEALTHIER BUSINESS UK  
LTD IS THE FIRST SERVICE  
PROVIDER OF ITS KIND TO  
RECEIVE ACCREDITATION.**

## HEALTH INFORMATION

New starter screening is about putting in place systematic, regular and appropriate procedure to determine if a candidate is considered high or low risk. Healthier Business UK Ltd screen to set employment protocols ensuring that the candidates meet the framework criteria for placement. Candidates may require additional help or support to perform the job if they have a medical condition or disability which may require recommendations made to their employer.

It is essential that the candidates complete the pre-employment questionnaire giving plenty of additional information if they think their health may affect their ability to carry out their role, this way Healthier Business UK Ltd can inform of any reasonable adjustments that may be required.

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*“Healthier Business UK Ltd adhere to best practice quality standards dictated by the Department of Health (DoH) Green book, National Institute for Health & Care Excellence (N.I.C.E) Guidelines and The National Health Service (NHS). Healthier Business UK Ltd is committed to promoting and adhering to equal opportunities and if you have a significant health condition or disability we will consider reasonable adjustments as required under the Disability Discrimination Act 1995 and 2005.”*

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## IMMUNISATIONS AND BLOOD TESTS

If the candidates work involves direct patient contact or handling clinical specimens, they may be at risk of contracting or transmitting particular infections.

Healthier Business UK Ltd shall ensure that they will not be supplied in the provision of the services unless they have undergone a comprehensive health screening.

Healthier Business UK Ltd will assess their immunisation documentation and all other information supplied to ensure that before being placed they meet all relevant standards. If they require additional immunisations or blood tests these will be required before a certificate of fitness can be issued to the purchaser.

## DEFINITION OF NON-EPP (NON-EXPOSURE PRONE PROCEDURES)

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

## DEFINITION OF EPP (EXPOSURE PRONE PROCEDURES)

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

## FRAMEWORK GUIDELINES

**Each candidate placed under a framework agreement must demonstrate immunity to the following:**

- **Hepatitis B (Including Titre Level)**
- **Measles**
- **Rubella**
- **Tuberculosis**
- **Varicella (Chickenpox)**

In the case of an Agency Worker who may reasonably be expected in the course of their normal duties to perform Exposure Prone Procedures, in addition to the requirements of listed above, they must demonstrate that identified, validated samples have been conducted and appropriate negative results for the following diseases:

- **Hepatitis B surface antigen**
- **Hepatitis C**
- **HIV**

All records of an agency worker's health clearance/immunity or immunisations received must be documented in English and be verified and signed, or stamped by a suitably qualified clinician with relevant occupational health experience. All signatures must be legible. The Supplier will ensure that at the recruitment stage and prior to being supplied in the provision of the services, each agency worker must comply with the previously stated protocols. The above is not exhaustive and there may be some variations to these the requirements depending on whether each individual is to work on or off the framework contract. In all cases however, all candidates certified must be compliant with the DoH guidelines.

## TUBERCULOSIS

**TB** is caused by several types of mycobacteria, usually Mycobacterium Tuberculosis. The disease usually attacks the lungs, but it can also affect other parts of the body. The bacteria can travel through the air and spread from one person to the next. This happens when infected people cough, sneeze, or spit.

In accordance with the “Green Book” (Immunisation against Infectious Disease DoH 2006) Healthcare Care Workers applying for employment via agencies should be assessed for immunity/protection to Tuberculosis, regardless of whether they are employed in the NHS or not.

**Due to greater risk involved in locum work, all candidates must provide evidence of immunity in either of the following formats:**

- Confirmation of a BCG (*This must be completed by a Healthcare Professional competent in the reading of Mantoux/BCG scars*).
- Evidence of a positive Heaf or Mantoux result.
- Previous documentary evidence of TB infection.

## INTERPRETATION OF HEAF TEST:

The Heaf test, a diagnostic skin test, is performed to determine whether or not candidates/patients have been exposed to tuberculosis infection. It is administered by a Heaf gun, a spring-loaded instrument with six needles arranged in a circular formation.

- **GRADES 0 and 1** - BCG vaccination required
- **GRADE 2** - No further action required
- **GRADES 3 and 4** - Further investigation required

## INTERPRETATION OF MANTOUX TEST:

- **0mm-5mm** - BCG required for previously unvaccinated individuals (*unless contraindicated*).
- **6mm-14mm** - No further action required.
- **15mm +** - Further investigation required.

Employees who will be working with patients or clinical specimens and who are Mantoux tuberculin skin test (or interferon-gamma test) negative should have an individual risk assessment for HIV infection before BCG vaccination is given.

## NEW ENTRANTS AND THOSE RETURNING TO THE UK FROM TB PREVELANT COUNTRIES

In light of our Medical Director seeking clarification from NICE and IOM we have reviewed our current screening process for candidates deemed as “new entrants”. Based upon the feedback received and the current guidelines we will now only be “suggesting” new entrants have an interferon-gamma test/ quantiferon test, providing they are FREE from current infection and have no current signs or symptoms.

## MMR (MEASLES, MUMPS AND RUBELLA)

**MEASLES** is a highly contagious viral infection of the respiratory system, immune system, and skin caused by a paramyxovirus of the genus Morbillivirus.

**MUMPS** is an acute, self-limited viral disease caused by the mumps virus that predominantly affects children. Mumps is a viral infection of the parotid glands. These glands, which normally make saliva, are found either side of the face below the ears and over the jaw bone.

**RUBELLA**, also known as German measles or three-day measles, is a disease caused by Rubella virus, a togavirus that is enveloped and has a single-stranded RNA genom. This disease is often mild and attacks often pass unnoticed.

In accordance with the “Green Book” (Immunisation against Infectious Disease DOH 2006) Healthcare Care Workers applying for employment via agencies should be assessed for immunity/protection to Measles, Mumps or Rubella, regardless of whether they are employed in the NHS or not.

Protection of healthcare workers is especially important in the context of their ability to transmit measles, mumps or rubella infections to vulnerable groups. While they may need MMR vaccination for their own benefit, on the grounds outlined above, they also should be immune to measles, mumps and rubella for the protection of their patients.

**Due to risk involved in locum work to both candidates and patient, all candidates must provide evidence of immunity in either of the following formats:**

- Having received two doses of MMR, or
- Positive antibody tests for measles and rubella.

Healthcare workers should be immune to measles, mumps and rubella for the protection of their patients. Therefore, evidence of the-afore mentioned gives assumed immunity to mumps where history of infection is not present.

See also:

<http://www.nhs.uk/conditions/vaccinations/pages/mmr-vaccine.aspx>

## HEPATITIS B (HEP B)

**Hepatitis B** is an infectious disease caused by the hepatitis B virus (HBV) which affects the liver. It can cause both acute and chronic infections.

In accordance with the “Green Book” (Immunisation against Infectious Disease DoH 2006) Healthcare Care Workers applying for employment via agencies should be assessed for immunity/protection to Hep B, regardless of whether they are employed in the NHS or not.

Under the Control of Substances Hazardous to Health (COSHH) Regulations, individual workers have the right to know whether or not they have been protected and what level of protection they have, this should be indicated within titre levels recorded on the Fit to Work certificate. It is therefore important that those with anti-HB levels of 10 iu/ml or less are not placed in a locum position due to the greater risk involved.

Those with antibody levels below 10 iu/ml may be classified as a non-responder to the Hepatitis B vaccine. In cases of non-responders and low responders it is imperative that clinical evidence is supplied in order for us to process a fit to work application

**Due to risk involved to locum workers all candidates must provide evidence of immunity and titre levels in the following formats:**

- **Antibody levels greater than or equal to 100mIU/ml** do not require any further primary doses. In immunocompetent individuals, once a response has been established further assessment of antibody levels is not indicated. They should receive the reinforcing dose at five years. (*This is only a recommendation and not mandatory*)
- **Antibody levels of 10 to 100mIU/ml** should receive one additional dose of vaccine at that time. In immunocompetent individuals, further assessment of antibody levels is not indicated. They should receive the reinforcing dose at five years as recommended above.
- **Antibody level below 10mIU/ml** is classified as a non-response to vaccine, and testing for markers of current or past infection is good clinical practice (Hep B Core Antibody). In non-responders, a repeat course of vaccine is recommended, followed by retesting one to four months after the second course. Those who still have anti-HBs levels below 10mIU/ml, and who have no markers of current or past infection, will require HBIG for protection if exposed to the virus.

**Boosters are recommended following potential exposure to the virus via:**

- Needle stick injury
- Sharps injury
- Bodily fluid contamination

## HEPATITIS B SURFACE ANTIGEN

EPP healthcare workers should be tested for hepatitis b surface antigen (HBsAg), which indicates current Hepatitis B infection.

**Due to risk involved to locum workers all candidates must provide evidence of immunity in the following formats:**

If individual is shown to hepatitis BsAg positive, then further evidence of Hep B “e” antigen and Hep B DNA viral load are required (IVS)

- **“e” antigen positive?** - Not fit for EPP
- **“e” antigen negative?** - Further assessment required including up to date (IVS) DNA viral loads.
- Following assessment and candidate deemed FTW, then no further action is required as long as the candidate is not a known hepatitis b chronic carrier. Should the candidate be a chronic hepatitis b chronic carrier, then the candidate will require to provide an up to date annual Hepatitis B surface antigen, ‘e’ antigen and DNA viral loads serology (IVS) to be submitted to OH provider when annual renewal is due, with previous FTW and up to date annual health questionnaire.
- Candidates who are also known as non-responders to Hepatitis B vaccinations despite completing two full courses of Hepatitis B and titre levels remain <10 miu/ml are required to provide annual Hepatitis B surface antigen to ensure no exposure to Hepatitis B virus within the last 12 months.

## HEPATITIS C (HEP C)

**Hepatitis C** is an infectious disease caused by the hepatitis c virus (hcv) that primarily affects the liver.

In accordance with the “Green Book” (Immunisation against Infectious Disease DoH 2006) Healthcare Care Workers applying for employment via agencies should be assessed for immunity/protection to Hep B, regardless of whether they are employed in the NHS or not.

EPP Healthcare workers who will perform EPPs should be tested for hepatitis C antibody. Those who are positive should be tested for Hepatitis C RNA to detect the presence of current infection. (IVS)

**NOTE:** *Individuals who have previously contracted Hepatitis C infection but subsequently have evidence of a resolved infection will ALWAYS have positive Hepatitis C antibodies when tested, and should only be restricted from EPP procedures where there is no clinical evidence of two follow up IVS samples for Hepatitis C RNA/PCR antibody tests*

**Due to risk involved to locum workers all candidates must provide evidence of immunity in the following formats:**

**HEPATITIS C ANTIBODIES (HEP Cab) NEGATIVE?**

- Fit for EPP work and no further action is required unless there is exposure to blood borne virus such as splash incident/needle stick injury.

**HEPATITIS C ANTIBODIES DETECTED AND RNA/PCR NEGATIVE?**

- Fit for work on the provision of documentary evidence of 2 x negative /undetected RNA/PCR antibody tests at least 6 months apart following completion of treatment and sampled must meet the IVS criteria previously discussed. No further action is required when the aforementioned has been completed.

**HEPATITIS C ANTIBODIES DETECTED AND RNA POSITIVE?**

- NOT fit for EPP roles. Requires referral back to Liver Specialist for further management

**VARICELLA (CHICKEN POX)**

Chickenpox is a highly contagious disease caused by primary infection with varicella zoster virus (VZV).

In accordance with the “Green Book” (Immunisation against Infectious Disease DoH 2006) Healthcare Care Workers applying for employment via agencies should be assessed for immunity/protection to Varicella, regardless of whether they are employed in the NHS or not.

**Due to risk involved to locum workers all candidates must provide evidence of immunity in the following formats:**

Whilst past infection often suggests immunity the only true way of ascertaining this is by blood testing.

- A positive serology report
- Proof of two-part immunisation
- Written declaration



## HIV (MANAGEMENT OF HIV INFECTED HEALTHCARE WORKERS IN EPP ROLES);

From April 2014 people living with HIV who are on effective treatment will be allowed to become surgeons, dentists and midwives, or work in any other healthcare profession involving 'exposure-prone procedures.' The change in guidance is the result of an evidence based review conducted by the Expert Advisory Group on AIDS (EAGA), the Advisory Group on Hepatitis (AGH) and the UK Advisory Panel for Healthcare workers Infected with Blood borne viruses (UKAP)

Further information and policy guidance on HIV infected Healthcare Workers who perform exposure prone procedures can be found at the following:

 [Management of HIV Infected HWC Practicing EPP Interim Guidelines January 2014.pdf](#)

Healthier Business UK Ltd will now offer a screening service for HIV infected Healthcare Workers who wish to perform Exposure Prone Procedures. This will be subject to a separate Service Level Agreement from your current agreement and will be subject to an acceptance of cost for the retention of our consultant Doctor either by the client or candidate. (Information on why is contained within the afore mentioned link).

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“Key issues that may arise during the service may result in delays for candidate clearance and varying cost in obtaining the required documentation from treating physician, this would need to be clearly stated and accepted within the signed SLA.”

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## IVS (IDENTITY VALIDATE SAMPLE)

This is to check photographic identity at the time of each locum by way of passport or some other form of photographic ID. This statement is then added to the report by the laboratory responsible for carrying out the tests. This ID check is to ensure patient safety from cross infection from either accidental or deliberate specimen misappropriation.

Data regarding hepatitis B, C and HIV status must come from an identified validated sample. This is to ensure that the donor is who he or she claims to ensure patient safety.

### Definition of IVS:

- The healthcare worker requires to provide proof of photographic identity – such as a trust badge, passport or driving licence.
- The sample of blood should be taken in the Occupational Health Department.
- Samples require to be delivered to the laboratory in the usual manner not taken there by the healthcare worker or any third party
- When results are received from the laboratory, check that the department has in fact sent the blood and then record the result in the relevant notes and on the report
- All EPP blood tests must be carried out in the UK (Australia and New Zealand are exempt to this rule)



## WHAT IF THE CANDIDATE IS DEEMED NON COMPLIANT?

If the Occupational Health Nurse screening your file feels that the candidate is unfit or non compliant the requesting client will be informed. You will be furnished with a non-compliant letter which will be addressed to the candidate informing the candidate the reason the request for clearance failed.

As you will be aware, you are subject to stringent/regular checks by the Government Procurement Service and any candidate considered to be non compliant can be removed from his or her placement with immediate effect. It is therefore imperative that both Healthier Business UK Ltd and the agency work together to ensure that all locums are fully compliant prior to undertaking any placements.

We would also ask you to understand that although your candidates may be considered fit for a current role within the NHS this does not guarantee that this will be the case when screened through Healthier Business UK Ltd. The reason for this is due to the fact that the requirements/procedures for internal vacancies and locum positions vary.

If your candidate is considered unfit or non compliant this is often done so on the basis to protect your agency, yourself, colleagues and patients.



## EVD (EBOLA VIRUS DISEASE SCREENING)

There is currently an outbreak of Ebola virus disease occurring in West Africa. It was first reported in March 2014 in Guinea and since late May has involved four countries: Guinea, Liberia and Sierra Leone with Mali confirming its first case of Ebola 24th of October 2014. (*WHO have now declared an end of the Ebola outbreak in Senegal and Nigeria and Mali. Liberia and Guinea now on a 90-day monitoring period*). This is now the largest known outbreak of this disease worldwide.

Healthier Business UK Ltd have been aware of the potential escalation of the crisis and have since July 2014 been sought guidance from the governing bodies on appropriate screening for temporary staff, clinical and non-clinical being placed within the UK. Our screening service is fully in line with WHO (World Health Organisation), PHE (Public Health England) and the governing frameworks LPP (London Procurement Partnership) and HTE (Health Trust Europe).

Further information can be found on the following links:

Public Health England (including the outbreak and maps of affected area):

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Ebola/>

<http://www.who.int/csr/disease/ebola/en/index.html>

<http://www.who.int/mediacentre/factsheets/fs103/en/>

<http://www.who.int/csr/resources/publications/ebola/travel-guidance/en/>

## OCCUPATIONAL HEALTH NEEDS ASSESSMENT

### What is an OH Needs Assessments?

An Occupational Health Needs Assessment is an evidence based platform upon which to plan a sustainable occupational health program and is essential for identifying the key issues affecting your employees and organisational health.

The National Institute for Health and Care Excellence (NICE) defines a health-needs assessment as “a systematic method for reviewing the health issues facing a population, leading to agreed priorities that will improve health and reduce inequalities” (2005).

### NICE’s five-step linear approach to risk assessment



### What is involved in conducting An OH Needs Assessment?

The OH needs assessment must be carried out by a suitably trained individual, some of the following is what may be required during the assessment;

- Access to your organisational chart
- A meeting with senior management, human resources, health and safety, and union or other staff reps to set the objectives of what the company is trying to achieve.
- Access to the demographics which describe the workforce from a health and wellbeing perspective, possibly also identifying any vulnerable workers – age, job categories, sex
- Information to help understand the sickness absence rates and policy – such as the number of employees on long-term sick, procedures for managing sickness absence, ill-health retirement and work-related illness and injuries
- Information to help understand current pre-employment procedures – what do they currently do to screen employees during the recruitment process?
- Information to help with the understanding of work processes, job roles and workplace culture – obtain job descriptions, walk around, hold toolbox talks (short presentations on particular health aspects), understand communication processes, note the equipment used, including

personal protective equipment, consider hazards and risks

- Access to risk assessments, in particular those relating to COSHH (control of substances hazardous to health) and jobs requiring specific fitness standards
- Access to develop an opinion on the level of legislative compliance – risk assessments, hazard spotting during the walk-round visits, discussions with key personnel, health surveillance records, recruitment policies, sickness absence policies.

## The HSE's five steps to risk assessment



### **What to do with the outcome of your OH Needs Assessment?**

The OH needs assessment provides a more in-depth review of an employee's workplace, and makes detailed recommendations regarding equipment and training that will support the employee in the workplace. It also provides recommendations for the employer.

The employer must make the ultimate decisions on which recommendations they will implement, based on the information presented.

### **What value to your business does conducting a needs assessment bring?**

An occupational health needs assessment will add value to your organisation by helping you to improve your organisation's ability to manage occupational health and safety, thereby containing health and safety costs through better management and compliance with legislation and enhancing employee health and productivity.

*Whilst Healthier Business UK Ltd do not offer a service to carry out an occupational health needs assessment, you can find a list of SEQOHS approved occupational health providers in the following link that may offer this service. Healthier Business UK Ltd can offer a meeting with our clinical lead Nurse to discuss the benefits of an Occupational Health Needs Assessment in more detail.*

SEQOHS accredited services - <https://www.seqohs.org/Accreditedunits.aspx>

**For further information or to arrange a meeting with our clinical lead Nurse to gain further details regarding any details contained within this document please feel free to contact Healthier Business UK Ltd using the below contact details.**



### **CONTACT US**

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