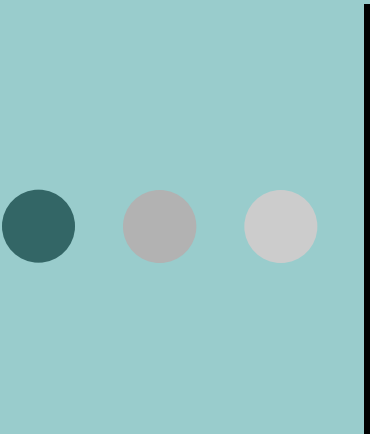




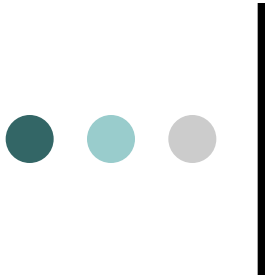
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A decorative graphic consisting of three colored circles (dark teal, grey, and light grey) and a vertical line, positioned to the left of the main title.

Non-intentional exposure to 'biologicals – Occupational Health

Dr Geraldine Martell



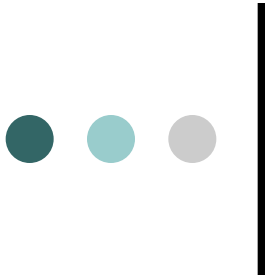
Contents

- Occupational Health
 - Who we are and what we do (and don't do)
- OH activities for biological safety
 - Before work begins
 - Post exposure



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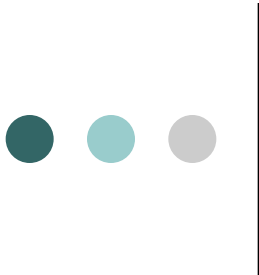
What is Occupational Health

- OH aims to promote and preserve both the physical and mental wellbeing of all staff.
- Working alongside our colleagues in the Safety Office we assist in ensuring that the work environment is safe and that a person's health is not adversely affected by their work activities.
- *'to prevent ill health and promote health amongst University staff'.*



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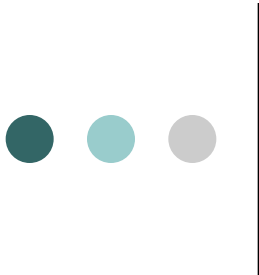
Occupational Health – Who we are?

- Doctors and nurses with post graduate qualification in occupational health / medicine
- Administrative team
- Human Resources Division
- Merged with Safety Office to become Occupational Health and Safety Service (OHSS)



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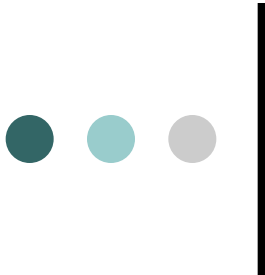
Occupational Health activities

- devise preventative strategies for identifying and controlling hazards to health arising from work
- assist in fulfilling statutory and regulatory requirements to ensure that the health of staff and others is not adversely affected by their work



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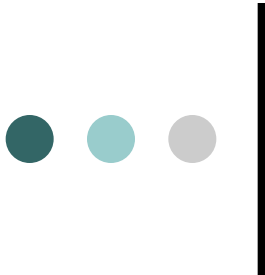
Occupational Health activities

- provide an **employment health assessment** process
- provide pro-active management of sickness absence
- ensure that **work health issues** are appropriately managed
- promote health and wellbeing at work.



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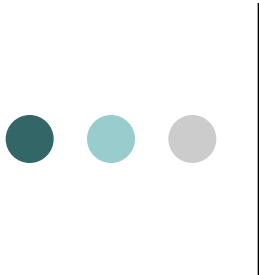
What we don't do

- Provide treatment services for general health complaints – all staff should be registered with a GP
- Undertake your risk assessments for you
- Provide emergency health care – individual should seek First Aid locally and if further urgent treatment is required attend the Emergency Department.



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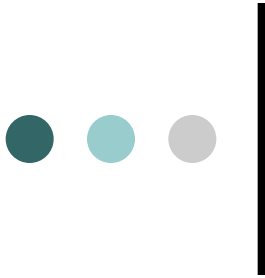
Key activities for biological safety

- Pre- placement health assessments
- Immunisation
- Specific Health Assessments –
Containment facility level 3 workers
- Post exposure management
- Advise to departments on health
factors and control measures to
manage the risks



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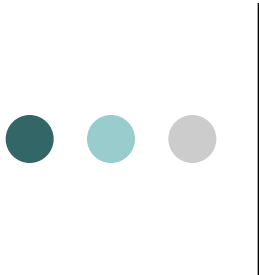
Before work begins

- Pre- placement assessments
- Vaccination
- Containment facility health assessments



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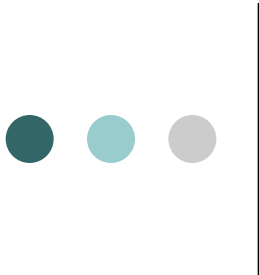
Employment Health Assessments - Rationale

- ensure that employees are medically suitable for their job
- advise the individual and management about specific support measures or changes to the job to allow successful performance
- assist in complying with the Equality Act 2010
- ensure where necessary immunisations/ health surveillance programmes start on commencement of employment.



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Employment Health Assessments – Staff Groups

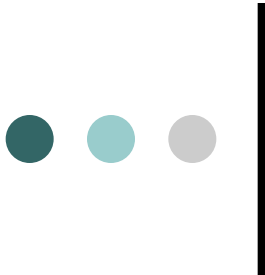
Current University policy requires the following staff groups undergo an employment health assessment:

- all assistant staff
- all academic and academic-related staff whose work activities involve exposure to certain hazardous substance groups
- all staff whose work involves adhering to specific regulatory standards



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Pre – placement health screening process

- Based on questionnaire assessment
- Highlight the requirements of the role and relevant health information
- Opportunity to identify need for immunisation/further preventative measures



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Identification of Hazard prior to commencing in post

PRE-PLACEMENT HEALTH SCREENING CONFIDENTIAL DOCUMENT

The front page to be completed by Employing Officer/Head of Department

Details of Applicant

PLEASE COMPLETE IN BLOCK CAPITALS USING BLACK INK.

Surname _____ Title: Mr/Mrs/Miss/Ms/Dr/Prof/Other

First names _____

Post _____ Grade: _____

Full /Part time Post? _____ Temporary/ Permanent / Contract Post?

Department in which he/she will work _____

Location at which he/she will work _____

Specific Area of Work _____ Name of Section (if appropriate) _____

Nature of work _____

Starting date _____ Name of Supervisor _____

Please indicate whether this person will be working with any of the following hazards

Carcinogens: R45,R49	Yes/No	Genetically Modified Organisms	Yes/No	Toxic Metals eg Beryllium, Lead, Mercury, Thallium.	Yes/No
Classified Radiation Worker	Yes/No	Non-ionising Radiation	Yes/No	Lasers Class 3B or Class 4	Yes/No
Microbiological Agents in Categories 3 & 4	Yes/No	Human Tissue, blood etc (Hepatitis B and HIV risk)	Yes/No	Harmful noise / vibration	Yes/No
Night work	Yes/No	Driver/ Fork Lift Truck driver	Yes/No	Heavy manual handling	Yes/No
Respiratory Sensitisers. Soldering flux Isocyanates Wood dust Glue/resins	Yes/No	Laboratory Animals, including insects, birds and amphibians	Yes/No	Any other significant hazard. (Please specify).	Yes/No

Signature of employing officer/ head of department _____ Date _____

Name (please print) _____ Contact tel: _____

e-mail _____



HEALTH QUESTIONNAIRE

To be completed by applicant.

PLEASE NOTE

We will be unable to process your questionnaire unless the information you give us is complete. All information about your health will be treated with the strictest confidence. Your answers to this questionnaire will help make sure that the work you are planning to do will not place your health at risk. PLEASE COMPLETE IN BLOCK CAPITALS

Surname _____ Mr/Mrs/Miss/Ms/Dr/Prof/other _____ Male/Female _____

First Names _____ Maiden Name _____

Home address _____

Tel.No. _____

E-Mail: _____ Mobile _____

Date of Birth _____ Height _____ Weight _____

Have you ever worked at the University of Cambridge before as an employee, in an honorary position, as a post-graduate student or medical or veterinary undergraduate student? Yes/ No

Please give a brief description of previous work during the last 10 years:

Your Health Details

Have you	Yes	No	Details including dates
• Had two weeks or more off sick continuously in the past 2 years?			
• Suffered a work-related health condition?			
• Had any major accidents?			
• Been admitted to hospital?			
• Attended an outpatient clinic?			
• Any disabilities affecting standing, walking, lifting, driving or use of hands?			
• Any allergies			
• Are you taking any medication, tablets, injections, skin or any other local preparation? Please include self medication and prescription medicines.			
• How many days sick have you taken in the last 2 years. On how many occasions?			

YOUR MEDICAL HISTORY

Have you ever had any of the following?

	Yes	No	Details (including dates)
Anxiety state, depression or any form of mental ill health.			
Blackouts/ epilepsy /faints /giddiness			
Heart trouble or high blood pressure			
Kidney or bladder trouble			
Frequent diarrhoea or vomiting, food poisoning, typhoid or dysentery			
Gastric or duodenal ulcer or bowel trouble			
Jaundice / glandular fever / hepatitis (any type – A, B or C)			
Rupture or varicose vein			
Back pain, sciatica, lumbago, disc trouble, arthritis			
Neck, shoulder, arm or wrist problems			
Persistent cough, bronchitis, pneumonia			
Asthma, hay fever or allergy to anything			
Persistent sore throat, ear infection, sinusitis			
Tuberculosis or contact with anyone suffering from TB in the last three years			
Ear problems or hearing impairment			
Eye trouble or vision impairment			
Diabetes, thyroid or other gland problems			
Dermatitis, eczema, psoriasis or any other skin complaint			
Blood disorders, e.g. anaemia or haemophilia.			

Social History

Do you smoke Yes /No

If yes how many cigarettes/cigars/ tobacco do you use daily?

How much alcohol do you drink in an average week?

How much exercise do you take in an average week?

Have you lived or worked abroad for more than 3 months in the last 3 years?

Do you consider yourself to be in good health?

Is there anything else you think we should be aware of in respect of your health to enable you to safely perform the job for which you have applied?

Do you have any special needs that would make it easier for you to perform the job for which you have applied?



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Immunisation declaration

FOR CLINICAL, VETERINARY AND LIFE SCIENCES FACULTIES & BIOLOGICAL SERVICES ONLY.

Have you had the following? Please give dates:

	NO	YES	DATE	RESULT
TB test (Hear, Mantoux or Tine) Give result				
BCG vaccination				
Immunisation against poliomyelitis				
Immunisation against rubella (German measles)				
Rubella antibody test. Please attach copy of result				
Immunisation against tetanus				
Chickenpox infection or blood test. Please attach copy of result				
Measles vaccination or infection				
Immunisation against hepatitis B				
Hepatitis B antibody test. Please attach copy of result				
Hepatitis B surface antigen test. Please attach copy of result				
Hepatitis C antibody test. Please attach copy of result.				
Chest X-ray within the last 3 years				

FOR ALL APPLICANTS TO COMPLETE

Any other information or comments?

Equality Act 2010 :

The University of Cambridge has a policy on Disability and Employment; which is available from the University offices, or may be viewed on the web page of the University Personnel Department at www.admin.cam.ac.uk/offices/personnel/policy/disability.html. If you have a disability, any special requirements you may have will be dealt with under the terms of the policy and in accordance with the requirements of the Disability Equality Act 2010. It is recommended that you contact the Disability Resource Centre on 32301 for advice.

PLEASE SIGN THE FOLLOWING DECLARATION:

I declare that all the foregoing statements are true and complete to the best of my knowledge and belief. I understand that no medical information will be divulged without my permission to any person outside the Occupational Health Service, but an opinion about my fitness to work will be given to Management.

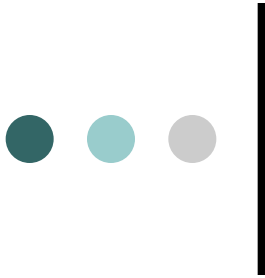
Signature of Applicant _____ Date _____

FURTHER HEALTH SCREENING MAY BE REQUIRED



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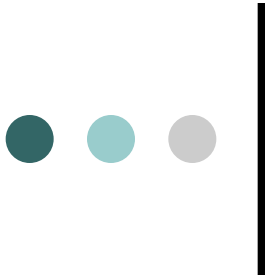
Immunisation

- Hepatitis B immunisation for workers with human tissue
- Specific immunisation dependent on work



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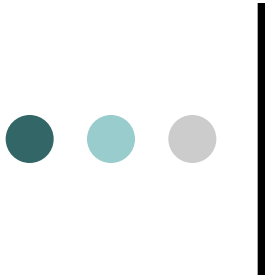
Hepatitis B

- Primary course 3 vaccines
 - Blood test to confirm immunity
 - 5 year booster
-
- Poor and Non-responders are provided additional advice.



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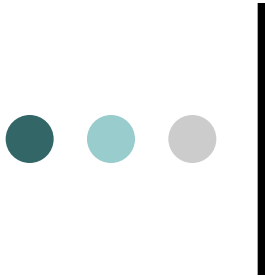
Specific Health Assessments – Containment level 3 workers

- Workers in Containment 3 facilities are required to attend occupational health for a face to face assessment
- Questionnaire
- Skin Check
- Immunisation review
- Serum Storage/Serology



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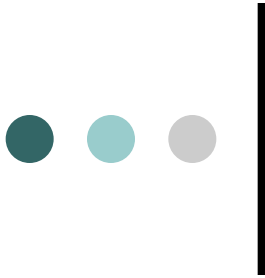
Accidental exposures

- Initial actions
- Importance of risk assessment
- Common preventative measures



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Initial Actions

- First aid

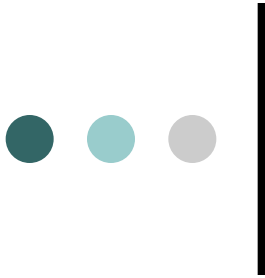
- Washing wound/irrigation
- Encouraging wound to bleed
- Assessment if further treatment is required e.g. sutures
- Covering skin lesions with waterproof dressing

- Reporting



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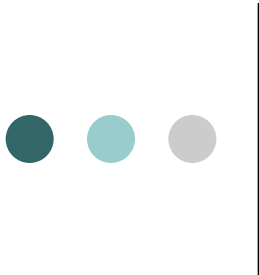
Reporting

- Report incident to local manager/administrator/departmental/biological safety officer (you!)
- Report to occupational health if it is believed there is risk of infection to injured person – short or long term



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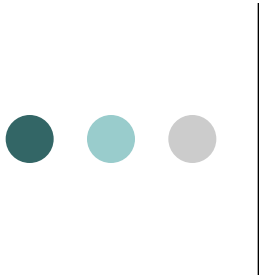
Occupational Health assessment

- Initial telephone assessment – details of exposure
- Investigate exposure and liaise with biological safety
- Review the risk
 - Assess potential infection risk –is there a known infection risk?
 - Consider injury type and potential mode of transmission
 - Seek advice from microbiology/virology if required



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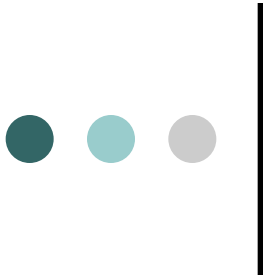
Occupational Health incident Management

- Initial telephone contact
- Face to face assessment and serum store if appropriate
- Provide hepatitis B booster/ vaccination if required
- Advise re post exposure prophylaxis and follow up
- Documentation
- Schedule follow up if required



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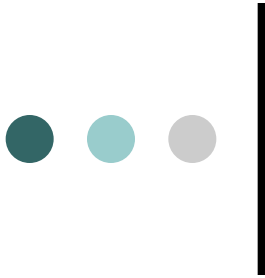
Availability of advice

- Monday to Friday - 08:30-16.30hrs
- There is no out of hours service
- Nurse advice available and onward referral



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Numbers of incidents

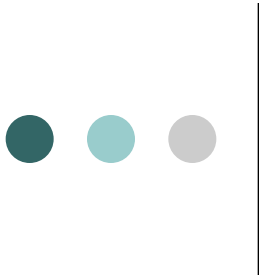
- Infrequent

- 2010 5
 - 2011 3
 - 2012 10

- Often reported late

- Typically Friday afternoon!





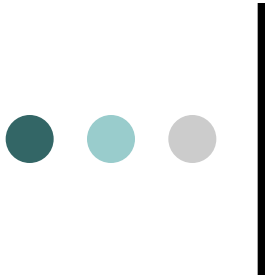
Importance of Risk Assessment

- Prior to work commencing the risks should have been considered and documented
- Essential to have information on what to do if things fail
- Ensure personal protective equipment measures are utilised and that staff are trained



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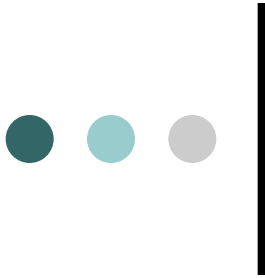
Risk Assessment – key information

- What emergency treatment is available in case of contamination or exposure?
 - Exposure/Contamination - special procedures MUST be detailed e.g. post exposure prophylaxis. OH will ask for this information if an accidental exposure occurs



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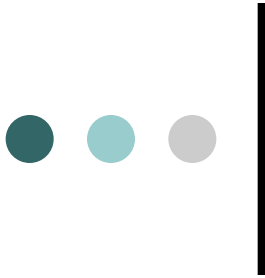
Common findings

- Failure of personal protective equipment
- When incidents arise we often identify that PPE was not being utilised, particularly eye protection



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Summary

- Inform OH if workers are involved in specific hazard work
 - Containment facility
 - Work with human tissue
- Prevention is key – robust risk assessment considering all controls
- Ensure workers are aware where they need to report in the event of an exposure
- If an exposure occurs seek help/advice early

