



Please Note: This policy is currently under review and is still fit for purpose.

Health and Wellbeing Policy

This is a new procedural document and incorporates and supersedes the following procedural documents:

- CORP/HSFS 11 v.3 - First Aid Policy
- CORP/HSFS 20 v.3- Musculoskeletal Disorders – Prevention and Management Policy
- CORP/EMP 5 v.3 - HIV and Aids in Employment
- CORP/EMP 6 v.4 - Substance Misuse Policy
- CORP/EMP 8 v.5 - Staff Counselling Services
- CORP/EMP 19 v.4 - Access to Occupational Health Services
- CORP/EMP 21 v.5 - Stress Policy
- CORP/EMP 30 v.3 - Policy for Staff with Diarrhoea and/or vomiting



Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

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Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
CORP/EMP 31 v.1	30 September 2015	This is a new procedural document which incorporates and supersedes the APDs listed below. Please read in full	Helen Houghton
The following policies have been withdrawn and incorporated within this document:			
CORP/HSFS 11 v.3	Aug 11	First Aid Policy - withdrawn	Ian Soulsby
COPR/HSFS 20 v.3	Nov 14	Musculoskeletal Disorders - Prevention and Management Policy - withdrawn	Merrin Froggett
COPR/EMP 6 v.4	July 14	Substance Misuse Policy - withdrawn	Mary Stephenson
CORP/EMP 5 v.3	April 12	HIV and AIDS in Employment - withdrawn	Jayne Lang and Debbie O'Toole
CORP/EMP 19 v.4	Oct 11	Access to Occupational Health Services - withdrawn	Debbie O'Toole and Edna Clethro
CORP/EMP 21 v.5	May 14	Stress Policy - withdrawn	Trudy Barnes
CORP/EMP 30 v.3	Jan 12	Policy for Staff with Diarrhoea and/ or Vomiting - withdrawn	Debbie O'Toole and B Bacon
COPR/EMP 8 v.5	June 11	Staff Counselling Services - withdrawn	Debbie O'Toole

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1. INTRODUCTION

Work can have a positive impact on health and wellbeing. The HSE states that work is generally good for people if it is well designed. The responsibility for health and wellbeing at work belongs to both employer and employee. We acknowledge our duty of care for the health, safety, and wellbeing of all employees. You are encouraged to take personal responsibility for yourself both in and out of work and support others to do the same.

We are committed to ensuring that your health and wellbeing is supported. Included in this, we will ensure that managers are equipped to enable you to receive the support you need and provide access to appropriate services.

The intranet has dedicated space to Health and Wellbeing where you can access information about a range of issues, services and topics to support you with leading a healthy lifestyle. You will also find the Trust Health and Wellbeing Action Plan which outlines the organisations plans for the next few years to improve the health and wellbeing of staff here at DBH. Make sure this is there when we launch this

2. PURPOSE

This Policy sets out our intentions for the management of health and wellbeing at work to ensure a healthy, motivated and committed workforce which in turn will deliver high quality services. It provides direction and guidance on key areas of wellbeing and provides information on training available to you and managers.

3. KEY HEALTH AND WELLBEING AREAS

3.1 Access to Health and Wellbeing Service and HELP

We have overall responsibility for the health, safety and welfare of the workforce and compliance with health and safety legislation. We also have a responsibility to ensure you are aware of and able to access a range of services to support your health and wellbeing while at work.

The Health and Wellbeing team provides a range of services that are available to all members of Team DBH including:

- Pre-employment health assessment for all new staff
- Work-related immunisations
- Advice on work-related ill health and injuries
- Advice on sickness absence and returning to work
- Health and safety at work
- Control of infection
- Physiotherapy
- Health surveillance
- General health promotion

Opening times

Monday-Friday 8-4pm at Doncaster Royal Infirmary

Monday and Wednesday 8.30-3.30pm at Bassetlaw Hospital

Contact Details

To make an appointment or for any advice relating to health and work, please contact the department on:

01302 553244/381377 (Direct Line), or ext. 6144/6377 (Internal Extension)

E-Mail: dbth.occhealth.dri@nhs.net

HELP Employee Assistance Programme

You can also access to a service from “Help” which provides confidential professional support by promoting wellbeing and encouraging employees to seek help when faced with any personal or social problems at home or in the workplace. This includes:

- A telephone helpline staffed by professionals, available 24 hours per day, 365 days per year. Where necessary, there is also access to counselling and other support.
- A website and a Wellbeing Zone with comprehensive information and advice on dealing with personal and social issues is also available 24 hours per day. You’ll find information and tools about work, family, health, money, consumer and legal, personal effectiveness and social issues.

As it operates on self-referral, all staff have immediate access to practical assistance and support.

HELP Health and Wellbeing Service is a unique web based and mobile app health management resource

www.dbh.wellbeingzone.co.uk– sign up and enter code: DBH1

Contact Details

0800 028 8761

www.dbh.helpeap.com

DUTIES AND RESPONSIBILITIES:**Manager:**

- To refer staff members to Health and Wellbeing Service (HWBS) in accordance with Trust policy.
- To provide staff members with relevant information and allocated time to access HWBS as appropriate.
- To provide staff with the information and access to HELP Employee Assistance Programme

Employee:

- A duty to take reasonable care for their own health and safety and report issues to their manager
- To comply with Management Referrals, the provision of medical evidence as requested by HWBS, attend HWBS appointments as recommended and health surveillance as required.

PROCESS

Self-Referral- Individuals may refer themselves to HWBS if they are concerned about their own physical or psychological wellbeing at work. Telephone or face to face advice can be given. To arrange an appointment or request telephone advice staff can call the service Monday to Friday 8-4pm on 01302 366 666 ext 6377 or direct dial 01302 553244/381377

Management Referral- Managers can seek an opinion from the HWBS on a range of issues some including:

- Altered or impaired work performance without absence from work
- Concern regarding an infection control issue
- Assessment for ill health retirement

Managers can also request an assessment of an employee's fitness to return to work following frequent short term or long term absence (see sickness absence policy).

Needlestick injury- Any injury sustained as a result of contact with:

- A used sharp
- A splash of blood or body fluids into the eyes or mouth
- Any bites or scratches which involve broken skin
- Blood or body fluids entering non-intact skin

must be reported to HWBS as soon as possible. Outside normal working hours staff should attend the A&E Department at DRI and BDGH, or the Minor Injuries Department at Montagu Hospital (09.00 – 22.00). The staff member must contact HWBS as soon as possible after an attendance at the A & E department to report the injury and confirm their immunity status.

The 24-hour "Needlestick Hotline" provides a step-by-step guide to the procedure following a significant exposure injury (Tel: 01909-502595).

Accesses to Physiotherapy - All employees have access to the HWBS and Physiotherapy. Staff can self-refer or managers can refer staff to the service. More detail is available further on in this policy.

TRAINING AND SUPPORT

To ensure managers are equipped with the skills and knowledge to support staff with health and wellbeing problems or concerns, training is available on:

- Managing Sickness Absence
- Stress Management for Managers
- Mentally Health Workplace

Information on the courses listed can be found in the Trust Training handbook

HWBS Staff as well as Human Resources Business Partners are available to provide any advice or support that may be needed.

3.2 First Aid

A correct response and provision of first aid treatment, once an accident has occurred can be of vital importance and in certain circumstances can mean the prevention of further injury, or even death.

First aid treatment has two functions in that firstly, it provides treatment for the purpose of preserving life and minimising the consequences of injury or illness until medical help can be obtained. Secondly, it provides treatment of minor injuries which would otherwise receive no treatment, or which do not need specialised medical treatment.

Where a first-aid needs assessment identifies that a first aider is necessary the minimum requirement on an employer is to have an appointed person. These persons are those appointed to take charge of the first-aid arrangements, including looking after the equipment and facilities and calling the Emergency Unit and emergency services when required.

DUTIES AND RESPONSIBILITIES

Manager

- Carry out a first aid needs assessment of their area to determine what arrangements for the provision of first aid are required.
- Ensure that such arrangements are put in place and that training is provided for the relevant staff.
- Provide an adequate number of suitably qualified first aiders or appointed persons
- Provide adequate first aid equipment and facilities including replenishing of first aid boxes.

Employee

- To ensure they receive appropriate training in line with the latest legislation

TRAINING AND SUPPORT

First aid training should be arranged by the ward/departmental manager. The person/s nominated as first aiders in any area must be appropriately trained. The level of first aid training chosen for these persons should be dependent on the results of the risk assessment.

- **First Aiders – First Aid at Work**
- **Appointed Persons**

Details of this training can be found in the Trust Training Handbook.

The Recruitment of First Aiders- First aiders are recruited on a voluntary basis, there being no remuneration for undertaking this duty.

Medical Doctors, Nurses and Midwives

The training and experience of:-

- Qualified medical doctors registered with the General Medical Council
- Nurses and midwives whose names are registered in Parts 1 and 2 of the Single Professional Register maintained by the Nursing and Midwifery Council qualify them to administer first-aid.

Registered nurses should bear in mind the contents of their Code of Professional Conduct regarding competency and thus may choose to take a first-aid course.

Cardio- Pulmonary Resuscitation (CPR)

Training in CPR is mandatory for certain staff groups but can be provided internally for any members of staff requiring it.

All training is outlined in the Trust training handbook.

Accident & Emergency

Any person who has had an accident and sustained an injury should be sent to the appropriate Accident & Emergency for treatment if appropriate. For those with serious injury an ambulance should be called via the Hospital switchboard using the emergency telephone number '2222'.

If a cardiac arrest is suspected then the crash team should be called using the emergency telephone number '2222'.

For those persons sustaining a serious injury in isolated areas or outlying buildings or on sites without A & E facilities, an ambulance should be called by dialling 999.

First Aid Equipment

It is the responsibility of ward/departmental managers to ensure that first aid boxes are replenished as soon as possible after use. Expiry dates of contents should also be checked. Normally the Appointed Person or First Aider would carry out this duty.

Guidance notes for contents of first aid boxes and an Assessment of First Aid Needs Checklist can be found following the link. - [Assessment of first-aid needs checklist](#).

3.3 Emotional Health and Wellbeing (including stress)

This section of the policy provides direction and guidance on the management of work related stress, promotion of mental wellbeing and the resources to support it including counselling, as well as the processes for risk assessment based on the HSE's Stress Management Standards.

Mental health is defined as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. (WHO 2011)

Work related stress is the response some people may have where work demands of various types and combinations exceed their capacity and capability to cope. Stress is not an illness, nor is it a diagnosis. However, if stress becomes too excessive and prolonged, mental and physical illness may develop.

DUTIES AND RESPONSIBILITIES

We all have a responsibility to identify issues, which may cause or are causing stress at work either to ourselves or to our peers.

PROCEDURE

Prevention

We recognise that prevention of harmful and excessive pressure at work is the most effective control measure. Click on this link to see the steps to work towards this goal - [Dealing with stress at work](#).

Recognition/Identification

There is a joint responsibility to recognise stress in the workplace as early as possible. Managers have a key role in identifying stress and should be alert to signs of stress. See guidance in the following link - [Recognition/Identification](#).

Managers should offer support to you or facilitate support from elsewhere as necessary. Managers are not expected to take on the role of counsellors however; managers will be expected to use effective communication and core skills of warmth, genuineness and empathy in their management of stress-related issues.

You will not be subject to any detriment as a result of raising a concern about stress at work.

Intervention

Managers need to discuss any concerns and undertake a [risk assessment](#) if stress is affecting your performance or health at work. Solutions will be put in place to reduce the effect of, or eliminate the undesired stress at work. This will involve agreed actions and appropriate timescales for reviewing progress on the area(s) of concern. This will be recorded in your individual employee records.

A template of an action plan can be found through the following link:

<http://www.hse.gov.uk/stress/standards/pdfs/actionplan.pdf><http://www.hse.gov.uk/stress/standards/index.htm>

If you do not wish to complete the tool with your manager an appropriate alternative should be offered.

Managers can seek support from Occupational Health and Wellbeing and /or Human Resources if in any doubt about what to do about a stress-related issue. You should not ignore such issues if you have a concern related to stress or the mental well-being of an individual.

Guidance for managers on interventions for work related stress and making reasonable adjustments can be found following the link - [Intervention](#).

Independent and confidential counselling is available to all staff through HELP
See section 3.1.

TRAINING AND SUPPORT

To ensure managers are equipped with the skills and knowledge to support staff with health and wellbeing problems or concerns, training is available on:

- Stress Management for Managers
- Mentally Health Workplace

Information on the courses listed can be found in the Trust Training handbook

HWBS Staff as well as Human Resources Business Partners are available to provide any advice or support that may be needed

The Chartered Institute of Personnel and Development have, in conjunction with the HSE, developed practical help for line managers in examining their own behaviour in preventing and reducing stress in those, they manage. This guidance can be found at:

<http://www.hse.gov.uk/stress/mcit.pdf>

We also offer specific training to staff on conflict resolution, dealing with violence and aggression and dealing with difficult phone calls.

3.4 Managing Musculoskeletal Disorders

Musculoskeletal disorders (MSDs) are problems affecting the muscles, tendons, ligaments, nerves or other soft tissues and joints. The back, neck and upper limbs are particularly at risk. Unlike most other workplace health issues MSDs commonly happen outside the work environment, but can then be made worse by work. They can impair ability to work at normal capacity. Prompt reporting of symptoms helps you to get the right support to manage your condition.

DUTIES AND RESPONSIBILITIES:

Manager

- Encourage staff to report symptoms early.
- Carry out risk assessments of all activities which have the potential for MSDs.
- Seek support and advice in managing cases of MSDs from appropriate persons, e.g. HWBS, Manual Handling, Health and Safety.
- Inform staff of the Trust HWBS Physiotherapy self-referral service.
- Or refer staff to the Trust HWBS- Physiotherapy using the procedure following this link. - [Manager referral for Physiotherapy - Guidance](#)

Employee

- Report to line manager problems in the workplace which could cause MSDs.
- Report MSD symptoms to line manager.

- Cooperate with line manager in seeking suitable adjustments to support your retention in or return to work.
- You can refer yourself to the Trust HWBS Physiotherapists at DRI or BDGH by telephoning HWBS at DRI, ext. 6144/6377 or E-mail: dbth.occhealth.dri@nhs.net

Health and Wellbeing Service

- Raise awareness of MSD problems and encourage early identification of individuals in need of help.
- Advise managers on any temporary adaptations to support work retention or return to work that should be considered for an employee referred with MSDs.
- Record and report ill-health trends attributable to MSDs.

PROCEDURE

Manager referral form and procedure can be found following this link - [Health and Wellbeing Service Manager referral for Physiotherapy.](#)

Self Referral to the Trust HWBS Physiotherapists at DRI or BDGH by telephoning HWBS at DRI, ext 6144/6377 or E-mail: OccHealth.dri@dbh.nhs.uk

TRAINING AND SUPPORT

HWBS or Human Resources Business Partners will guide managers through this process depending on the nature of the case.

3.5 Substance Use and Misuse

Consumption of alcohol and misuse of prescribed and non-prescribed drugs in the workplace is prohibited.

DUTIES AND RESPONSIBILITIES

Manager

- Be sufficiently familiar with the policy and to be able to recognise the signs and symptoms of substance misuse, and know how and when to obtain further advice.
- Link to [Warning signs that may indicate misuse of substances.](#)
- Be alert to and monitor changes in work attendance and patterns and undertake work performance interviews.
- With the agreement of a Human Resources Adviser wherever possible, to request alcohol or drug testing for employees only where this course of action can be justified.
- Involve your Human Resources Business Partner and agree a course of action following receipt of drug or alcohol test results.
- Continue to review the behaviour, attendance, and performance of those employees who have undergone a recovery programme.

Employee

- Be familiar with this policy and take ownership of your actions and lifestyle.
- Encourage colleagues who may have substance misuse problems to seek help voluntarily.

PROCESS**Guidance for Managers**

- In cases where it is suspected that an individual may have a substance misuse problem you should initially hold an informal discussion with them to discuss your concerns. Seek advice from your Human Resources Business Partner, and through the HWBS as appropriate. Ensure that you document the outcome of any discussions in the individual's personal file.
- If Alcohol and drug testing should be considered, please follow the link for guidance on how this should be carried out - [Testing for alcohol and drug misuse](#).
- A protocol for contacting the accredited testing laboratory is kept in the Hospital Bleep holders' file or contact HWBS for details.
- In some cases the individual may need to be excluded from work or redeployed short term. Normal sickness benefits and superannuation rights will apply.
- An abstinence agreement needs to be formalised between you and the individual taking into account any HWB advice. See link for – Return to Work Abstinence Agreement - [Template - Return to work abstinence agreement](#).

Guidance for Employees

- If you are found to be under the influence of alcohol or illegal substances on Trust premises, disciplinary action will be taken and in certain circumstances may be reported to the police. It is important that suspicions of this nature are based on firm grounds.
- If you are concerned that you have an alcohol or drug problem then you should approach your immediate manager, HWBS, or a Human Resources Business Partner and seek specialist help as soon as possible. Further sources of support can be found at following the link - [Support Groups](#).
- For prescribed or over the counter medication, you should check in advance whether such drugs are expected to produce any side effects. If there are health and safety concerns related to work performance you should inform your manager. You may be referred to HWBS for further assessment.

TRAINING AND SUPPORT

HWBS and the Human Resources Business Partners will guide managers through this process, depending on the nature of the case.

3.6 Diarrhoea and/or Vomiting**DUTIES AND RESPONSIBILITIES**

All staff working on Trust premises, outreach clinics and community settings, including Trust employed staff; contractors, agency and locum staff are responsible for adhering to this policy, and for reporting breaches of this policy to the person in charge and to their line

manager. They need to be aware of their personal responsibilities in preventing the spread of infection. It is the responsibility of Care Group Directors and Managers to ensure compliance with this standard.

Trust Board

The Board, via the Chief Executive, is ultimately responsible for ensuring that systems are in place to effectively manage the risks associated with Infection Control. The Director of Infection Prevention and Control will provide assurance to the board that effective systems are in place.

Infection Prevention & Control Committee (IPCC)

The IPCC is responsible for developing and approval of all infection control (IC) related policies within the organisation.

Consultant in Communicable Disease Control (CCDC) is responsible for providing clear medical advice on the management of cases and outbreaks of diarrhoea and vomiting

Consultant Microbiologists/Infection Control Doctors

The Consultant Microbiologists are responsible for professional advice to the Infection Control Committee and liaison with Clinicians on clinical microbiology.

Infection Prevention and Control Team (IPCT)

The IPCT are responsible for ensuring all staff are aware of all IC policies (as appropriate to their role) and educating/advising staff on IC issues.

Divisional/Care Group Management Teams are responsible for monitoring implementation of this policy and for ensuring action is taken when staff fail to comply with the policy.

Consultant Medical Staff are responsible for ensuring their junior staff read and understand this policy, and adhere to the principles contained in it at all times

Ward and Department Managers: are responsible for ensuring implementation within their area, and for ensuring all staff who work within the area adhere to these principles at all times.

Employee: Not to attend work if symptomatic and advise manager of symptoms at the earliest opportunity.

PROCESS

Reporting of Gastro-intestinal illness

All employees and volunteers are responsible for reporting any episodes of diarrhoea and/or vomiting to their immediate manager or supervisor. They should also report if they have suffered with diarrhoea or vomiting whilst on holiday.

Exclusion from work for health care workers

Healthcare workers should be excluded from work while they have symptoms and for a further **48 hours** following the cessation of diarrhoea and/or vomiting.

N.B. Health care workers may be employed on non-food handling duties (e.g. on administrative office duties or in non-food areas) and non-patient contact once symptoms have cleared, but without the requirement to be symptom free for 48 hours. This decision should only be made after a careful assessment of the risk of further spread. Health care workers with an underlying gastro-intestinal condition should liaise directly with HWBS for specific advice

Exclusion from work for food handlers

If there is only one episode of diarrhoea and/or vomiting in a 24-hour period, and there is no fever, the employee or volunteer may return to work. However, if symptoms persist, the individual should seek medical advice and may return to food handling duties **only** when the following conditions are met:

- No vomiting for 48 hours once any treatment has ceased
- The bowel habit has returned to normal for 48 hours either spontaneously or following cessation of treatment with anti-diarrhoeal drugs
- Good hand hygiene is observed in all circumstances

N.B. Food handlers may be employed on non-food handling duties (e.g. on administrative office duties or in non-food areas) once symptoms have cleared, but without the requirement to be symptom free for 48 hours. This decision should only be made after a careful assessment of the risk of further spread. Food handlers with an underlying gastro-intestinal condition should liaise directly with Occupational Health and Wellbeing for specific advice.

Exclusion from work for all other employees and volunteers

All employees or volunteers should be excluded from work immediately and while they have symptoms. They may return to work after they have recovered clinically and their stools have returned to normal.

Stool samples

Submission of a stool sample may be requested by the manager depending on the individual's symptoms and their area of work. It is not necessary to delay return to work whilst waiting for a stool sample result as long as the exclusion criteria have been adhered to.

Symptoms lasting for more than 3 days

An employee or volunteer with symptoms of diarrhoea and/or vomiting lasting for more than 3 days should seek further advice and possibly treatment from their General Practitioner, and may be required to submit a stool sample for microbiological testing.

Hand hygiene

Strict hand washing is the most important factor in preventing the spread of gastrointestinal infections. Employees and volunteers must ensure they wash their hands thoroughly with soap and water after handling patients, their bedding, clothing, equipment, and before preparing or serving food.

Preventing person-to-person spread following gastrointestinal infections: guidelines for public health physicians and environmental health officers

Public Health England April 2004

<https://www.gov.uk/government/publications/preventing-person-to-person-gastrointestinal-infections>

Food Handlers: Fitness to Work Regulatory Guidance and Best Practice Advice For Food Business Operators 2009 Food Standards Agency
<http://www.food.gov.uk/sites/default/files/multimedia/pdfs/publication/fitnesstoworkguide09v3.pdf>

Further advice

Please contact the HWBS, Infection Prevention & Control Nurses, or the Microbiologists for further advice or information.

The procedure for recording absence on the Electronic Staff Record (ESR) can be found in the text below;

Recording absence on the Electronic Staff Record (ESR). The number of days absent due to actual symptoms of diarrhoea and/or vomiting should be recorded on ESR under "Sickness". Staff who have been excluded from work for a further 48 hours because they are either food handlers or health care workers should be recorded on ESR under "Medical Suspension with Pay" which can be found in the same menu as "Sickness".

TRAINING

Staff will receive information and direction regarding infection prevention and control from a number of sources:-

- Trust Induction
- Local induction
- Trust Policies and Procedures available on the intranet
- Ward/departmental/line managers
- As part of the mandatory infection control education
- Infection Prevention and Control Educational displays/ posters
- IPC web page – "Bug of the month"
- Short video on IPC web page and quiz
- Food hygiene leaflet distributed at all IPC mandatory training
- 3 yearly level 2 Food Safety training for all catering staff and dieticians

3.7 HIV and AIDS in Employment

The Doncaster and Bassetlaw Hospitals NHS Foundation Trust recognises its responsibilities as an employer to respond sympathetically and fairly to employees who are suffering from serious chronic or disabling diseases and will apply the principles of this policy equally to employees suffering from such serious diseases.

DUTIES AND RESPONSIBILITIES

The Trust

- The Trust assures HIV infected health care workers that their status and rights as employees will be safeguarded so far as is practicable. Every effort will be made to avoid disclosure of the HIV infected worker's identity, or information that would allow deductive disclosure. Medical fitness will be determined through the normal process of consideration by the Trust's HWBS and normal rules concerning pre-placement and sickness absence will be operated.
- If it becomes known that an employee has AIDS or is infected by HIV, the Trust will ensure that resources are available to provide adequate support and any reasonable arrangements to enable appropriate work to be continued in accordance with good general principles of occupational health practice and co-ordinated through a specialist occupational health physician (PH 2014).

Employee

- Employees with HIV infection or AIDS do not have to inform the Trust whether they have HIV infection or AIDS. There are particular responsibilities for health care workers which are set out following this link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/382152/health_clearance_tuberculosis_hepatitis_hiv.pdf. However, an individual who volunteer's information about his/her HIV status will be assured that the information will remain confidential and the information will not be divulged without prior consultation.
- Employees with HIV infection or AIDS who inform the Trust of their medical condition will be assisted in finding suitable alternative employment where appropriate.
- Employees with HIV infection or AIDS have responsibilities under the Health and Safety at Work Act, as with other infectious diseases, to ensure the health and safety of the general public and that of their colleagues.
- Health Care Workers (HCW's) should routinely follow general infection control guidelines and adopt safe working practices to prevent the transmission of HIV infection.
- HCW's have ethical guidelines from their professional bodies
 - The General Medical Council (<http://www.gmc-uk.org/>)
 - The General Dental Council (<http://www.gdc-uk.org/>)
 - The Nursing and Midwifery Council (<http://www.nmc-uk.org/>)
- HCW's are required to read and understand these guidelines and to comply with them.
- HCW's infected with HIV or with AIDS should not undertake procedures that place patients at risk. These procedures are exposure prone procedures i.e. 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 (bleed-back). 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.

- Procedures where the hands and fingertips of the worker are visible and outside the patient's body at all times, and 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.
- Examples of the UK Advisory Panel's advice on which procedures are, and are not, exposure prone can be viewed following the link https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/382152/health_clearance_tuberculosis_hepatitis_hiv.pdf
- HCW's infected with HIV or with AIDS who continue to work with patients must remain under close medical supervision and receive appropriate medical and occupational health advice as their circumstances change.
- HCWs who apply for a post or training which requires the performance of EPPs and who decline to be tested for HIV, hepatitis B and hepatitis C should not be cleared for EPP work.
- Practising HCWs who undertake EPPs are under a professional duty to seek medical advice on the need to be tested as soon as they are aware they may have been exposed to HIV infection, occupationally or otherwise and if found to be positive, to obtain and follow appropriate clinical and occupational health advice. Being HIV positive, or declining a test for HIV, will not affect the employment or training of HCWs who will **not** perform EPPs.

PROCESS

- From March 2007 the Trust requires all employees who are new to the NHS and will be performing exposure prone procedures, and any existing employees who are new to exposure prone procedures to be tested for HIV antibody. Those who are found to be HIV antibody positive will not be allowed to perform exposure prone procedures.
- All new HCWs employed or starting training (including students) in a clinical care setting, either for the first time or returning to work in the NHS should undergo standard health checks which will include being offered an HIV antibody test. HCWs that will perform EPPs must be tested for HIV antibody (DH 2007).

TRAINING

- The Trust attaches great importance to providing education about HIV and AIDS to its staff. Provided appropriate infection control precautions are adhered to scrupulously, the majority of procedures in the health care setting pose no risk of transmission of HIV from

an infected HCW to a patient. The circumstances in which HIV could be transmitted from a HCW to a patient are limited to exposure prone procedures in which injury to the HCW could result in the worker's blood contaminating the patient's open tissues ("bleed-back").

4. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Access to HWBS and HELP:			
User satisfaction carried out through surveys	OHWB department	Annually	Action plan following outcomes of surveys
Triage of sickness absence referrals	OH nurses	Daily	The outcome of the analysis will be discussed with managers and HRBP
First Aid:			
Monitoring of first aid arrangements per department/ward	Ward/Departmental Managers	Regularly	Review to be communicated with Health and Safety lead
Mental Health and Wellbeing:			
Overall, Stress statistics of employees within the Trust	The Trust will carry out NHS Staff Survey	Annual	The outcome of the survey will have an action plan and this will be fed back to employees via Human Resources
Health and Safety Committee Audits related to Stress, health and wellbeing of employees	Health and Safety Committee	As and when individual Care Group audits are completed	Managers representing Care Groups will feedback results to employees. (Health and Safety minutes will be available for staff to view via Care Group manager)
Individual stress causing a problem	Managers and employees	As and when an individual has been identified a problem	Undertake a stress risk assessment and Manger will devise an action plan with the individual
Departmental stress questionnaires	Manager or lead for departmental health and wellbeing meetings	Recommended that this is undertaken on an annual basis	Action plan to be implemented by all staff in the department and lead by an appointment individual or manager
Musculoskeletal Disorders:			
MSD issues relating to people or load handling	HWBS Physiotherapists	When harm has occurred to	Reports cases to Manual Handling Manager or

		employee or trends are identified	health and safety manager as appropriate
MSD issues relating to tasks and processes	HWBS Physiotherapists	When harm has occurred to employee or trends are identified	Reports cases to relevant manager
Substance Use and Misuse:			
The individual that has signed an abstinence agreement will be monitored within the constraints of the agreement. (performance, behaviour, attendance, substance testing)	The Line Manager will monitor with support from HR Business Partner and in some cases HWBS	This depends on the signed agreement	The abstinence agreement will be reviewed face to face between manager and individual. Any shortfalls will be escalated through disciplinary or HR
Diarrhoea and /or Vomiting:			
Staff outbreaks	HWBS and IPC team	Monthly?	Outbreak meeting if needed with ward/department, IPC and HWBS
HIV and AIDS in Employment:			
The HIV and AIDS element of this policy and its implementation will be monitored on a case by case basis	HWBS		

5. DEFINITIONS

Musculoskeletal disorders (MSDs) are problems affecting the muscles, tendons, ligaments, nerves or other soft tissues and joints. The back, neck and upper limbs are particularly at risk. Unlike most other workplace health issues MSDs commonly happen outside the work environment, but can then be made worse by work. They can impair ability to work at normal capacity. Prompt reporting of symptoms helps the individual get the right support for them to manage their condition.

Substance misuse - Suspected of being under the influence of alcohol or illegal drugs, smelling of alcohol, in possession of illegal drugs, misusing prescribed medication or solvents.

Substance misuse in the workplace is either:

i) Consumption or dependence on a substance that continually or repeatedly interferes with an employee's work performance or attendance.

OR

ii) Consumption or overindulgence in a substance resulting in unacceptable conduct or dangerous and unreasonable behaviour. This would be classed as gross misconduct and treated as a disciplinary matter.

Chain of Custody is the stringent process for collecting, handling, transporting, storing, and testing biological samples for alcohol or drug misuse to prevent any possible contamination or interference. The purpose is to ensure that the results of any biological testing can indisputably be connected with the individual who produced the test sample.

Safe/hazardous/harmful drinking guidelines

Safe drinking Men: up to 21 units per week

Women: up to 14 units per week

Hazardous drinking Men: 22 – 50 units per week

Women: 15 – 35 units per week

Harmful drinking Men: more than 50 units per week

Women: more than 35 units per week

Units of alcohol examples:

1 unit of alcohol = Standard 25ml glass of spirit

Small 125ml glass of wine

½ pint of regular cider, beer or lager

Standard 25ml shot e.g. Tequila

HIV - Human Immunodeficiency Virus

AIDS - Acquired Immunodeficiency Syndrome

6. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. See **Appendix 1**.

7. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

- [Mental Capacity Act 2005 Policy and Procedure - PAT/PA 19](#)
- [Privacy and Dignity Policy - PAT/PA 28](#)
- [Equality Analysis Policy - CORP/EMP 27](#)
- [Sickness Absence Policy - CORP/EMP 1 and Manager's Guide](#)
- [Statutory and Essential Training \(SET\) Policy - CORP/EMP 29](#)
- [Health and Safety at Work Medical Surveillance - CORP/HSFS 2](#)
- [Control of Substances Hazardous to Health - CORP/HSFS 7](#)

- [Sharps injuries Management & other blood or body fluid exposure incidents - PAT/IC 14](#)
- [Glove Use Policy – CORP/HSFS 13](#)
- [Flexible Working – CORP/EMP 48](#)
- [Fair Treatment for All Policy – CORP/EMP 4 \(Personal Harassment Policy & Procedure\)](#)
- [Display Screen Equipment Policy - CORP/HSFS 12](#)
- [Manual Handling Policy - CORP/HSFS 4](#)
- [Risk Identification, Assessment and Management Policy - CORP/RISK 30](#)
- [Conduct, Capability, Ill Health and Appeals Policies and Procedures for Practitioners – CORP/EMP 13](#)
- [Disciplinary Procedure - CORP/EMP 2](#)
- [Whistleblowing Policy – Voicing Your Concerns - CORP/EMP 14](#)
- [Hand Hygiene - PAT/IC 5](#)
- [Isolation Policy - PAT/IC 16](#)
- [Standard Infection Prevention and Control Precautions Policy - PAT/IC 19](#)
- [Management and Control of Incident/Outbreak of Infection - PAT/IC 20](#)
- [Gastroenteritis Policy \(Diarrhoea and Vomiting\) - PAT/IC 27](#)

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APPENDIX 1 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Policy	CSU/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
CORP/EMP 31 v.1 – Health and Wellbeing Policy	People & Organisational Development Health and Wellbeing	Helen Houghton	New Policy	01.05.15
1. Who is responsible for this policy? People and Organisational Development-Health and Wellbeing				
2. Describe the purpose of the policy? Intended to benefit the Trust as a whole, employees and managers. To provide standard and clear guidelines on managing Health and Wellbeing related policy and procedure				
3. Are there any associated objectives?				
4. What factors contribute or detract from achieving intended outcomes? None				
5. Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No				
<ul style="list-style-type: none"> • If yes, please describe current or planned activities to address the impact N/A 				
6. Is there any scope for new measures which would promote equality? N/A				
7. Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a. Age	No			
b. Disability	No			
c. Gender	No			
d. Gender Reassignment	No			
e. Marriage/Civil Partnership	No			
f. Maternity/Pregnancy	No			
g. Race	No			
h. Religion/Belief	No			
i. Sexual Orientation	No			
8. Provide the Equality Rating of the service/ function/policy /project / strategy				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
9. Date for next review: April 2016				
Checked by: Helen Houghton			Date: 01.05.2015	