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# Purpose

The purpose of this procedure is to describe the method used within REDIMED for the establishment and maintenance of all quality related documents and forms to ensure that they are available to all departments and maintained and controlled appropriately through the Quality Management System. Documents are to remain relevant and approved by authorised personnel before being released**.**

# Scope

This applies to all REDiMED staff who undertake Pre employment medicals.

# Reference Documents

National Safety and Quality Health Service NSQHS Standards

Codes of practice

Functional Assessment Guide

# Definitions

**Customer Service Charter –** The Quality policy has been harmonised with the Customer Service Charter (CSC). The CSC is an expression of our dedication to continuously provide a high level of service to our customers. The Customer Centre, Sales is the custodian of the CSC and as such has official control of this document.

**Procedure –** A document that details the purpose and scope of an activity and specifies what is to be done and by whom, how, when and why an activity is to be carried out. A procedure is a component of a process.

**Approved Suppliers –** Are a list of potential suppliers that has been prepared for specific use for different sections within REDIMED. When quotations or tenders are called for, this list of potential suppliers shall be used.

**Forms –** Various forms are used besides the PIR to provide records of the System’s operation and to address any issues or non-conformance arising in the Quality Management System relating to the work instructions, procedures, user manuals, reference tools, learning guides and any other non-QA related issues.

**Legislation, Standards, Policies and Codes of Practices –** Any work related Standard/s that are required by any REDIMED staff.

# Flowcharts (Other Images)

# Procedures

**File Order:**

(Preferred setup of the patients file)

1. Booking form
2. Identification
3. Medical summary
4. Medical History
5. Medical Assessment(s)
6. Audio
7. DAS Form
8. Functional paperwork
9. Spiro to be added
10. Extra testing

**STEP 1:**

**Medical History:**

* Patient is to complete the Medical History Form prior to assessment taking place.

**Medical History Review:**

* Ensure consent declaration in the Medical History is signed by both the candidate and either a receptionist or physiologist prior to the commencement of the Medical.
* Physiologist is to review the Medical History Form with the candidate to ensure that all boxes ticked ‘yes’ are explained. Information such as date of injury or illness, location and any medical treatment required should be noted.
* Candidate should also be questioned verbally ‘Are there any other current or previous injuries, illnesses or workers compensation claims not included in this Medical History?’

**Medical Assessment:**

**Weight:**

* Instruct candidate to remove shoes and items from pocket and step on to the scales. Weight should be recorded in kilograms (kg).

**Height:**

* Instruct candidate to remove shoes and stand with heels, back and head up against the wall underneath the measuring tape.

The tape should be rolled down until level with the wall and flat on the candidate’s head. Height recorded in centimetres (cm).

**BMI:**

BMI is the individual’s weight divided by their height in metres squared.

This number can classify the individual as underweight, normal, overweight or obese.

**Waist to Hip Ratio:**

Using a measuring tape (cm), the waist:

* Smallest part of mid-section for females
* In line with the navel for males

Measure the hip:

* Measure the largest section of the gluteal region

Divide the waist measurement by the hip measurement to derive the waist to hip ratio.

NOTE: This test is not present in all medical assessments.

**Blood Pressure Test:**

* Instruct candidate to relax left arm on the bench with palm facing upwards (supine).

The appropriate cuff type should be considered initially. Short cuff for an individual with a smaller arm, long cuff for personnel with larger arms and the large maroon cuff for candidates with elevated Blood Pressure or larger arms.

* The cuff should be fastened around the left arm with the arrow in alignment with the artery.
* Pump up cuff and then slowly release the air until the Korotkoff sounds can be heard and then a blood pressure reading can be taken.

If blood pressure is classified within the ‘normal’ ranges then the medical may proceed. If classed as ‘abnormal’ then blood pressure should be taken while the candidate is lying down and a REDiMED GP should be consulted for further action.

**Heart Rate Test:**

* With palm facing upwards (supine), two fingers should be place on the distal and radial side of the forearm. Pulse should be counted for fifteen seconds and then multiplied by four to derive the resting heart rate in beats per minute (bpm).

**Vision Test:**

**Colour Vision Test:**

* Candidates should be instructed to identify the number shown on each plate within three seconds.

Refer to the Ishihara scoring guide for interpretation of results.

**Near vision**

* Instruct the candidate to hold the card 30 cm away from the face and read the smallest print he/she can see with one eye lightly covered. Repeat with the other eye covered.

If the candidate wears glasses, instruct them to complete the above with glasses.

If contacts are worn while completing this test, this should be noted in the medical.

Abnormal vision should be flagged to Doctor. If glasses are required and not brought to the medical, the individual will need to return to complete this section.

**Distance Vision Test:**

* Instruct the candidate to stand with their back against the wall facing the distance vision chart. This should be done at a distance of three (3) metres.
* Read the smallest print visible with one eye lightly covered. Repeat with the other eye covered.

If the candidate wears glasses, instruct them to complete the above with glasses.

If contacts are worn while completing this test, this should be noted in the medical. Abnormal vision should be flagged to a Doctor. If glasses are required and not brought to the medical, the individual will need to return to complete this section.

**STEP 2:**

**Spirometry Test:**

* The candidate’s information is required to be put into the spirometry machine correctly (DOB, height, ethnicity, gender and smoking status).

**NOTE:** The tube is to be placed on the blower by the patient

* Instruct candidate that a strong, fast and forceful breath is required for this test.

The pattern on the graph print out is required to have a strong peak at the beginning.

A result equal to or above 80% for the FVC, FEV1 and FVC/FEV1 ratio can be considered normal.

* Physiologist is to review and explain the results to the patient

**STEP 3:**

**Audiometry Test:**

Prior to commencing the Audiometric test, candidates are required to be asked:

* Have your been exposed to any loud noise in the past 16 hours? If so, how long and loud was the exposure?
* Have you been on an airplane in the past 24 hours?
* How did you get here today? Motorcycle or car?
* Do you have any hearing problems, ear infection of cold that may affect the test today?

Examine middle ear with the otoscope to identify wax build up or any other abnormalities.

* Inform candidate that they will hear a soft noise through the headphones, starting in the right ear first (or better ear) and then moving to the left. When they hear the tone they must press the button.

Frequencies tested include 500Hz, 1000Hz, 1500Hz, 2000Hz, 3000Hz, 4000Hz, 6000Hz, 8000Hz.

‘Normal’ hearing is classed as between -10 to 20dB for all frequencies.

A degree of hearing loss is classed as a reading below 20dB for any of the given frequencies.

Loss may vary between mild, moderate, severe and profound hearing loss.

**NOTE:** Physiologist is to place and remove headphones in order to prevent damage to headphones and ensure they’re correctly placed over the ear canal.

* Complete Audiometry testing paperwork and once completed, results are explained to the patient.

**STEP 4:**

**Drug and Alcohol Screening (DAS):**

Prior to completion of the tests, candidates are questioned as to any prescription or non-prescription medication or drugs that have been taken in the last fourteen days. Any declared medication should be noted on the chain of custody form.

**Breathalyzer:**

* Instruct candidate to unwrap and attach the breathalyzer mouth piece to the breathalyzer unit.
* A long, soft blow (breath) is required into the end of the mouthpiece.

The reading is classed as negative if its 0.000. A reading of any value is a ‘positive’ test and required to be retaken.

**Lab Based Testing**

* Instruct candidates to sign and date the seals for the sample containers.

Patient details on stickers should be checked and addressed if any information is incorrect.

* The candidate is then instructed to wash his/her hands and then take the small sample cup into the first or nearest toilet where they should fill the container with a urine sample.
* The door should be kept open at all times and the toilet should not be flushed until checked by the tester.

The sample is required to be extracted into three monovettes and sealed, with the Chain of Custody attached, in order to be sent to the Lab.

**OR**

**Instant Drug Screen:**

Prior to completion of the test, candidates are questioned as to any prescription or non-prescription medication or drugs that have been taken in the last fourteen days. Any declared medication should be noted on the Instant Drug Screen form.

Patient details on stickers should be checked and addressed if any information is incorrect.

* Candidate is then instructed to wash his/her hands and then take the small sample cup into the first or nearest toilet where they should fill the container with a urine sample.
* The door should be kept open at all times and the toilet should not be flushed until checked by the tester.
* The sample should be poured in to an approved Instant Drug testing cup.

The Instant Drug Screen form needs to be ticked as ‘negative’ or ‘non-negative’ dependent upon the result.

**STEP 5:**

**Functional Assessment:**

Refer to Functional Assessment Guide for required tests to complete this section

* Results of assessment are explained to patient including any feedback.

NOTE: Ensure there is two (2) chairs available, which may be required to complete the Range of Motion section of this assessment for both hands.

**STEP 6:**

The patient is then asked to return to the waiting area to have results reviewed by a Doctor.

**STEP 7:**

The patient is then returned to the reception area by the doctor to finalise the appointment

# Appendices

Assessment forms (Generic and Client Specific)

Medical Assessment (Generic and Client Specific)

Railcat One (Client Specific)

Railcat Two (Client Specific)

Railcat Three (Client Specific)

Audiometry (Generic)

Spirometry (Machine Created)

Lab based Drug and Alcohol Assessment

Instant Drug Assessment (Generic)

Supervision forms (Generic)

Treatment plan templates (Client Specific)

Medical History (Generic and Client Specific)

Heat questionnaire (Client Specific)

Fatigue Questionnaire (Client Specific)

Commercial Drivers History (Client Specific)