





Healthier Business UK Ltd has full SEQOHS accreditation. The SEQOHS Accreditation Scheme is a stand-alone scheme managed by the Roya 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 consider high or low risk when screening to set employment protocols and that they meet the framework criteria for placement. Candidates may require additional help or support to perform the job if you have a medical condition or disability. It is essential that you complete the pre-employment questionnaire giving plenty of additional information if you think your health may affect your ability to carry out your 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 your work involves direct patient contact or handling clinical specimens you may be at risk of contracting or transmitting particular infections.

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

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



- 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.

## **INTERPRATATION 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

# **INTERPRATATION 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 interferongamma 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 D**O**H 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 100mlU/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 100mlU/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 10mlU/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 10mlU/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

### **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 Itd 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).

"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 I am deemed non-compliant?

If the Occupational Health Nurse screening your file feels that you're unfit or non compliant we will inform your agency. Your employer will be furnished with a non-compliant letter which will be addressed to the candidate informing of the reason your request for clearance failed.

As you may be aware, your agency is subject to stringent/regular checks by the Government Procurement Service and any locum 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 your 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 you may be considered fit for a current role within the NHS this does not guarantee that this will be the case for a Locum Position. The reason for this is due to the fact that the requirements/procedures for internal vacancies and locum positions vary.

If you are 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). 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 seeking guidance from the governing bodies on appropriate screening for temporary staff, clinical and non-clinical being placed within the UK. To date we have yet to receive definitive guidance on this matter other than what is available in the public domain through WHO and PHE.

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/

For any enquires regarding this document or for further information on clearance requirements please feel free to contact Healthier Business using the below contact details.

**Contact us** 

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