

DURHAM CONSTABULARY



Altogether Better Policing

Health Surveillance (Eyesight, Audio and Blood Borne Virus) Policy

Application	Police Officers, Police Staff and Special Constables
Policy Owner	Human Resources
Version	4
Date of PUG approval	01.08.14
Last Review Date	31.10.17
Next Review Date	31.10.20
Protective Marking	Not Protectively Marked
Publication Scheme Y/N	Yes
Durham Constabulary Freedom of Information Act Publication Scheme	



1.0 HEALTH SURVEILLANCE (EYESIGHT, AUDIO AND BLOOD BORNE VIRUS) POLICY

2.0 PURPOSE AND SCOPE

- 2.1 To ensure that Police Officers, Police Staff and Special Constables are provided with such health surveillance as is appropriate having regard to any risks identified.
- 2.2 To assist the Constabulary detect any early damage to hearing as a result of exposure to noise in the workplace and to enable the Occupational Health Nurse to monitor an individuals hearing and if appropriate refer them to their General Practitioner for further investigation.
- 2.4 To outline the circumstances under which the Constabulary will make a contribution towards the cost of spectacles for use within the workplace.
- 2.5 To reduce the risk (as far as is reasonably practicable) of blood-borne virus (BBV) transmission to staff by promoting:
- i. Universal precautions
 - ii. Procedures for dealing with blood/body fluid exposures and
 - iii. Immunisation programme
- 2.6 Staff at risk of exposure to human blood and bodily fluids will receive information and instruction regarding the prevention of BBV transmission and appropriate advice.

3.0 THE LEGAL BASIS AND LEGITIMATE AIMS

- 3.1 Durham Constabulary is required to comply with the requirements of the
- The Health and Safety At Work Act 1974
 - The Health & Safety (Display Screen Regulations) 1992
 - The Health and Safety (Miscellaneous Amendments) Regulations 2002
 - The Control of Noise at Work Regulations 2005
 - The Management of Health and Safety at Work Regulations 2006.
 - The Equality Act 2010
- 3.2 Throughout the operation of this policy Durham Constabulary will seek to take the least intrusive action which fits within the working policy criteria and will act fairly and proportionally to achieve the proposed purpose
- 3.3 Durham Constabulary will operate within the policing principles as defined by the

College of Policing Code of Ethics and in support of this our policies will seek to promote Accountability, Fairness, Honesty, Integrity, Leadership, Objectivity, Openness, Respect and Selflessness.

4.0 POLICY STATEMENT

- 4.1. Durham Constabulary shall make a suitable and sufficient assessment of the health and safety risks that Police Officers, Police Staff and Special Constables may be exposed to whilst at work.
- 4.2 The result of all health surveillance screening and test results will be retained in accordance with the Occupational Health Medical Records and Personal Records Policy
- 4.3 The Force recognises the contribution of its entire staff and is committed to creating a fully inclusive working environment. This will be achieved by making reasonable adjustments where appropriate, valuing the differences that a diverse workforce can bring and challenging unlawful and unfair discrimination, bullying, harassment, victimisation and other unfair treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, ethnicity, religion or belief, gender and sexual orientation.
- 4.4 In order to prevent appointments being wasted and to improve the quality of service provided to both individuals and the organisation, the cost of missed appointments will be reclaimed from individuals unless this is due to unavoidable operational requirements. If the appointment is not convenient for any reason, the individual must at least 48 hours beforehand advise the Health Management Unit, who will arrange an alternative appointment.

5.0 EYESIGHT

5.1 Pre-Employment Screening

- 5.1.1 Police Officer and Special Constabulary recruits and Police Officer transferees are required to have an eyesight test carried out by an optometrist prior to attending their pre-employment medical.
- 5.1.2 Police Staff who are to be appointed to the following roles will have their eyesight tested as part of their pre-employment medical, by the Occupational Health Nurse using a Keystone Vision Screener:-
 - Police Community Support Officers (P.C.S.O.'s)
 - Communications Staff
 - Kennel Hands
 - Fingerprint Bureau Staff

- Radio Workshops Technicians
- Crime Scene Investigators

- 5.1.3 Candidates for Police Officer and Police Staff roles are not entitled to claim any reimbursement for the cost of any eyesight test or for any spectacles required to enable them to take up any position with the organisation.
- 5.1.4 Candidates for the Special Constabulary are entitled to claim a reimbursement for the cost of their pre-employment eyesight test up to a maximum of £30 per test.

5.2 Mandatory Health Surveillance Screening

- 5.2.1 In accordance with the College of Policing Authorised Firearms Officers and Specially Trained Taser Officers Medical Standards
- i. Authorised Firearms Officers and Instructors will have their eyesight tested as part of their annual mandatory health screening, by the Occupational Health Nurse using a Keystone Vision Screener
 - ii. Authorised Taser Officers will have their eyesight tested every two years to the same standard as the Authorised Firearms Officers and these tests will be undertaken by the Taser Instructors.
- 5.2.2 Should the Authorised Firearms Officers/Instructors and Authorised Taser Officers fail their eyesight test, the Occupational Health Nurse/Taser Instructor will refer the individual to an optometrist for an appropriate eyesight test. Following the eyesight test the individual must provide appropriate documentation, to the Occupational Health Nurse/Taser Instructor, from the optometrist that their eyesight meets the Armed Firearms Officer/Taser eyesight medical standards.
- 5.2.4 The Authorised Firearms Officers/Instructors and Authorised Taser Officers are required to update the Occupational Health Nurse/Taser Instructor if their vision changes in between screenings.

5.3 Display Screen Equipment (D.S.E.) Users Vision Screening

- 5.3.1 In line with the Health & Safety (Miscellaneous Amendments) Regulations 2002, with regards to Display Screen Equipment users, Durham Constabulary will enable all Police Officers or Staff to attend an optometrist for an appropriate eyesight test.

For further information in relation to time off arrangements for appointments please refer to the Attendance Management Policy.

5.3.3 Police Officers and Staff are entitled to claim reimbursement for

- i. the actual cost of the eyesight test up to a maximum of £30, irrespective of whether or not they require spectacles for DSE use and
- ii. a contribution of £39.00 towards the cost of the spectacles, provided that they are required for D.S.E. use.

5.3.4 Police Officers and Staff can request eyesight tests at regular intervals in line with their optometrist's recommendations.

5.4 Police Officers

5.4.1 Police Officers are eligible to apply for an allowance towards the cost of duty spectacles every 2 years. The Constabulary will pay the officer

- i. £70.00 for single vision spectacles or contact lens or
- ii. £89.00 for bi-focal or vari-focal spectacles

towards the cost of one pair of prescribed spectacles or contact lens provided that they are of a Home Office approved pattern on a bi-yearly basis

5.4.2 The only exception to this is for officers posted to the Air Support Unit who are required to carry two pairs of spectacles whilst on duty and are therefore eligible to claim for each pair as outlined at i) or ii) above.

5.4.3 Police Officers can also claim for a reimbursement for the cost of the eyesight test, if:- they have been referred by the Occupational Health Nurse, Taser or Driving School Instructor (and in the opinion of the optometrist) the officer does not require spectacles. Once the eyesight test is completed the individual must advise the Driving School, Taser Instructor or Health Management Unit on the outcome of the test.

5.5 Police Staff

5.5.1 Police Staff appointed to the roles of Police Community Support Officer (P.C.S.O.) and Detention Officer are permitted, on the grounds of health and safety, to claim

- i. £70.00 for single vision spectacles or contact lens or
- ii. £89.00 for bi-focal or vari-focal spectacles

every 2 years towards the cost of duty spectacles of the pattern recommended by the Association of Ophthalmic Practitioners, i.e. that the spectacles consist of a good quality frame fitted with plastic type impact resistant material.

5.6 Claims Administration

- 5.6.1 Police Officers, Police Community Support Officer (P.C.S.O.) and Detention Officer should contact HQ Finance for an application pack for their bi-yearly eyesight test.
- 5.6.2 Police Officers and Staff should down load the D.S.E. eyesight application pack from the force intranet.
- 5.6.3. Individuals referred for an eyesight test either by the Driving School, Taser Instructor or Occupational Health Nurse will be issued with an Optician's referral letter.
- 5.6.4 Applications for reimbursement should be submitted to HQ Finance (via supervision) along with a Finance 8 'Account of Expenses Incurred' form, referral and optician's letter and receipt for payment.

6.0 AUDIO

6.1 Pre-Employment Screening

- 6.1.1 The Occupational Health Nurse will carry out pre-employment audiometry screening for individuals who have applied for the following positions:-
 - a. Police Officer Recruits and Transferees
 - b. Special Constables
 - c. Police Community Support Officers (P.C.S.O.'s)
 - d. Communications Staff
 - e. Printing Room Employees
 - f. Dog Handlers and Kennel Hands
 - g. Vehicle Fleet Employees
 - h. Radio Workshop Technicians
 - i. Authorised Firearms Officers and Instructors
 - j. Motorcyclists
 - k. Police Air Observers
 - l. Surveillance Officers

6.1.2 The recruitment selection processes should be carried out prior to any request being made for a pre-employment/placement audiometry screening. If the audiometry test indicates that the individuals hearing level falls into the “**warning**” category 2 (mild hearing loss) or 3 (poor hearing) (as categorised by the Health & Safety Executive Guidance Document as part of the Control of Noise at Work Regulations 2005) then the Occupational Health Nurse will repeat the test after an appropriate period of time to reassessed the individual’s suitability for that role.

6.1.3 The results of the pre-employment/placement screening along with any follow up actions will be communicated to Head of HR.

6.2 **Health Surveillance Screening**

6.2.1 The Occupational Health Nurse will carry out routine audiometry health surveillance screening for all Police Officers and Staff as outlined below:

6.2.2

- Annually for Authorised Firearms Officers, Dog Handlers, Kennel Hands, Motorcyclists, Police Air Observers and Print Room Staff
- Bi-annually for Communications Staff, Radio Workshop Technicians and Surveillance Officers

6.2.3 Individuals are required to update the Occupational Health Nurse if their hearing changes in between screenings.

6.2.4 In addition any Police Officer or Staff who feel that their hearing has deteriorated or feel that they have been exposed to a medium to high level of noise may request an audiometry test to assess their level of hearing.

6.2.5 If the audiometry testing results show:-

A level which falls into the “**warning**” category 2 (mild hearing loss) then

- a. Appropriate advice regarding hearing protection will be given.
- b. An appointment will be made for a repeat audiometry test at an appropriate interval and should the second audiometry test result show the same as the first, an audiometry test will be performed every six months / annually for a period of three years if the result remains stable then the frequency of the test would revert back to annual or bi-annual as appropriate..

A level which falls into the **“referral”** category 3 (poor hearing) then

- a. The Occupational Health Nurse will recommend that supervision undertake an operational risk assessment.
- b. The individual will be provided with the audiometric test results to enable them to discuss their hearing with their GP.
- c. The OH Nurse will arrange a follow-up appointment at an appropriate time with regards to GP/specialist intervention and advise HR/management appropriately with regards to any restrictions/reasonable adjustments.

6.2.6 The “warning” and “referral” levels are based on the Health and Safety Executive Categorisation Scheme and the Classification of audiograms into warning and referral levels

7.0 BLOOD BORNE VIRUSES

7.1 Blood Borne Viruses and Routes of Transmission

7.1 Blood-borne viruses (BBVs) such as Hepatitis B (HBV), Hepatitis C (HCV) and Human Immunodeficiency Virus (HIV) are viruses that are carried in the blood and body fluids of an infected person. They have the potential of causing severe disease and even death in certain people and few or no symptoms in others.

7.1.2 The main BBVs of concern are:

- i. Hepatitis B and Hepatitis C.
These viruses cause inflammation of the liver which can progress to cirrhosis and liver cancer.
- ii. Human Immunodeficiency Virus (HIV).
HIV is a virus that damages the body’s immune system preventing it from fighting infections. This may develop into Acquired Immune Deficiency Syndrome (AIDS). AIDS is a clinical syndrome characterised by progressive damage to the body’s immune system and the development of opportunistic infection and tumours.

7.1.3 Blood-borne viruses (BBVs) may be passed from one person to another in a number of ways:

- i. Unprotected sex
- ii. Sharing needles and injecting equipment
- iii. Mother to baby
- iv. Sharps injury e.g. used needle, razor
- v. Blood or body fluid contact onto broken skin
- vi. Blood or body fluid contact onto mucous membranes e.g. eyes, nose mouth

7.2 Who is At Risk?

7.2.1 The Force has identified that the individuals who undertake the following roles are likely to be at risk of exposure to BBVs

- i. All Police Officers
- ii. All Special Constables
- iii. Police Community Support Officers.
- iv. Crime Scene Investigators
- v. Custody Suite Staff
- vi. Property Clerks
- vii. Driver Maintenance Officers
- viii. Front Counter Staff
- ix. HQ Drugs Administrator
- x. Field Intelligence Officers

7.2.2 All Police Officers, Special Constables and Police Staff identified as at risk will be provided with BBV advice before their appointment by the Occupational Health Nurse or during their induction, and at any time during their employment or upon request.

7.2.3 Information is also be available to all staff via the force intranet.

7.3 Protection against Blood Borne Viruses

7.3.1 Universal Precautions

7.3.1.1 Employers have a legal responsibility under Health and Safety Legislation to ensure that their staff, visitors and contractors are aware of the risks of exposure to BBV's and the measures to be followed to reduce or negate any risks.

7.3.1.2 Where there is a risk of exposure to BBVs, the following measures to prevent or control risks apply, thereby ensuring a safe system of work.

- i. All cuts/wounds to be covered with a waterproof dressing when on duty

- ii. Wear disposable gloves when dealing with any incident involving blood or body fluids
- iii. Wear uniform leather gloves for searching vehicles/property
- iv. Wear disposable gloves under leather gloves when searching vehicles/property if heavy bleeding/spillage has occurred
- v. Following glove removal always wash hands with soap and water
- vi. Wash off blood which is splashed onto skin with soap and water as soon as possible – but do not scrub
- vii. Contaminated items should be disposed of as outlined below
- viii. Eating, drinking, smoking, vaping and the application of cosmetics must not take place where there is a risk of contamination

7.3.2 Disposal of Contaminated Material

7.3.2.1 The following processes should be followed

- i. All contaminated sharps (e.g. needles) must be disposed of in yellow sharps bins
- ii. Sharps bins must not be filled more than 2/3 full
- iii. All contaminated material (e.g. dressings, heavily soiled clothing) must be disposed of in a yellow clinical waste bag

7.3.2.2 Sharps bins and clinical waste are subject to specific collection and incineration arrangements as outlined in force Health and Safety guidance and risk assessments.

7.3.3 Immunisation

7.3.3.1 Immunisation (vaccination) is available against Hepatitis B but not against other BBVs. The need for immunisation should be determined by risk assessment i.e. the likelihood of the individual coming into contact with human blood and body fluid. Immunisation should be seen as an adjunct to the control measures outlined above rather than as an alternative to them.

7.3.3.2 All those “At Risk” staff as defined by Durham Constabulary are strongly advised to receive immunisation via their General Practitioner. Where charges are levied the costs will be met by Durham Constabulary. Where this occurs, a receipt and completed Finance 8 form should be sent to Finance via the individual’s supervision. If immunisation is not available from their General Practitioner, the individual should contact the Occupational Health Nurse for advice.

7.3.3.3 Documentary evidence of response to immunisation (copy of blood test report) must be forwarded to Occupational Health promptly, for retention, in accordance with the Confidentiality of Occupational Health Medical Records Policy and Guidance, in their medical records (both paper and electronic).

7.3.3.4 Individuals who do not respond to the course of vaccinations i.e. do not develop immunity to the Hepatitis B virus, must contact Occupational Health for further specific advice.

7.3.3.5 It will be the individual's responsibility to ensure that their immunisation is up to date.

7.3.3.6 Individuals who do not wish to be vaccinated must sign the disclaimer form which will be kept in their occupational health medical records. (See Appendix A)

7.4 Action to be taken in the event of an Exposure Injury (See Appendix B)

7.4.1 An exposure is:

any contact from human blood or body fluids with broken skin or mucous membranes (i.e. Eyes, Mouth, Nose) or puncture to skin with a sharp and potentially contaminated instrument (e.g. a used needle or knife or human bite).

7.4.2 Post Exposure First Aid Measures

7.4.2.1 For puncture injuries gently encourage bleeding of wound. Wash immediately with soap and water and cover with a waterproof dressing which seals the site. DO NOT SUCK THE WOUND.

7.4.2.2 Blood and body fluids onto broken skin must be washed immediately with soap and water.

7.4.2.3 Blood and body fluids onto mucous membranes e.g. eyes/mouth must be rinsed thoroughly with copious amounts of water.

7.4.3 Post Exposure Management

7.4.3.1 Individuals should

- i. Carry out first aid measures immediately as outlined above
- ii. Inform Line Manager/Duty Inspector of exposure incident
- iii. Attend the nearest Emergency Department (ED) for immediate risk assessment and management of exposure injury. DO NOT DELAY
- iv. Contact Occupational Health Nurse on 752889 (0191 3752889) or 752223 (0191 3752223) at next available opportunity for follow up, support and advice.

7.4.3.2 Line managers must ensure that the incident is recorded on the Origin Health & Safety Reporting System (HSR).

7.4.3.3 The Occupational Health Nurse will provide advice and on-going support to line managers and individuals in the event of an exposure

8.0 APPEALS PROCEDURE

If an individual wishes to appeal against any decision made in connection with this policy, they should write to or email, the Deputy Chief Constable at the below address within 14 days of receiving a decision. The appeal will be considered and consultation will take place with appropriate individuals to establish all facts before a decision with regard to the appeal is made. A response to the appeal will be provided in writing within 10 working days of receipt of the appeal. Should this period not be achievable the individual will be notified in writing when a decision will be communicated.

The Deputy Chief Constable
c/o Human Resources
Police Headquarters
Aykley Heads
Durham
DH1 5TT
Email human.resources@durham.pnn.police.uk

HEPATITIS B VACCINATION DISCLAIMER FORM**Appendix A**

Name	Date of Birth
Rank	Collar/Payroll No
Role	Command

I understand, in the course of my duty/role as a police officer/ member of police staff/ special constable with Durham Constabulary, that I may be exposed to blood and other bodily fluids and therefore are likely to be at risk of acquiring the Hepatitis B virus (HBV).

I have been informed of the health risks both to myself and to others of acquiring the HBV. I have been advised by the Occupational Health Nurse to receive the recommended course of Hepatitis B vaccinations via my GP practice or other healthcare facility at no cost to myself.

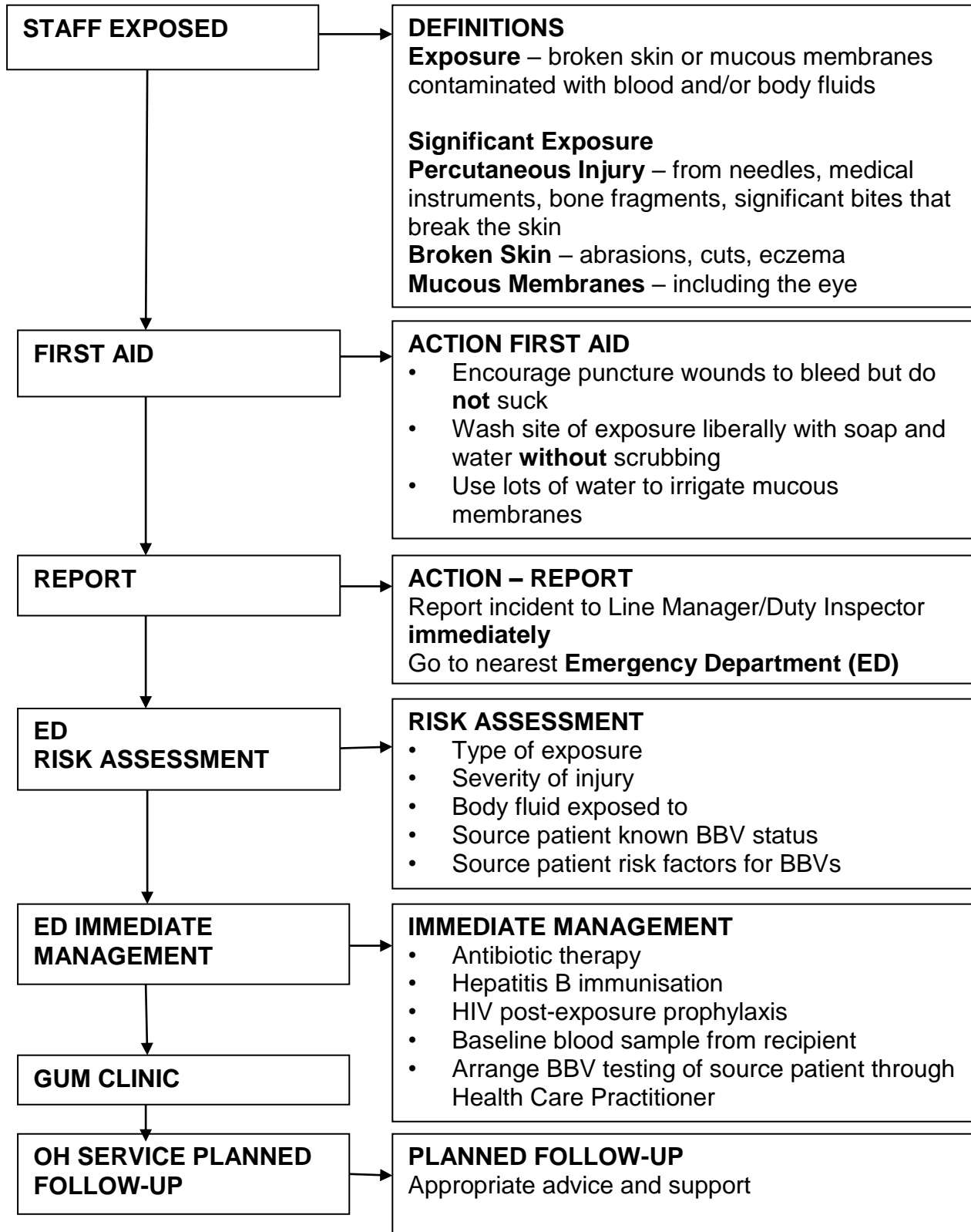
However, I decline to receive the Hepatitis B vaccinations at this time. I understand that by declining the vaccinations I continue to be at risk of acquiring the HBV and associated infections and illnesses.

If at any time in the future I subsequently wish to be vaccinated against the HBV, I will inform the Occupational Health Nurse and arrange to receive the recommended course of vaccines via my GP/other healthcare facility at no cost to myself.

Signature

Date

Blood and Body Fluid Exposure Flow Chart**Appendix B**



EQUALITY IMPACT ASSESSMENT (EIA)

HEALTH SURVEILLANCE POLICY											
<p>An equality impact assessment (EIA) form <u>must</u> be completed by the Policy/Function lead when developing or reviewing policies or procedures which may impact on the way the Force conducts its business (both internally and externally) and must show that when making decisions we:-</p> <ul style="list-style-type: none"> Give due regard to the impact it will have on protected groups Undertake an assessment <u>prior to</u> any decisions around policies/procedures being ratified to identify what potential impact has been found and subsequent action taken, and Provide an audit trail of the assessment undertaken which identifies how the policy or procedure is likely to affect protected groups. <p>The EIA must be completed <u>before</u> decisions are made, and remain a live document to be reviewed and continually updated during policy/procedure development or updating</p> <p><u>This form is a Tool to document the assessment and should be completed, attached to the relevant policy/procedure document and submitted to the HR User Group or other strategic group for ratification</u></p>											
	1) Purpose of the policy. Why do we need it and what will it achieve										
	To ensure that Police Officers, Police Staff and Special Constables are provided with such health surveillance as is appropriate having regard to any risks identified.										
	2) Explain briefly why the Policy/Procedure is being developed or reviewed?										
	Policy amended for clarity purposes regarding claiming for two pairs of spectacles for officers working on the Air Support Unit										
	3) What research/resources have been used or considered in the initial stages of this assessment?										
	4) Who has been consulted around the potential impact during the development/amendment of the policy/procedure										
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">All support networks.</td> <td style="width: 50%;">Force Executive (AC0)</td> </tr> <tr> <td>HR Staff</td> <td>Independent Advisory Groups (IAG's)</td> </tr> <tr> <td>Staff associations</td> <td></td> </tr> <tr> <td>Legal Services</td> <td></td> </tr> <tr> <td>Heads of Command</td> <td></td> </tr> </table>	All support networks.	Force Executive (AC0)	HR Staff	Independent Advisory Groups (IAG's)	Staff associations		Legal Services		Heads of Command	
All support networks.	Force Executive (AC0)										
HR Staff	Independent Advisory Groups (IAG's)										
Staff associations											
Legal Services											
Heads of Command											
	5) Following assessment of available information, has a positive or adverse impact been identified OR is the initiative equality neutral?										

<p>A Positive Impact – will actively promote equality of opportunity or improve relations between one or more groups</p> <p>An Adverse impact – will cause some form of disadvantage or exclusion.</p> <p>Neutral impact is when there are no notable consequences for any diversity group</p> <p>Provide details on ALL decisions for ALL the protected characteristic groups below. Specify what actions, if any, will be taken as a result of the assessment, provide any findings and the reason any decisions were reached, and determine what changes may be necessary to either reduce any adverse impact or enhance any beneficial impact.</p> <p>If an adverse (negative) impact has been identified question 5 must be completed.</p>				
	<u>Positive</u>	<u>Negative</u>	<u>Neutral</u>	<u>Details</u>
Age			X	
Disability			X	
Transitioning from one sex to another (either thinking of, in the process of or have)			X	
Marriage and Civil Partnership			X	
Pregnancy and Maternity			X	
Race			X	
Religion or Faith			X	
Gender			X	
Sexual Orientation			X	
<p>6) If a negative impact has been identified, please provide further details stating what actions need to be undertaken as a result of the section 5). How any negative impact can be justified for this initiative.</p>				

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	Confirm the above Actions have been incorporated and the EIA is now ready for submission to HR PUG or other Strategic Group.	
	Signature...	
	Name Sylvia Horsfield	Date 31/10/2017
	7) – Ratify the Policy / Procedure at HR PUG or other Strategic Group	
	Meeting/Group:-	HR PUG
	Chair of Meeting/Group:-	Gary RIDLEY