

Policy/Procedure/Guideline**Occupational Health and Wellbeing Policy****Version no:** 1.0**Issue Status:** Approved**Date of Ratification:** April 2016**Ratified by:** Clinical Governance  
& Risk Board**Policy Author:** Bradley Woods**Policy Owner:** CG&RB**Review Frequency:** 2 years**Identifiable Document Code:** PTUK030**Last Review:** April 2020**Next Review:** April 2022

<b>POLICY AWARENESS</b>	
People who need to know this policy in detail	All Clinical, Operational Staff
People who need to have a broad understanding of this policy	All staff
People who need to know this policy exists	All staff

<b>CHANGE CONTROL DETAILS</b>			
Date DD/MM/YY	Version	Description	Reason for changes
11/04/2016	1	New policy	New policy

**Policy location:**Main Policy Folder in Control Room and Crew Room  
On PTUK Server

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## **1.0 Introduction**

- 1.1 This document outlines the Occupational Health and Wellbeing Policy for PTUK Ambulance Service (PTUK).
- 1.2 PTUK recognises that it has a responsibility towards safeguarding and promoting the health, safety and welfare of employees and others that work with PTUK under the Health and Safety at Work Act 1974.
- 1.3 PTUK recognises the recommendations made by Dr Steve Boorman in the Boorman Report 2009 and in doing so is committed to the wider Health and Wellbeing of its employees.
- 1.4 Occupational Health Service (OH Services) is an independent, confidential advisory service, which is available to support staff and provide advice to managers with the aim of improving the health, safety and welfare of all individuals within the organisation.
- 1.5 This policy outlines the purpose and functions of the Occupational Health Service in meeting PTUK's organisational needs in the context of its commitment to the Health and Wellbeing of its staff as well as its legislative and Department of Health (DH) guidance requirements.
- 1.6 This policy has been written in partnership by management and staff side.

## **2.0 Scope**

- 2.1 This policy applies to:
  - All PTUK employees;
  - Prospective employees;
  - Volunteers.
- 2.2 Non-compliance with this policy may lead to further action, which may include formal disciplinary action for Trust employees.

## **3.0 Roles and Responsibilities**

- 3.1 The PTUK Board is responsible for ensuring:
  - Adequate resources are available to support and promote the Occupational Health, Health and Wellbeing of its staff and volunteers in order that, as a minimum, it meets its statutory requirements;
  - Compliance with the occupational health aspects of Health and Safety legislation, together with the Department of Health and NHS Executive Standards.

3.2 Occupational Health is responsible for:

- Advising as to whether employees are sufficiently fit and healthy to be able to carry out the role they are employed (or engaged) to do;
- Recognising that staff health and well-being is more than just the absence of disease. Rather, it puts an emphasis on achieving physical, mental and social contentment;
- Being both efficient and responsive to the needs of staff and managers;
- Providing advice to managers and employees about health related issues;
- Ensuring that the process for managing the risks associated with inoculation incidents is implemented;
- Ensuring that the provisions outlined within this policy are implemented appropriately;
- Keeping the provisions within this policy in line with employment legislation, best practice people management principles and NHS guidelines.

3.3 Managers are responsible for:

- Ensuring they are aware of the range of Occupational Health services available at PTUK such as, physiotherapy, Employee Assistance Programme (EAP) Services, eye sight tests etc. Details of the range of OH Services can be obtained from Human Resources;
- Ensuring that any member of staff for whom they are responsible has the appropriate EPP and/or immunisation/vaccination clearance necessary to undertake their role. Assessing health and safety risks to employees and others and identifying preventative and protective measures as required by health and safety law;
- Ensuring that the correct reporting procedure following an inoculation incident is adhered to;
- Ensuring that no individual commences employment with PTUK without appropriate health clearance;
- Managing and supporting staff who experience health issues with advice from the Occupational Health Service and Human Resources, as appropriate;
- Ensuring that PTUK employees and volunteers comply with this policy and any periodic health surveillance requirements;

- Encouraging individuals attend Occupational Health when requested to do so in accordance with their contractual obligation to PTUK, taking appropriate action where they fail to comply;
  - Championing the Health and Wellbeing agenda and encouraging employees to address their own health and wellbeing.
- 3.4 Management and trade union representatives are responsible for bringing any mutually beneficial improvements to this policy to the attention of PTUK.
- 3.5 Managers, HR staff and trade union representatives are responsible for providing advice and guidance to employees on the application of this policy and procedure.
- 3.6 Employees are responsible for:
- Ensuring they are aware of the range of Occupational Health services available to persons employed by PTUK, such as physiotherapy, eye sight tests. Details of the range of OH Services can be obtained from Human Resources;
  - Co-operating with the PTUK's Health and Safety Policy and complying with any risk assessment requirements related to their role;
  - Ensuring awareness of and complying with PTUK's Health & Safety Policy and Infection Control Policy;
  - Ensuring that they undertake/attend IPC training commensurate with their role and responsibilities as detailed at induction;
  - Attending OH appointments when requested to do so in accordance with their contractual obligation and complying with OH advice on fitness to work and rehabilitation to work programmes;
  - Reporting to OH any aspect of their health which may affect their ability to work safely and competently whilst performing their role within PTUK;
  - Co-operate fully with any reasonable requests made by OH Services;
  - Being advocates of good health and wellbeing to the general public.

#### **4.0 Consultation and Communication with Stakeholders**

This policy has been written in partnerships through verbal communications between management and staff. This policy can be located in the Main Policy Folder in the Control Room and the Crew Room in each location.

#### **5.0 Occupational Health Service**

- 5.1 Occupational Health is the area of health care that is concerned with the relationship between people's health and their work. Its role is an advisory one and it is not a substitute for a General Practitioner (GP) nor is it a treatment service for injury or illness.
- 5.2 Occupational Health is permitted to share with management and HR a qualified report stating only fitness or otherwise to work and reasonable adjustments. This will thus be the minimum information, which will always be provided to management and HR.
- 5.3 In exceptional circumstances, medical confidence can be breached where public interest outweighs patient interest in keeping the information confidential or where disclosure can be justified as a result of an interest which outweighs the patient's interest of confidentiality being maintained (see Section 11 References {1} {2}).

## 6.0 Mandatory PTUK Requirements

- 6.1 PTUK aims to ensure that the OH Service provides a comprehensive, equitable and confidential service tailored to meet the specific needs of the organisation in respect to the specific work carried out by its employees and volunteers. A number of service provisions are mandatory and it is these requirements, which form the core Occupational Health services provided within PTUK.

These include: **Health Clearance on receipt of employment offer.**

When informed that an offer of employment has been made to an individual, Occupational Health will issue a health questionnaire appropriate to the job role and in line with the Equality Act 2010.

This questionnaire will include one or all of the following:

- Health questions aimed at assessing compliance with DVLA Group 2 requirements;
- Standard health check questions for workers who are new to the NHS in keeping with DH guidelines issued March 2007: *'Health clearance for tuberculosis, hepatitis B, hepatitis C and HIV: new healthcare workers'*.
- Questions to obtain information relating to their Occupational history detailing previous exposure to infections/infection risks.
- Questions to obtain relevant vaccination and immunisation history.

Occupational Health will assess these questionnaires and advise managers and HR on any reasonable adjustments or vaccinations that are required prior to commencement of employment

## 6.2 Vaccination and Immunisations

The OH Service has a duty to ensure that employees and volunteers are assessed on their relevant vaccination and immunity history and to ensure that the individual is immunised appropriately according to the role undertaken in accordance with current Department of Health (DH) guidance.

#### **6.2.1 Hepatitis B Vaccination**

Vaccination will be offered to all employees and volunteers whose role may involve contact with blood and body fluids unless they can show satisfactory evidence of immunity.

#### **6.2.2 Refusal of Hepatitis B Vaccination**

Employees who refuse to be vaccinated against Hepatitis B are required to commit to 6 monthly HbsAg blood tests and respond to the reminder letters issued by Occupational Health within the stated time period. Failure to do so could lead to disciplinary action being taken against the employee which may result in dismissal.

#### **6.2.3 'Non-Responders' to the Hepatitis B Vaccination**

Where results indicate that an HBsAg immunity level is of less than 10miu/ml despite multiple vaccinations then individuals are likely to be deemed as 'Non-Responders'. Such individuals will be required to have a six monthly HbsAg blood tests and respond to the reminder letters issued by Occupational Health within the stated time period. Failure to do so could lead to disciplinary action being taken against the employee which may result in dismissal.

### **6.3 Exposure Prone Procedures**

Exposure prone procedures (EPPs) apply to employees where there is a risk of infection or cross contamination to any party during patient interaction. The DoH directs that these procedures are applicable to Emergency Care Practitioners, Paramedics, Technicians and other clinically qualified employees who attend patients as part of their role. Within PTUK it has been determined that EPP requirements should apply to all clinically qualified staff, i.e. Emergency Care Assistant and above.

OH are required to formally write to managers notifying them of those employees who are cleared to perform EPPs and where necessary include the expiry date of their clearance.

The OH Service will comply with DH guidance on immunity and vaccination requirements for EPP clearance.

Further information can be found in the PTUK's Infection Prevention and Control (IPC) Policy- AST022.

### **6.4 Blood Borne Virus (BBV) Transmission**

BBV's include Hepatitis B, Hepatitis C and HIV. The OH Service will aim to minimise the risk of BBV's in accordance with DH guidance according to the risks identified for a specific job role.

All PTUK employees and volunteers have a professional duty to report instances where the transmission of BBVs may have occurred so that testing may be performed, appropriate treatment commenced, if required, and restriction to practice applied if advised necessary by the OH Physician. OH will advise employees or volunteers who have been exposed to BBV's as a result of a 'sharps' incident or a body fluid splash of the appropriate course of action (Appendix 1).

OH will report all reported cases (anonymised) of BBV exposure and their causes to the Clinical Governance & Risk Board (CG&RB) for possible changes in practice and for any lessons to be shared.

The Training department, through the CG&RB, identifies training needs for employees in relation to inoculation incidents and utilises this information to draw up a training needs analysis.

All clinical staff are required to attend mandatory, corporate and local inductions which include information on the safe handling and disposal of sharps and the prevention and management of occupational exposure to blood-borne viruses.

## **7.0 Statutory Requirements**

7.1 PTUK is required to ensure that employees and volunteers have access to an Occupational Health Service.

7.2 The statutory requirements that apply to OH Services provided are as follows:

- Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations 1999
- Control of Substances Hazardous to Health Regulations (COSHH) 2000
- Disability Discrimination Act (DDA) 1998
- Access to Medical Records Act 1988
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995. (amended 2012)
- Data Protection Act 1998
- Road Traffic Act 1988
- Working Time Regulations 1998

7.3 It is within these legislative requirements and guidelines as listed above, that the Occupational Health Service will base its service provision.



7.4 The Occupational Health Service will also be mindful to ensure future compliance with other relevant guidelines, which may come into existence, further legislative developments and relevant Government and DH Guidance.

7.5 Additional Service Provided by Occupational Health

- Occupational Health will undertake the following:
- Provide advice in the event of ill health relating to its employees;
- Provide advice on rehabilitation for work and/or redeployment within PTUK;
- Provide advice and information aimed at promoting the benefits of physical, social and mental wellbeing to its employees;
- Contribute to increasing the effectiveness of the organisation by enhancing staff performance and morale by reducing risks at work which lead to ill health, sickness absence and accidents;
- Undertake job specific individual health assessments as necessary and advise managers and individuals accordingly if any modifications or adjustments are required to fit the job or workplace to the individual;
- Formulate policies relating to Occupational Health;
- Contribute to PTUK policies and procedures where Occupational Health advice is required;
- Administer and co-ordination the yearly programme of flu vaccinations;
- Co-ordinate staff support services which promote physical and mental wellbeing.

## 8.0 Support to Staff

Occupational Health provides access to all staff to the following support services. These are provided on an equitable basis to all employees with the aim of assisting employees to maintain good health, assist in keeping employees at work or facilitate their timely return to work after a period of absence. The following support to staff is offered and available to our employees.

### 8.1 Physiotherapy

Employees fulfilling the assessment criteria outlined in Appendix 1 are able to access Physiotherapy treatment through the Occupational Health Service.

PTUK will provide each employee with up to £150 for Physiotherapy treatment and this can only be accessed once in a rolling year.

### 8.2 VDU Glasses

On receipt of the completed Habitual VDU user form (found at Appendix 2), Human Resources, or in absence your line manager, will approve the payment on behalf of PTUK. The employee is expected to submit a clear legible invoice or receipt for the eye

test or purchase of glasses. This receipt should be scanned and forward to the accounts department together with a copy of the receipt.

## **9.0 References**

Further guidance that influences the service provision are as follows:

- DH Health clearance for tuberculosis, hepatitis B, hepatitis C and HIV New Health Care Workers 2007
- NHS Executive Guidance for Clinical Health Care Workers: HSC 1998/063: Protection against Infection with Blood-borne Viruses
- NHS Executive Health Service Circular: HSC 1998/226 Guidance on the Management of AIDS/HIV Infected Health Care Workers and Patient Notification
- The Management of health, safety and welfare issues for NHS staff 2005, NHS Executive Health Service Guidelines: HSG (93) 40: Protecting health care workers and patients from hepatitis B
- NHS Executive Health Service Circular: HSC 2000/020 Hepatitis B Infected Health Care Workers Guidance on Implementation of Health Service Circular, NICE: Clinical diagnosis and Management of tuberculosis and measure for its prevention and control 2006
- Department of Health- Immunisation Against Infectious Diseases: the green book 2013
- Display Screen Equipment Regulations 1992 amended 2002
- Health and Safety Miscellaneous Amendments Regulations 2002
- HSE: New and Expectant Mothers at Work 2002
- Personal Protection at Work Regulations
- The Manual Handling Operations Regulations 1992
- Control Of Communicable Diseases 2002
- HSE Stress Management Standards 2002.

## **10.0 Appendices**

Appendix 1

Appendix 2

Appendix 3

Appendix 4





Appendix 5

## Appendix 1 – Blood Exposure Incident

### BLOOD EXPOSURE INCIDENT

A blood exposure incident includes a contaminated sharps injury, blood splash to eye of mouth, blood into open cuts or abrasions or a bite that breaks the skin.

Remember.....

Action		BLEED IT		WASH IT		COVER IT		REPORT IT
Record Time of Action								

BE SEEN AT THE NEAREST A&E DEPARTMENT

Then contact the Occupational Health Service – details can be obtained from Ambulance Control.

### If you sustain a blood exposure, you must do the following:

- Report to Ambulance Control that you have sustained an injury and that you are attending the nearest A&E
- Attend the nearest A&E where a risk assessment will be carried out, blood taken for storage and if necessary commencement of PEP
- Report your incident to the Operations Manager and to Governance Officer
- Contact the PTUK Occupational Health Service ASAP. Details can be obtained from Ambulance Control.

**Appendix 2 – Letter to GP authorising private physiotherapy payment**

Private & Confidential

For the attention of the General Practitioner

Acute Physiotherapy Authorisation

The member of staff detailed below has reported an injury to us which they feel would benefit from physiotherapy. PTUK is happy to fund up to £150 towards the cost of private physiotherapy.

**Name:**

**D.O.B:**

**Address:**

**Tel No:**

**Job Title**

**Details of Injury:**

**Yours faithfully**

For and on behalf of Patient Transport UK

**Appendix 3 - Habitual Display Screen Equipment (DSE) Users Form**

On receipt of a satisfactory completed form, HR will authorise you to undertake an eye test at a recognised high street opticians. Upon completion you should obtain a receipt for the cost of the eye test, pass the receipt on to HR, who will in turn advise accounts to reimburse you. Should you require glasses, PTUK will contribute £60 towards the cost of glasses. Should you wish to upgrade these glasses, the additional costs must be met by yourself.

Do not arrange your Optician appointment before you have received authorisation from HR.

<b>Name:</b>	
<b>Job Title:</b>	
<b>Date of Birth:</b>	
<b>Locality:</b>	
<b>Contact Number:</b>	
<b>Home Address:</b>	

My role as a habitual DSE user involves.....	Yes/No
Using DSE equipment for continuous spells of an hour or more as a significant part of my normal work	
Daily use of DSE	
High dependency on DSE	
Little or no choice to use DSE	

**Reason for Claim:**

- ☐ I have commenced in my first role with PTUK as a habitual DSE user.

Date started in post: \_\_\_\_/\_\_\_\_/\_\_\_\_

- ☐ My two yearly eye and eyesight test.

Date of last claim: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Signature of Claimant</b>	
<b>Name of line Manager</b>	
<b>Line Manager Signature</b>	
<b>Budget/Dept Code</b>	

**Appendix 4 - Equality Impact Assessment Tool**

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
<b>2</b>	<b>Is there any evidence that some groups are affected differently?</b>	No	
<b>3</b>	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	No	
<b>4</b>	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
<b>5</b>	<b>If so can the impact be avoided?</b>	N/A	
<b>6</b>	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>	N/A	
<b>7</b>	<b>Can we reduce the impact by taking different action?</b>	N/A	

If you have identified a potential discriminatory impact of this procedural document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

## Appendix 5 - Checklist for the Review and Approval of Procedural Document

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/Unsure	Comments
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	Yes	
<b>3.</b>	<b>Development Process</b>		
	Is the method described in brief?	Yes	
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?		
<b>6.</b>	<b>Approval</b>		



	Title of document being reviewed:	Yes/No/Unsure	Comments
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	No	
<b>7.</b>	<b>Dissemination and Implementation</b>		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
<b>8.</b>	<b>Document Control</b>		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	
<b>9.</b>	<b>Process to Monitor Compliance and Effectiveness</b>		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	No	
	Is there a plan to review or audit compliance with the document?	Yes	
<b>10.</b>	<b>Review Date</b>		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
<b>11.</b>	<b>Overall Responsibility for the Document</b>		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes	

<b>Individual Approval</b>			
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
Name		Date	11/04/2020
Signature			
<b>Committee Approval</b>			
If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.			
Name		Date	11/04/2020
Signature			