

### Candidate Registration Checklist

Listed below are the documents and information required in order to deem you fully compliant and permitted to work in the UK under current rules and regulations. These requirements are stipulated by the UK Government and other relevant bodies.

You must be fully compliant before we are able to source work for you.

More info: [www.jenniereeves.co.uk/page/requirements-to-work](http://www.jenniereeves.co.uk/page/requirements-to-work)

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <b>Online Application Form:</b> Complete the application form at <a href="http://www.jenniereeves.co.uk">www.jenniereeves.co.uk</a>   |
| <input type="checkbox"/> | <b>Current CV:</b> An electronic copy is required of your full employment history, with no gaps in a DD/MM/YYYY format. Upload with the online application form or send by email in either PDF or word format <a href="http://www.jenniereeves.co.uk/page/cv-advice">http://www.jenniereeves.co.uk/page/cv-advice</a>   |
| <input type="checkbox"/> | <b>Senior Clinical Referees must cover your last three years of employment:</b> Name, title, hospital and email address for the referees is required. Can be included with the online application form.   |
| <input type="checkbox"/> | <b>Proof of Professional State Registration:</b> Provide the registration certificate. HCPC confirmation of registration, letter or email received. Nuclear Medicine Technicians cannot register with HCPC. Sonographers should obtain HCPC registration if possible. If qualified as a radiographer or another recognised profession you can register under that profession.   |
| <input type="checkbox"/> | <b>Proof of Identification &amp; Address:</b> One photographic identity document, and two documents confirming your address. The same documents may also be used for DBS supporting ID documents if required. List of valid documents: <a href="http://www.jenniereeves.co.uk/downloads">www.jenniereeves.co.uk/downloads</a>   |
| <input type="checkbox"/> | <b>DBS (Disclosure and Barring Service):</b> If you have joined the Update Service, please provide the certificate. If you have not joined the Update Service, complete the online application (link will be sent to you) and provide us with three supporting ID documents (List of valid documents: <a href="http://www.jenniereeves.co.uk/downloads">www.jenniereeves.co.uk/downloads</a> ). You are encouraged to join the Update Service for an annual fee of £13 (payable to DBS), otherwise it will cost you £50.40* (payable to uCheck) each year to process a new certificate.   |
| <input type="checkbox"/> | <b>Standard Police Check:</b> If you have lived outside of the UK for a period of 6 months+ (consecutively or in total) within the last 5 years, we shall need a Police check for every country you visited/resided in. If you have a Tier 1 or 2 Visa and have lived outside the UK for 12 months+ (consecutively or in total) within the last 10 years, aged 18 or over, we need a Police check for any country you visited/resided in. The Certificate must be less than three months old at the point of entering the UK.   |
| <input type="checkbox"/> | <b>Qualification Certificate:</b> Usually your degree certificate. If applicable provide additional training certificates such as Mammography, Nuchal, Cannulation or FMF.  |
| <input type="checkbox"/> | <b>Training: Practical Manual Handling (MH), Basic Life Support (BLS), Immediate Life Support and Fire</b> Evidence of practical training less than a year old for MH, BLS and ILS, less than two years old for Fire. JRRA can arrange this on your behalf. Once payment has been made and attendance confirmed your certificate will be sent to you. Please contact <a href="mailto:compliance@jenniereeves.co.uk">compliance@jenniereeves.co.uk</a> for more information  |
| <input type="checkbox"/> | <b>Training: COSHH, Countering Fraud Bribery and Corruption in the NHS, Dementia Awareness, Epilepsy, Equality, Diversity and Inclusion, Fire Safety, First Aid in the Workplace, Handling Violence &amp; Aggression and Complaint Handling, Health &amp; Safety, Infection Control, Information Governance, Lone Worker, Mental Capacity Act 2005, Mental Health Act, Preventing Radicalisation, RIDDOR, SOVA and SOCA Level 2, SOVA and SOCA Level 3.</b> JRRA can arrange on your behalf. Once payment has been made and completion confirmed your certificate will be sent to you   |
| <input type="checkbox"/> | <b>Health Questionnaire:</b> Complete the Healthier Business Health Questionnaire. This is required to obtain a Fit to Work Certificate.  |
| <input type="checkbox"/> | <b>Evidence of immunity for Varicella:</b> Can be self-verified on the Health Questionnaire.<br><b>Evidence of immunity for Measles, Rubella, Hep B &amp; TB:</b> Required on letter headed paper or stamped, signed and dated by the person/GP/laboratory issuing the reports. Screen shots supplied by GP Surgeries are not acceptable. JRRA can recommend companies that provide serology reports. Once your proof of immunity and Health Questionnaire has been approved, your Fit to Work certificate will be issued. The certificate costs £15* (payable to JRRA). The certificate will be sent to you upon receipt of payment and thereafter your annual updates will be FREE. |
| <input type="checkbox"/> | <b>Passport:</b> We will run Authorisation checks and take copies as required, at your Interview, for auditing purposes   |
| <input type="checkbox"/> | <b>Visa:</b> (if applicable) We will run Authorisation checks and take copies as required, at your Interview, for auditing purposes – for further information regarding the EU Settlement Scheme <a href="https://www.gov.uk/settled-status-eu-citizens-families/eligibility">https://www.gov.uk/settled-status-eu-citizens-families/eligibility</a>  |
| <input type="checkbox"/> | <b>Photograph:</b> Current Passport sized photograph for your ID Badge, provide at your Interview or send by post or by email   |
| <input type="checkbox"/> | <b>Staff Handbook:</b> Print, sign and return page 1.   |
| <input type="checkbox"/> | <b>Radiation Policy:</b> Print, sign and return page 1. Not applicable for Sonographers.  |
| <input type="checkbox"/> | <b>PAYE Terms and Conditions:</b> Print, sign and return pages the first and last page.   |
| <input type="checkbox"/> | <b>JRRA Background Checks Declaration Form:</b> Print, sign and return.   |
| <input type="checkbox"/> | <b>JRRA Declaration Form:</b> Print, sign and return.   |
| <input type="checkbox"/> | <b>Payment Details Form:</b> Print, sign and return.  |
| <input type="checkbox"/> | <b>Interview Form &amp; Induction Checklist:</b> These documents will be issued to you separately at your Interview.  |
| <input type="checkbox"/> | <b>Annual Appraisal form:</b> These documents will be issued to you separately at your Interview.   |

### **Occupational Health 'Fit to Work Certificate'**

Medical Locum Agencies supplying staff to the NHS are required to provide a 'Fit to Work Certificate' as outlined in the NHS Government Procurement Service Framework.

Jennie Reeves Radiographers Agency is working with 'Healthier Business'. Their 'in-house' team of Occupational Nurses are qualified to produce the required certificate. In order to obtain this certificate, please complete the Health Declaration Questionnaire and return by post to us, along with the following vaccinations:

- Varicella - Immunisation report/Antibody results/Self Declaration form
- Measles, Rubella - evidence of two MMR vaccinations or a lab report stating immunity/showing antibody level
- Tuberculosis - Proof of BCG immunization, scar sighting or positive Mantoux test (grade 2)
- Hepatitis B - Antibodies report. Please note, results must be on letter headed paper, signed and stamped. A computer print out without a signature is not admissible

In line with Department of Health guidelines, Jennie Reeves is obliged to offer the opportunity for candidates to have **HIV and Hepatitis C** screened by our occupational health nurse and included on their Fit to Work Certificate. This includes candidates who do not perform exposure prone procedures. It is NOT mandatory to undergo screening for **HIV and Hepatitis C** but candidates will need to submit these serology reports if they require this service.

**A declaration by your GP, stating that you are 'Fit To Work' will not be adequate, as the assessment must be conducted by a qualified Occupational Health Nurse.**

**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.

---

*“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.”*

---

## 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 prevalent 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 aforementioned link).

---

“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.”

---

#### **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.seqoqs.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**

Tel: 0141 889 5522

Web: [www.hbcompliance.co.uk](http://www.hbcompliance.co.uk)

Email: [info@healthierbusinessltd.co.uk](mailto:info@healthierbusinessltd.co.uk)

**OCCUPATIONAL HEALTH MEDICAL QUESTIONNAIRE**  
**(NEW STARTER CLINICAL FORM)**  
**CONFIDENTIAL**

Due to the nature of the role you have applied for we need to carry out an assessment of a new starter health questionnaire – even if you have been employed in UK health services before. The health of each candidate is considered individually and a decision regarding fitness for work in the prospective job role will be based on the functional effects of any underlying health condition/disability/impairment as well as health service requirements for fitness and immune status.

Before health clearance is given for employment you may be contacted by telephone from a clinician at Healthier Business UK Ltd, however you may also need to be seen by an occupational health advisor/specialist or physician, arrangements for face to face consultations will be arranged by your employer or agency. We may recommend adjustments or assistance following an assessment to enable you to carry out your proposed duties safely and effectively. Recommendations to your employer will be directed to essential information regarding your health and the hazards and risks of your employment and with due reference to other relevant statutory requirements and professional practice. Our aim is to promote and maintain the health of all individuals in the workplace: staff, service users and third parties.

Personal Information			
Title	Surname	First names	DOB
Home Tel:	Work Tel:	Mobile:	
Home Address:		GP Address:	

Medical History		
<u>All staff groups complete this section</u>		
	Yes	No
Do you have any illness/impairment/disability (physical or psychological) which may affect your work?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any illness/impairment/disability which may have been caused or made worse by your work?	<input type="checkbox"/>	<input type="checkbox"/>
Are you having, or waiting for treatment (including medication) or investigations at present?	<input type="checkbox"/>	<input type="checkbox"/>
Do you think you may need any adjustments or assistance to help you to do the job?	<input type="checkbox"/>	<input type="checkbox"/>

Medical History (continued)			
Have you suffered from any of the following?	Yes	No	Date
meticillin resistant staphylococcus aureus (MRSA)	<input type="checkbox"/>	<input type="checkbox"/>	
clostridium difficile (C-Diff)	<input type="checkbox"/>	<input type="checkbox"/>	

**If you have indicated yes to any of the above questions you must provide further details in additional information section, failure to do so will result in the form being returned/rejected.**

Additional Information
(If you have answered yes to any questions above please provide additional information below, including dates, treatment and details of condition)

Chicken Pox or Shingles		
Have you ever had chicken pox or shingles		
Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	

BBV (Blood Borne Virus)		
Have you ever come into contact with any BBV's? Including Needle Stick Injuries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Tuberculosis		
Clinical diagnosis and management of tuberculosis, and measures for its prevention and control (NICE 2016)	Yes	No
Have you lived outside the UK or had an extended holiday outside the UK in the last year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If you answered YES to the above, please list all the countries that you have lived in/visited over the last year, including holidays and vacations. This MUST include duration of stay and dates or this form will be rejected.</b>		
Have you had a BCG vaccination in relation to Tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered yes, please state when;	Date:	

Tuberculosis Continued		
Do you have any of the following	Yes	No
A cough which has lasted for more than 3 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained weight loss	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained fever	<input type="checkbox"/>	<input type="checkbox"/>
Have you had tuberculosis (TB) or been in recent contact with open TB	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information	
(If you have answered yes to any questions above please provide additional information below)	

Immunisation History					
Have you had any of the following immunisations			Yes	No	Date
Triple vaccination as a child (Diphtheria / Tetanus / Whooping cough)			<input type="checkbox"/>	<input type="checkbox"/>	
Polio			<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus			<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B (If Yes is ticked please give dates below)			<input type="checkbox"/>	<input type="checkbox"/>	
Course:	1	2	3		
Boosters:	1	2	3		

Proof of Immunity (Please send the following)	
<b>Varicella</b>	You must provide a written statement to confirm that you have had chicken pox or shingles however we <b>strongly advise</b> that you provide serology test result showing varicella immunity
<b>Tuberculosis</b>	We require an occupational health/GP certificate of a positive scar or a record of a positive skin test result <b>(Do not Self Declare)</b>
<b>Rubella, Measles &amp; Mumps</b>	Certificate of <b>"two"</b> MMR vaccinations or proof of a positive antibody for Rubella and Measles
<b>Hepatitis B</b>	You must provide a copy of the most recent pathology report showing titre levels of 100lu/l or above
Proof of Immunity (Please send the following) EPP Candidates Only	
<b>Hepatitis B Surface Antigen</b>	Evidence of Hepatitis B Surface Antigen Test (Inc. 'e' antigen and DNA viral loads if applicable) Report must be an identified validated sample. (IVS)
<b>Hepatitis C</b>	Evidence of a Hepatitis C antibody test (Inc. Hepatitis C RNA/PCR if applicable) Reports must be an identified validated sample. (IVS)
<b>HIV</b>	Evidence of a HIV I and II antibody test (Inc. DNA viral loads if applicable) Reports must be an identified validated sample. (IVS)

Exposure Prone Procedures		
Will your role involve Exposure Prone Procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>

The General Data Protection Regulation (GDPR) (EU) 2016/679
<p>All information supplied by you will be held in confidence by Healthier Business UK Ltd. Records will be retained electronically in accordance with best practice and the requirements of the General Data Protection Regulations at which time it may be subject to audit. Your data may also be cross referenced should you have registered with other clients of Healthier Business UK Ltd. Your personal data may be required to be seen by an occupational health advisor or physician, however it will not be shown, nor their contents shared with anyone - including Managers, Human Resources Advisors, GP, Specialist's or third party's - without your explicit consent. You have the right of erasure (the right to be forgotten), refusal of consent and withdrawal of consent without detriment (withdrawal of consent can be exercised at any stage of the process). The only exceptions to this may be a court order for release of records in a judicial dispute or where there is a public responsibility obligation. Further information regarding your rights under GDPR can be found on the following:</p> <p><a href="https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/">https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/</a></p>

Recommendations	
I understand that following this assessment, recommendations may be provided to assist my health at work;	
I give consent for the Healthier Business UK Ltd to make recommendations and for my employer/agency to provide these recommendations to my placement	<input type="checkbox"/>
I would like to see a written copy of any recommendations Healthier Business UK Ltd may make before my employer/agency provide them to my placement	<input type="checkbox"/>

Declaration		
I will inform my employer if I am planning to or leave the UK for longer than a three-month period to enable a reassessment of my health to be conducted on my return.		
I declare that the answers to the above questions are true and complete to the best of my knowledge and belief.		
Name	Signature	Date

**PROOF OF IMMUNITY TO MEASLES MUMPS AND RUBELLA**

Candidate Personal Information			
Title: Mr, Mrs, Ms, Miss, Dr	Surname	First names	DOB
Home Tel:	Work Tel:	Mobile:	
Home Address:		GP Address:	

**To be completed by Health Care Professional (immunity cannot be self declared)**

Measles, Mumps and Rubella Immunity (THIS SECTION TO BE COMPLETED BY PHYSICIAN OR HEALTH PRACTITIONER ONLY)			
<input type="checkbox"/> Live vaccines were administered after 1967.			
First Vaccine Date:		Second Vaccine Date:	
<input type="checkbox"/> The patient had a positive Measles titre.	Date of serology:		
<input type="checkbox"/> The patient had a positive Rubella titre.	Date of serology:		
I hereby confirm that the information detailed with this form is present and correct			
Name:		Occupational Health Department / Surgery Stamp	
Date:			
Signature			
GMC/ NMC or other clinical regulated body Ref. No.			
		<b><u>Please note a stamp is required for this form to be deemed valid</u></b>	

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.

Satisfactory evidence of protection would include documentation of:

- having received two doses of MMR, or
- positive antibody tests for measles and rubella.

**\*Please note this form is purely designed to obtain appropriate evidence for our screening process this in no way makes us liable for cost incurred for completing this form or any other forms that we may issue. \***



**BCG Scar Declaration Form**

**Candidate Personal Information**

Title: Mr, Mrs, Ms, Miss, Dr	Surname	First names	DOB
Home Tel:	Work Tel:	Mobile:	
Home Address:		GP Address:	

**Confirmation of competence**

**INDIVIDUALS VIEWING BCG SCARS MUST BE TRAINED AND COMPETENT TO DO SO**

**I confirm that I am:**

An Occupational Health nurse skilled in viewing BCG scars	<input type="checkbox"/>
	Please tick
An Occupational Health Physician	<input type="checkbox"/>
	Please tick
A Physician who is competent and has undertaken the relevant training in viewing BCG scars	<input type="checkbox"/>
	Please tick
A nurse who has been deemed competent and has undertaken the relevant training in viewing BCG scars	<input type="checkbox"/>
	Please tick

**Screening Results**

*Please examine the skin at the distal insertion of the deltoid and look for a scar.*

Is there a scar on the skin over the deltoid, in a location consistent with a BCG vaccination?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes which side	Right	<input type="checkbox"/>	Left	<input type="checkbox"/>

(To be completed by a Healthcare Professional)

**Declaration**

I hereby certify that I am competent in the administration and reading of mantoux skin testing and BCG Vaccination Scars.

Name:		Occupational Health Department Stamp
Date:		
Signature:		
GMC/ NMC or other clinical regulated body Ref. No.		
		<b><u>Please note a stamp is required for this form to be deemed valid</u></b>

\*Please note incomplete or partially completed forms will be refused, this form is purely designed to obtain appropriate evidence for our screening process this in no way makes us liable for cost incurred for completing this form or any other forms that we may issue. \*

**PROOF OF HEPATITIS B COURSE + BOOSTERS**

Candidate Personal Information			
Title: Mr, Mrs, Ms, Miss, Dr	Surname	First names	DOB
Home Tel:	Work Tel:	Mobile:	
Home Address:		GP Address:	

Hepatitis B history (THIS SECTION TO BE COMPLETED BY PHYSICIAN OR HEALTH PRACTITIONER ONLY)	
Date of inoculation	Administer by (if known)

Boosters required /due (THIS SECTION TO BE COMPLETED BY PHYSICIAN OR HEALTH PRACTITIONER ONLY)	
Result:	Date Obtained:

Please note; we still require serological (pathology report) evidence of immunity to Hepatitis B

I hereby confirm that the information detailed with this form is present and correct		
Name:		Occupational Health Department / Surgery Stamp
Date:		
Signature		
GMC/ NMC or other clinical regulated body Ref. No.		
		<u>Please note a stamp is required for this form to be deemed valid</u>

\*Please note this form is purely designed to obtain appropriate evidence for our screening process this in no way makes us liable for cost incurred for completing this form or any other forms that we may issue. \*



**JRRA Declaration Form**

Please tick to indicate that you agree to the statement;

- I am aware that Jennie Reeves Radiographers Agency (JRRA) may make payments to third parties on my behalf. The type of payments could include but not limited to; DBS checks, tunics, film badges, FTW certificates, training, accommodation etc.  
If I do not settle these payments when requested I hereby give Jennie Reeves Radiographers Agency (JRRA) permission to deduct the amount payable from my wages/company payments.

**Complete your details below;**

Candidate Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

**JRRA Background Checks Declaration Form**

Please tick to indicate that you agree with the statement;

- I understand that Jennie Reeves Radiographers Agency (JRRA) may undertake regular online checks regarding my background including but not exclusive to DBS Update status, Home Office, Foreign Office, Metropolitan Police, HCPC, and Media Checks.

I hereby give JRRA permission to perform such checks whilst I am registered with the agency.

**Privacy Policy- standard/enhanced checks (paper and e-Bulk applications) declaration**

- I have read the Standard/Enhanced Check Privacy Policy for applicants <https://www.gov.uk/government/publications/dbs-privacy-policies>
- and I understand how DBS will process my personal data and the options available to me for submitting an application.

**Consent to obtain e-Bulk standard/enhanced check electronic result**

I consent to the DBS providing an electronic result directly to the registered body that has submitted my application. I understand that an electronic result contains a message that indicates either the certificate is blank or to await certificate which will indicate that my certificate contains information. In some cases the registered body may provide this information directly to my employer prior to me receiving my certificate.

Complete your details below;

Candidate Name: .....

Date: .....

Signature: .....

**DBS Update Service**

DBS Certificate Number: .....

Subscription Renewal Date: .....

### Payment Details

- Timesheets must be completed and faxed (Fax: 020 8877 9281) to Jennie Reeves on the Friday of each week worked. Alternatively you can scan your signed timesheet and email it to [accounts@jenniereeves.co.uk](mailto:accounts@jenniereeves.co.uk)
- You and the Head of Department must sign your timesheet. If you are unable to have your timesheet signed by Friday, please fax it to Jennie Reeves by 10.00 am Monday morning, or contact the accounts team on 020 8870 7677 if there is any reason for further delay.

**Please tick a box to indicate which payment method you would like to use.**

Name: .....

Date: .....

Signature: .....

**1. PAYE**

Pay as You Earn - Your wages will be paid directly into your personal bank account by BACS transfer or by cheque. All payments are subject to statutory deductions.

Bank Name: .....

Address: .....

Account Name: .....

Account Number: 

--	--	--	--	--	--	--	--

Sort Code: 

--	--

--	--

--	--

Do you wish to be paid by cheque? **Yes / No**  
You must have a bank account into which to pay the cheque.

**2. COMPANY**

If you wish to be paid through a company please provide details below. Before payment can be made additional company documentation/information will be required. Please contact the accounts department for details.

Personal Limited Company  or  
Umbrella Company

Provider/Accountant: .....

Company Name: .....

Details: .....

.....

.....

.....

***How to make a payment to JRRR***

By Cheque - Please make cheques payable to Jennie Reeves Radiographers Agency

By Bank Transfer - Barclays Bank plc  
Pall Mall Corporate Banking Group  
50 Pall Mall  
PO Box 15165  
London SW1A 1QF

Sort Code: 20-67-59  
Account No: 10053953  
Account Name: Jennie Reeves Radiographers Agency  
Reference: Please use your own name

Wage Deduction - Where possible, this will automatically be deducted from your payment.