

Health and Safety Policy and Guidance for Staff Working During Night Time Hours

V2.0

January 2016

Summary

Purpose of the document:

The purpose of this policy is to provide an outline of the requirements of the health, safety and well-being of staff undertaking work during night time hours.

To provide information and guidance in relation to supporting staff undertaking night time working.

Posts with specific responsibilities identified:

Chief Executive Officer

Divisional General Managers (DGMs) and Divisional Directors (DDs)

Managers

Individual Staff

The Occupational Health (OH) Team

Health and Safety Committee

Key points in the document

Health Risks of Night Working

Night Work Risk Assessment

Young People

Night Workers Health Assessment

Medical Practitioners Report

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1. Introduction

1.1. The Royal Cornwall Hospital NHS Trust manages its responsibilities contained in Health and Safety legislation including The Working Time (Amendment) Regulations 2003 and will strive to ensure so far as is reasonably practical the health, safety and welfare of staff who are involved in night time working.

2. Purpose of this Policy/Procedure

2.1. The purpose of this policy is to provide an outline of the requirements of the health, safety and well-being of staff undertaking work during night time hours.

2.2. To provide information and guidance in relation to supporting staff undertaking night time working.

3. Scope

3.1. This policy is applicable to all Trust staff this policy will apply to all staff who undertake work during the night

4. Definitions/Glossary

For the purposes of this document the following definitions shall apply:

The Trust The Royal Cornwall Hospitals NHS Trust.

Night Time Working Hours

Any period of work of three or more hours carried out between 23:00-06:00 on any day (including weekends).

Night Shift A night worker's normal hours of work in any reference period (rolling 17 weeks) which is applicable in this case shall not exceed an average of eight hours for each 24 hours.

OH Occupational Health Department

Young Person Any person over the age of 15 but under the age of 18 years

Risk Assessment The process used to identify the level of risks associated with an area or activity being undertaken for or on behalf of the Trust.

Hazard Any process, activity or physical aspect, with the potential to cause harm or injury.

Harm Including injury to persons (staff, patients, visitors, contractors etc.) and damage to the finances or reputation of the Trust.

Risk The likelihood of the harm posed by the hazard being realised.

Control Measure The steps taken to minimise the risks associated with the area, activity or process being undertaken.

Datix The Trusts' electronic incident and risk assessment tool accessed via the trust intranet site at (log in required to complete risk assessments).

Risk Register Details of risks with the potential to affect one or more areas of the Trust or have a significant impact on Trust activities.

Trust Sites -	All premises under the control of the Trust, including, but not restricted to the Royal Cornwall Hospital, Truro; St Michaels Hospital and West Cornwall Hospital.
Staff	All persons who are employed by the Trust whether on permanent or temporary contracts (Written or implied), paid or unpaid, and shall include persons employed through recruitment and employment agency providers to assist the Trust in the delivery of services, but excluding contractors and third parties undertaking works for or on behalf of the Trust.

Unless otherwise stated any reference within this document, including any appendices, to the masculine shall include the feminine and the singular the plural and *vice-versa*.

5. Ownership and Responsibilities

5.1. Chief Executive Officer

5.1.1. The Chief Executive Officer has overall responsibility for ensuring the Trust compliance under the mandatory regulations in relation to Health and Safety.

5.1.2. The Chief Executive Officer will ensure suitable and sufficient resources are made available to ensure the effective implementation of this policy.

5.2. Divisional General Managers (DGMs) and Divisional Directors (DDs)

5.2.1. All DGMs and DDs shall ensure that the requirements of this policy are implemented throughout their management structures.

5.2.2. DGMs will ensure that records of night working for each individual are maintained for a period of not less than two years, from the last episode of night work in any period.

5.2.3. DGMs will ensure that suitable and sufficient risk assessments for night time working are recorded within the Datix model and that these risks are reviewed on a regular basis in accordance with the Trust's Risk Management Strategy and policy documents.

5.3. Managers

5.3.1. Managers will ensure that all night time work activities are fully risk assessed in accordance with the Trust's strategy and that risk assessments are recorded, reviewed and updated as appropriate.

5.3.2. Managers will ensure that all staff who are required to work night time hours are provided with the opportunity to attend the Occupational Health (OH) Department for a Night Time Workers Risk Assessment on a regular basis.

5.4. Role of Individual Staff

5.4.1. All staff are required to abide by the requirements of this document and should participate fully in the risk assessment process and night time working assessments with the OH team.

5.4.2. All staff are required to ensure that any health related problems or issues that are perceived to be related to night time working are immediately reported to the line manager and documented via the Datix system. Staff will ensure that they participate fully in any occupational health or any other reviews in relation to night time working.

5.5. The Occupational Health (OH) Team

5.5.1. The Occupational Health Team shall provide staff with night time workers assessments either via management referrals or self-referrals from the individual with concerns about the impact of working nights on their health, safety or well-being.

5.5.2. The findings of the individual assessment will remain confidential between the OH team and the referrer, however the OH team will include in their quarterly reports to the Health and Safety Committee the number of night time assessments undertaken during the reporting period and any significant key findings highlighted in relation to night work assessments. Reports should also include some indication of the number of assessments undertaken per division and or geographical location within the organisation.

5.5.3. The OH department will provide staff with advice on the appropriate control measures to minimise personal health risk and ensure that significant concerns are reported immediately to the Health and Safety Manager.

5.5.4. To ensure that suitable and sufficient records are maintained in compliance with the OH requirements.

5.6. Health and Safety Committee

5.6.1. The Health and Safety Committee will monitor the implementation of this policy through reports received from the divisional representatives and from the OH team.

6. Standards and Practice

6.1. Health Risks of Night Working

6.1.1. While workplace hazards are unlikely to change with night work, risks arising from them might be greater at night, particularly where individuals are suffering from, or susceptible to, certain medical conditions. It is likely that only a very few workers will be permanently unfit to work at night.

6.1.2. There are few, if any, health factors that absolutely rule out night work in every case. However, a number of medical conditions may, in some cases, be made worse by night work, for example:

- Diabetes, particularly where treatment with insulin injections on a strict timetable is required
- Some heart and circulatory disorders, particularly where factors such as physical stamina are affected
- Stomach or intestinal disorders where timings of a meal is particularly important
- Medical conditions affecting sleep or contributing to severe fatigue.

- Some chronic chest disorders where night-time symptoms may be particularly troublesome
- Medical conditions requiring medication on a strict timetable

NB. This list is not exhaustive. The effect of conditions such as these on fitness for night work will often be only temporary.

6.2. Night Work Risk Assessment

6.2.1. Work related hazards are unlikely to change during night periods; however risks arising from carrying out activities during the night may be increased.

6.2.2. Managers will ensure that a suitable and sufficient risk assessment (Appendix 4) is undertaken and reviewed, at least annually, for all night working activities.

6.2.3. The risk assessment must consider:

6.2.3.1. Mental and physical demands of the work activity.

6.2.3.2. Special conditions relating to individuals (including but not restricted to age, health, pregnancy/nursing or those taking time dependant medication).

6.2.3.3. Temporary workers.

6.2.3.4. Staff who move to an "on call" role following a day shift.

6.2.3.5. Consequences of errors occurring due to fatigue.

6.2.3.6. Lone working and reduced staffing levels.

6.2.3.7. The impact upon patients, visitors and other non-staff.

6.2.4. Risk Assessments should be held within the Datix system and used to compile the Risk Registers. Datix risk entries will be supplemented with additional information and evidence detailing the controls and actions taken. Complex entries will also include the breakdown of assessments using the Trust Risk Assessment Templates.

6.3. Young People

6.3.1. No young person shall undertake work on any day between the hours of 22:00 hrs and 06:00 hrs.

6.4. Night Workers Health Assessment

6.4.1. Every person undertaking or being transferred to night working will be provided with the opportunity for a night workers health assessment appointment with the Occupational Health Department.

6.4.2. The Occupational Health Night Work Assessment form can be found at Appendix 3 of this document.

6.4.3. The assessment shall be provided free of charge and without detriment to the staff member.

6.4.4. The report arising from the assessment shall remain confidential with the OH Department except when

6.4.4.1. The individual has agreed that the document can be disclosed;
or,

6.4.4.2. The statement indicates that the individual is fit for night work

6.4.5. Occupational Health shall provide an appointment for a requested health assessment prior to the individual commencing their first night work period and at regular intervals.

6.5. Medical Practitioners Report

6.5.1. A registered medical practitioner (i.e. GP, OH Consultant, etc.) may advise the Trust that the individual is not fit for night work.

6.5.2. Where a medical practitioner has reported that an individual is not fit for night work alternative employment will be provided, so far as is reasonably possible, without detriment to the individual and details of the report provided to the Occupational Health Team.

7. Dissemination and Implementation

7.1. This document will be stored in the Trust online Document Library with free access to all staff and the general public.

7.2. The document will be distributed throughout the organisation the Health and Safety Committee with an all user message included within the “One and All” email daily newsletter within 2 working days of publication.

8. Monitoring compliance and effectiveness

8.1. The Director of Human Resources is responsible for the implementation of this policy.

8.2. Trust Health and Safety Committee will monitor the delivery of the implementation plan that supports the introduction of Policy.

8.3. Copies of this policy will be made available via the Trusts Intranet. Copies of the Policy will be provided to Staff on request.

Element to be monitored	i. Completion and management of Night Working Risk Assessments ii. Incidents of ill health made worse by night working
Lead	i. Divisional Management Board ii. Occupational Health
Tool	i. Existing reporting structure for Health and Safety Committee
Frequency	i. In accordance with the Health and Safety Committee Terms of Reference
Reporting arrangements	Health and Safety Committee, reporting to Governance Committee
Acting on recommendations and Lead(s)	Health and Safety Committee will request action from Divisional Representatives; and escalate to Governance Committee as required.
Change in practice and lessons to be	The document will be distributed via the Health and Safety Committee with request that it is raised at divisional board, governance and/or local meetings.

shared	The document will be stored on the document library for free access
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9. Updating and Review

9.1. This document will be subject to a full review not later than the review date shown in the Meta Data below.

9.2. This policy has been agreed by Trust management and the staff and management side of the Health and Safety committee.

9.3. This policy will be reviewed every 2 years or earlier in view of developments which may include legislative changes, national policy instruction (NHS or Department of Health) or Trust Board decision. This will be carried out by the Health and Safety Committee assisted by the Trust Health and Safety Advisors.

9.4. Revisions can be made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the document will be subject to consultation with the Health and Safety Committee.

9.5. Where the revisions are minor, e.g. amended job titles or changes in the organisational structure, approval can be sought from the Chair or Vice Chair of the Health and Safety Committee, and can be re-published accordingly without having gone through the full consultation and ratification process.

9.6. Any revision activity is to be recorded in the Version Control Table as part of the document control process.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Diversity & Human Rights Policy' or the Equality and Diversity website.

10.2. Equality Impact Assessment

10.3. The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	Health and Safety Policy and Guidance for Staff Working During Night Time Hours			
Date Issued/Approved:	January 2016			
Date Valid From:	25 th January 2016			
Date Valid To:	1 st January 2018			
Directorate / Department responsible (author/owner):	J Robin Gatenby, Health & Safety Manager Safety Fire & Security Management Team			
Contact details:	01872 25 2266			
Brief summary of contents	Outline the Trust health and safety arrangements for the management of safe working during night time hours			
Suggested Keywords:	Night work, night shift, working time, shift work, young people,			
Target Audience	RCHT	PCH	CFT	KCCG
	✓			
Executive Director responsible for Policy:	Chief Operating Officer			
Date revised:	January 2016			
This document replaces (exact title of previous version):	Health and Safety Policy and Guidance for Staff Working During Night Time Hours			
Approval route (names of committees)/consultation:	Health and Safety Committee Trust Management Committee			
Divisional Manager confirming approval processes	Director of Estates			
Name and Post Title of additional signatories	Not Required			
Signature of Executive Director giving approval	{Original Copy Signed}			
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only	
Document Library Folder/Sub Folder	Chief Operating Officer/Health and Safety			
Links to key external standards (including but not restricted to):	Health and Safety at Work etc. Act 1974 Working Time Regulations 1996 Working Time Regulations Policy (currently under consultation)			

Related Documents:	Including but not restricted to: Health & Safety Policy Risk Management Policy
Training Need Identified?	No

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
27 November 2013	V1.0	New Document	J. Robin Gatenby Health and Safety Manager
27 Nov 2015	V2.0	Minor corrections to add clarity, correcting of Appendices, addition of Risk assessment	Paul Freeman – Health & Safety Auditor

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment Screening Form

Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as <i>policy</i>) (Provide brief description): Health and Safety Policy and Guidance for Staff Working During Night Time Hours	
Directorate and service area: Safety, Fire & Security Management	Is this a new or existing Policy? New
Name of individual completing assessment: J Robin Gatenby	Telephone: 01872 25 2266
1. Policy Aim* Who is the strategy / policy / proposal / service function aimed at?	To outline the Trust arrangements in order to ensure the occupational health and safety of all staff working during night time hours
2. Policy Objectives*	Establish a uniform approach toward the management, safety and occupational health of all staff working during night time hours
3. Policy – intended Outcomes*	Ensure a safe environment for all staff, patients, visitors and contractors in relation to staff working during night time hours.
4. *How will you measure the outcome?	Through completion of Night Worker Risk Assessments undertaken by wards and departments.
5. Who is intended to benefit from the policy?	All Trust stakeholders
6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?	Yes
b) If yes, have these *groups been consulted?	Yes
C). Please list any groups who have been consulted about this procedure.	Health and Safety Committee Trust Management Committee

7. The Impact			
Please complete the following table.			
Are there concerns that the policy could have differential impact on:			
Equality Strands:	Yes	No	Rationale for Assessment / Existing Evidence
Age		X	

Sex (male, female, trans-gender / gender reassignment)		X	
Race / Ethnic communities /groups		X	
Disability - learning disability, physical disability, sensory impairment and mental health problems		X	
Religion / other beliefs		X	
Marriage and civil partnership		X	
Pregnancy and maternity	X		Ensure the safety and wellbeing of staff working during night time hours
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		X	
<p>You will need to continue to a full Equality Impact Assessment if the following have been highlighted:</p> <ul style="list-style-type: none"> • You have ticked “Yes” in any column above and • No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. or • Major service redesign or development 			
8. Please indicate if a full equality analysis is recommended.		Yes	No X
9. If you are not recommending a Full Impact assessment please explain why.			
Signature of policy developer / lead manager / director		Date of completion and submission 30 November 2013	
Names and signatures of members carrying out the Screening Assessment	1. 2.		

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead,
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa,
Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed _____

Date _____

Appendix 3. Night Workers Questionnaire



Cornwall & Isles of Scilly Occupational Health Service

'Promoting the Health and Well-Being of the Cornish Health Community'

In accordance with Regulation 7 of the Working Time Regulations 1998, individuals working between 11pm and 6am are considered night workers and as such are entitled to a regular free health assessment in order to assess fitness to undertake night work.

Please complete the following questionnaire. Depending on the information given it may be necessary for you to have a further medical assessment or examination. The contents of the questionnaire or any subsequent discussion will be confidential to the Cornwall & Isles of Scilly Occupational Health Service. A simple statement of fitness for night work will be issued to your manager on completion of the assessment.

SURNAME:	
FIRST NAME(S):	
DATE OF BIRTH:	
HOME ADDRESS:	
TELEPHONE NUMBER:	
JOB TITLE:	
DEPARTMENT/CLOCK NUMBER	
ORGANISATION:	
DEPARTMENT/CLOCK NUMBER:	
SHIFT PATTERN:	

Would you say that for someone your own age your health is in general: <i>(Please tick)</i>	Very Good	Good	Fair	Poor	Very Poor
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Do you suffer from any of the following health conditions? *(Please circle)*.

Diabetes	YES / NO
Epilepsy	YES / NO
Heart disease, angina, high blood pressure	YES / NO
Depression, anxiety, mental health problem	YES / NO
Asthma, bronchitis or other chest disease	YES / NO
Stomach or bowel condition (e.g. ulcer, irritable bowel syndrome)	YES / NO
Chronic Fatigue Syndrome, ME	YES / NO
Alcohol or drug abuse problem	YES / NO
Any condition which causes difficulties sleeping	YES / NO
Chronic chest disorders, especially if night-time symptoms are troublesome	YES / NO
Any other health factors that might affect fitness at work	YES / NO
If 'Yes' to any of the above please give details (use a separate sheet if necessary)	

Are you currently taking any medication? Please give details:	YES / NO
How long have you worked on night shifts in any employment? Have you ever suffered any ill health effects/problems as a result? Please give details: YES / NO
Is your sleep affected during a period of night shift work? Please give details:	YES / NO
Do you use medication/alcohol to help you sleep during the daytime when working at night? If 'Yes', please state what you use and how often:	YES / NO

Declaration

- The information I have given is true to the best of my knowledge.
- I understand that my manager will be provided with a statement of my fitness to undertake night work.

Signed Date:

FOR OCCUPATIONAL HEALTH USE ONLY:

Fit 1 - Fit for night work

Fit 2 - Fit for night work with the following restrictions -

.....

Fit 3 - Not fit for night work because -

Signed: Date:

Name: Designation:

Appendix 4. Risk Assessment – Night Working

Risk Assessment – Night Working

Full Name:	Click here to enter text.	Date of Birth:	Click here to enter a
Ward/Dept:	Click here to enter text.	Gender:	Choose an item.
Job Title:	Click here to enter text.	Line Manager:	Click here to enter text.

The purpose of this questionnaire is to ensure that you are suited to working at night.
The information you provide will be treated as confidential

Type of Work and Duration of work at night time (23:00hrs – 06:00hrs)			
Click here to enter text.			
Work Pattern			
Full Time Night Work <input type="checkbox"/>	Rotating Shifts (Day/Night) <input type="checkbox"/>	One Off Night Shift <input type="checkbox"/>	On Call Nights <input type="checkbox"/>
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Do you have, or have you ever suffered from, or consulted your Doctor or a Specialist for any of the following conditions:

Conditions	Yes	No	Details
Fits, epilepsy, giddy turns, blackouts or fainting?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Recurring headaches or migraines?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Significant musculoskeletal conditions affecting the neck, back or joints?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Chest or respiratory problems, e.g. asthma or bronchitis?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Recurrent indigestion, gastric or duodenal ulcers?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Recurrent diarrhoea or any chronic bowel disease?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Liver problems, e.g. jaundice?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Kidney, bladder or urinary problems?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Heart, circulation, blood disorders, blood vessel problems or high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Gynaecological or menstrual problems?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
If yes, is it controlled by:	a) diet	<input type="checkbox"/>	Click here to enter text.
	b) tablets	<input type="checkbox"/>	
	c) insulin	<input type="checkbox"/>	
If yes, do you have low blood sugar episodes?	during the day	<input type="checkbox"/>	Click here to enter text.
	during the shift work	<input type="checkbox"/>	
	whilst sleeping	<input type="checkbox"/>	
Skin complaints, e.g. eczema or dermatitis?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Stress/anxiety/depression or any other similar condition?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Do you regularly have difficulty sleeping?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Do you have any health problems that may affect your ability to work at night?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Have you been absent from work for any medical reason for more than 5 days in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Are you currently taking any medication?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
If so does any medication need to be taken to a strict timetable?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Do you drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, what is your average weekly unit intake?	<input type="checkbox"/>	<input type="checkbox"/>	
		Units	NB : half pint of beer, 1 short or 1 small glass of wine = 1 unit
Other Information/Comments/Concerns: Click here to enter text.			

I **would like/not require**. A confidential consultation with an Occupational Health Advisor.

Employee signature:		Click here to enter text.	Date:	Click here to enter a date.
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Place this form in a sealed envelope, to the Occupational Health department marking it private and confidential

For OHU use only:

Height: <i>Click here to enter text.</i>	Weight: <i>Click here to enter text.</i>	BP: <i>Click here to enter text.</i>
BMI: <i>Click here to enter text.</i>	Pulse: <i>Click here to enter text.</i>	Urinalysis: <i>Click here to enter text.</i>

Comments: <i>Click here to enter text.</i>

Assessment: <i>(please circle outcome)</i>		
Fit for specified work <input type="checkbox"/>	Fit with restrictions <input type="checkbox"/>	Referred for medical opinion <input type="checkbox"/>
<i>Click here to enter text.</i>		

OH signature: _____

Date: *Click here to enter a date.*

This data is entirely confidential to the Safety, Fire & Security Management Office and Occupational Health Services and will not be revealed to anyone else, either inside or outside the Trust unless with your consent. However, generalised advice on your fitness to work, if appropriate, may be given to your manager.

Employee signature: _____

Date: *Click here to enter a date.*

Please forward copies of this assessment to the Safety, Fire & Security Management Office and Occupational Health Services, where you may also seek further advice, if necessary.