

## What are the health requirements for you to be NHS PaSA Compliant?

As you may be aware, when working for an agency you may be asked to provide additional details to those required to work direct in the NHS. These are NHS rules and we can not bypass them. Below are details of what you require in order to provide evidence of immunity.

**Tuberculosis:** As an agency worker you are required to provide evidence that your BCG Scar has been vetted by a suitably trained and experienced occupational health nurse/department. If you do not have a scar you have to provide evidence of Tb skin test.

**Summary:** Do you have a BCG scar on you arm?

Your Doctor or an OH Nurse can write and sign further on this form saying that the BCG scar is visible. If you do not have a scar then you need to get an appointment with GP or Occ Health dept to arrange a TB skin test and then a BCG if no immunity is apparent.

**Rubella, Mumps & Measles:** This immunisation now comes in the form of a two part MMR (Measles, Mumps and Rubella). You must have two doses. You will probably have had an initial dose at school, but it is now advised that you are also immunised in your adult life. You can get this done with your GP or Occ Health. You **must** provide proof in the form of a doctors vaccination record, lab report or a letter confirming blood results or 2 MMR vaccinations. Documents need to be signed and stamped by Doctors Surgery/Occupational Health Department to be valid

**Varicella:** You are required to either, provide written evidence of immunity to chicken pox or shingles (Varicella) in the form of a blood test showing such immunity or evidence of vaccination; or you can sign a declaration of having had Chicken Pox.

**Hepatitis B:** The Hep B immunity is a course of 3 injections. When you have had your third, you need to get 'titre' levels taken, to prove that you have above 100 units of Hep B protection in your system. PaSA insists that this is completed before you work.

This is much stricter for agency workers than for NHS staff, who simply need to commence the course.

We need a copy of the report from the lab that tests your blood to say what your levels are. The report may be sent straight to your doctor, so ask for a print out. VERY IMPORTANT: To prove that it was your blood that was examined, IVS protocol needs to be followed by the doctor and laboratory. You can show the doctor your photo-identification and make sure it is written on the report "IVS protocol carried out" with a signature by your doctor!

We also need a Hep B Antigen test, to show that you do not currently have Hepatitis. This can be performed at the same time as the antibody test, but you need to ensure it is requested.

**Summary:** You must provide proof of Hep B immunity by getting a pathology report.

**Refusal of HIV and AIDS screening:** There is no requirement for you to be screened for these conditions, but you must sign a declaration opting out of such screening.

**REMEMBER: TO BE VALID, ALL DOCUMENTS MUST BE IN ENGLISH AND NEED TO BE SIGNED & STAMPED BY THE DOCTORS SURGERY / OCCUPATIONAL HEALTH DEPARTMENT.**

**OCCUPATIONAL HEALTH MEDICAL QUESTIONNAIRE**  
**CONFIDENTIAL**

Information contained within this document is governed by the Data Protection Act 1998. Disclosure of information is only with your informed written consent. 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.

<b>You <u>must</u> send to us the following:</b>	
<b>Tuberculosis</b>	We require an occupational health/GP certificate of a positive scar or a record of a positive skin test result
<b>Mumps, Measles &amp; Rubella</b>	Certificate of vaccination or blood test result is required showing the immunity levels
<b>Varicella</b>	Certificate of vaccination or blood test result, or self declaration.
<b>Hepatitis B</b>	You must provide a copy of the most recent pathology report showing titre levels of 100lu/l or above if possible or antigen status if titre level is below 100lu/l. The report must be an identified validated sample.
<b>Hepatitis C</b>	Proof of Hepatitis C non-infectivity is required for staff performing exposure prone procedures. As appropriate, please either provide an identified validated sample of your most recent UK pathology report or sign the opt out
<b>Hepatitis B Surface Antigen</b>	Proof of a negative result

<b>Personal Information &amp; Declaration.</b>			
Title: Mr, Mrs, Ms, Miss	Surname	First names	DOB
Home Tel:	Work Tel:	Mobile:	
Home Address:		GP Address:	
The information supplied is true to the best of my belief. I agree to inform my employer of any health problems so that my health and safety can be protected whilst at work			
Name	Signature	Date	

<b>Occupational Health Screening History</b>	
Name of trust or hospital that gave you most recent screening	
Date of most recent screening	
Were the results in anyway abnormal	
If the results were abnormal please provide details	

<b>Chicken Pox or Shingles</b>	<b>Date</b>	<b>Yes</b>	<b>No</b>
Have you ever had chicken pox or shingles			

**I confirm I have previously had Chicken Pox.**

Signature.....

Date.....

<b>Basic Health History</b>		
<b>If your answer to any of these questions is YES or if you are currently taking any medication please provide details in the space below</b>	<b>Yes</b>	<b>No</b>
Is there any aspect of your health which may restrict your ability to work?		
Are you currently or regularly taking any medicines, tablets, special diets, or injections?		
Are you pregnant?		
Is there any aspect of your medical history which an employer should or might wish to know		
Would you need any adjustments to your working environment to pursue your chosen occupation		
Do you have any conditions of vision, hearing or speech which might effect your ability to work		
Have you ever suffered from any mental illness/depression or alcoholism or drug dependency		
Are you attending any hospital for treatment or are you currently on a waiting list for treatment		
<b>Do you now, or have you ever, suffered from or received treatment for:</b>	<b>Yes</b>	<b>No</b>
Respiratory (including asthmatic or allergic) symptoms, disorders or diseases		
Cardiovascular symptoms, disorders or diseases		
Gastrointestinal symptoms, disorders or diseases		
Neurological (including epileptic) symptoms, disorders or diseases		
Psychiatric symptoms, disorders or diseases		
Genitourinary symptoms, disorders or diseases		
Skin symptoms, disorders, diseases including reactions to gloves and glove powder		
Endocrine (including diabetic) symptoms, disorders or diseases		
Haematological symptoms, disorders or diseases		
Recurrent sore throat (including treatment for MRSA infections)		
Bone or Joint symptoms, disorders or diseases (including back pain)		
Imunno-deficiency symptoms e.g. HIV positive diseases or disorders		
Stress related disorders or diseases		
Alcohol/Drug related symptoms, disorders or diseases		
Overseas travel symptoms, disorders or diseases		

<b>Immunisation History</b>			
Have you have any of the following immunisations	<b>Date</b>	<b>Yes</b>	<b>No</b>
Diphtheria			
Poliomyelitis			
Tetanus			

<b>TB History</b>		Yes	No
Have you ever had a positive TB skin test?			
Have you ever had an abnormal chest x-ray?			
Have you recently had the mucous you cough up tested for TB?			
If yes, were you told it was positive?			
Have you ever been told you have Infectious Tuberculosis?			
If yes, how long ago?			
Have you ever been treated with medication for Infectious TB			
Are you still taking TB medicine?			
Did you take all the TB medicine until the health care professional told you that you were finished?			
Do you live with or have you been in close contact with someone who was recently diagnosed with TB? (e.g. roommate, close friend, relative).			

<b>Current TB Symptoms</b>		
Do you have a cough that has lasted longer than three weeks?		
Do you cough up blood or mucous?		
Have you lost your appetite? Aren't hungry?		
Have you lost weight (more than 10 pounds) in the last two months? With out trying to?		
Do you have night sweats (need to change the sheets or your clothes because they are wet)?		
Details:		

**Tuberculosis:** As an agency worker you are required to provide evidence that your BCG Scar has been vetted by a suitably trained and experienced occupational health nurse/department. If you do not have a scar you have to provide evidence of Tb skin test.

**Summary:** Do you have a BCG scar on you arm?

Your Doctor or a Nurse can sign below, or write and a note saying “BCG scar is visible on arm”. If you do not have a scar then you need to get an appointment with GP or Occ Health dept to arrange a TB skin test and then a BCG if no immunity is apparent. **It is vital that the a surgery stamp and the Pin numbers are given.**

<b>BCG Sighted</b>			
<b>Yes</b>	<b>No</b>	<b>Date</b>	Tel:
			Surgery Stamp
Sighted by: (Print Full Name)			
GMC OR NMC PIN Number:			
Signature			

**IMPORTANT** A health care worker who has any reason to believe they may have been exposed to infection with HIV or Hepatitis C, in whatever circumstances, must seek and follow confidential advice from the Occupational Health Services. Failure to do so, may breach the duty of care to patients.

<b>HIV / AIDS</b>				
Have you had a HIV blood Test	Yes	No	Date	Result:

<p>Do you have reason to believe that you may have been exposed to HIV infection in any of the circumstances listed below?</p> <ol style="list-style-type: none"> <li>1. If you are male, engaging in unprotected sexual intercourse with another man;</li> <li>2. Having unprotected intercourse in, or with a person who has been exposed in a country where transmission of HIV through sexual intercourse between men and women is common;</li> <li>2. Shared injecting equipment while mis-using drugs.</li> <li>3. Engaged in invasive medical, surgical, dental or midwifery procedures in parts of the world where infection control precautions may have been inadequate, or with populations with a high prevalence of HIV infection;</li> <li>4. Had significant Occupational exposure to HIV infected material in any circumstances.</li> <li>6. Had unprotected sexual intercourse with someone of any of the above categories.</li> </ol>			
YES	NO	Discuss further	Notes:
<p>A validated sample of blood is required for HIV testing for the following category of employee. Please send documentation with this form if you have been tested. If you have not been tested:</p> <ul style="list-style-type: none"> <li>• All EPP (Exposure Prone procedures) workers who are new to the NHS and who will perform EPPs.</li> <li>• Existing workers who are new to EPP</li> </ul> <p>All health care workers who are new to the NHS will be offered an HIV antibody test.</p>			

<b>HEPATITIS C</b>				
Have you had a Hepatitis C antibody check	Yes	No	Date	Result:
<p>Do you have reason to believe that you may have been exposed to Hepatitis C infection in any of the circumstances listed below?</p> <ol style="list-style-type: none"> <li>1. Receipt of unscreened blood or untreated plasma products (in the UK before Sept 1991 and 1986 respectively);</li> <li>2. The sharing of injecting equipment while using drugs;</li> <li>3. Having been occupationally exposed to the blood of patients known to be infected with hepatitis C, or deemed to be at high risk of infection, by sharps or other injuries (and not subsequently screened and shown to be non-infectious);</li> <li>4. Receiving medical or dental treatment in countries where hepatitis C is common and infection control precautions may be inadequate.</li> </ol>				
YES	NO	Discuss further	Notes:	
<p>A validated sample of blood is required for Hepatitis C antibody testing for the following category of employee. Please send documentations with this form if you have been tested:</p> <ul style="list-style-type: none"> <li>• All EPP (Exposure Prone procedures) workers who are new to the NHS and who will perform EPPs.</li> <li>• Existing workers who are new to EPP</li> </ul> <p>All health care workers who are new to the NHS will be offered a Hepatitis C antibody test.</p>				

<b>Additional Information</b>		
<b>Have you been on holiday in the last two years? If so, please complete fill in the details below</b>		
<b>Country Visited</b>	<b>Date</b>	<b>Duration of stay</b>
<b>Have you worked in a TB Prevalent area, or where HIV is prevalent in the last 3 years?</b>		
<b>Country Visited</b>	<b>Date</b>	<b>Duration of stay</b>

**Please note: This section must be completed if screening is refused or proof not available**

Forename	Surname
Address:	Date of Birth

**Refusal of HIV Screening Form (For Non Exposure Prone Procedure Workers)**

**I hereby confirm that I refuse to undergo a HIV Screening**

I also accept that Sonographers Medical have informed me of the risk of working without HIV Screening.

Signature..... Date.....

Risk of contracting HIV:

Listed below are ways that you might have been exposed to HIV in the past or in the future:

- If they are male, engaging in unprotected sexual intercourse with another man;
- having unprotected intercourse in, or with a person who had been exposed in a country where transmission of HIV through sexual intercourse between men and women is common;
- sharing injecting equipment while misusing drugs;
- having a significant occupational exposure to HIV-infected material in any circumstances;
- engaging in invasive medical, surgical, dental or midwifery procedures, either as a practitioner or patient, in parts of the world where infection-control precautions may have been inadequate, or with populations with a high prevalence of HIV infection;
- engaging in unprotected sexual intercourse with someone in any of the above categories.

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**Refusal of Hep C Screening Form (For Non Exposure Prone Procedure Workers)**

**I hereby confirm that I refuse to undergo a Hep C Screening .**

I also accept that Sonographers Medical have informed me of the risk of working Hep C Screening.

Signature..... Date.....

Risk of contracting Hep C:

Listed below are ways that you might have been exposed to hepatitis C:

- receipt of unscreened blood or untreated plasma products (in the UK before September 1991 and 1986 respectively);
- sharing of injecting equipment while using drugs;
- having been occupationally exposed to the blood of patients known to be infected with Hep C, or deemed to be at high risk of infection, by sharps or other injuries (and not subsequently screened and shown to be non-infectious); receiving medical or dental treatment in countries where hepatitis C is common and infection-control precautions may be inadequate