

## STANDARD OPERATING PROCEDURE NIGHT WORKER ASSESSMENT HEALTH SURVEILLANCE (WORKING TIME DIRECTIVE)

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**VALIDITY – All local SOPS should be accessed via the Trust intranet**

### CHANGE RECORD

Version	Date	Change details
1.0	July 2024	New SOP. Approved at Health and Safety Group (9 July 2024).

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## 1. INTRODUCTION

Under the Health and Safety at Work Act (1974) employers have a duty to protect the health, safety, and welfare of their employees whilst at work, so far as is reasonably practicable to do so. Employees also have a duty to take reasonable care of their own health and safety, and that of other people who may be affected by their activities, whilst at work.

Under the Management of Health and Safety at Work Regulations (1999) employers are required to assess the risks to employees from work activities and make a commitment to introduce measures that are reasonably practicable to remove or control these risks. This includes the number of hours worked and how these hours are scheduled.

The Working Time Regulations (1998) outline the minimum legal requirements for employees undertaking night work. This includes having the right to receive free health assessment at regular intervals.

The Equality Act (2010) places a legal duty on employers to consider reasonable adjustments for employees with disabilities. This may include limiting night work, limiting the duration / frequency of night work rotations and / or exclusion from night work.

The purpose of this Standard Operating Procedure (SOP) is to provide guidelines for practitioners reviewing health assessments for night workers, to meet the requirements set out in regulation 7 of the Working Time Regulations 1998.

## 2. SCOPE

This document is designed to ensure all staff who fall into any of the above health surveillance categories, classed as a night worker, have access to a health assessment in accordance with Health and Safety Legislation. This may be employees of the Trust, students, bank or agency staff and organisations to whom we deliver occupational health services to.

Night worker assessments within the occupational health service will be undertaken in a consistent manner for all staff considered at risk. This will allow for the early detection of any health-related issues that may impact upon a person's ability to perform night duty.

The Working Time Regulations 1998 – Regulation 7 provides a framework on the requirement for and provision of health assessments for night workers:

- Before being assigned to night work
- At regular intervals while undertaking night work

Employees aged 16 or 17 cannot work between midnight and 4am unless in exceptional circumstances.

The onus is on the employer to identify workers who meet the defined criteria for night worker and to offer them a free health assessment.

Regulation 7 prohibits disclosure of the health assessment content to a 3<sup>rd</sup> party (except the employee) unless:

- The employee has given their consent in writing to the disclosure.

- The disclosure is confined to a statement that the assessment shows the employee to be fit to perform the job role.

The Working Time Regulations (1998) advise:

“Where an employee has a health condition exacerbated by night work, the employer shall transfer the employee to day work if this option is available”.

### 3. DUTIES AND RESPONSIBILITIES

#### The Chief Executive

The Chief Executive will ensure that there are effective and adequately resourced arrangements for health and safety compliance within the organisation.

#### Occupational Health Team

The Occupational Health Team will:

- Adhere to this procedure when carrying out night workers assessments.
- Escalate matters via line management if further guidance required.
- Maintain their competence and raise any training issues with management.

Health records must be kept for all employees under health surveillance for at least 40 years from the date of the last entry. This is because there is often a long period between exposure and onset of ill health.

### 4. PROCEDURES

Within the health assessment process there are two related sets of activity.

- A questionnaire completed by the worker to identify any specific risks and returned to the occupational health department. This is then paper screened.
- If necessary, the provision of health assessment by a suitable qualified health professional based upon the information provided in the questionnaire.

**Although employers must offer an assessment service for employees who meet the criteria, there is no obligation on the employee to accept or for them to return the completed questionnaire.**

#### 4.1 Documentation

- Night Workers Health Questionnaire
- Full job description (for pre-placement only)
- Pre-Placement Health Declaration Form

#### 4.2 Assessment

The referral is made on the Occupational Health system MyCority.

The Occupational Health Practitioner will review the documentation (listed above) with reference to the following, if applicable:

- Previous medical evidence
- Description of working pattern
- Any specific hazard or risks

A decision will be made as to whether:

- The employee is fit to undertake night work.
- Additional information is required.

#### **4.3 Outcome**

The Outcome options are:

1. Fit (fitness certificate is completed and sent to line manager)
2. Further clinical assessment is required prior to giving an opinion on fitness.

An employee will be deemed fit when:

- There is no health factor which is an absolute barrier to night work.
- There are no declared health concerns on the Night Workers Health Questionnaire

Any health factors or health concerns indicated on the questionnaire will require the routing of the case to an Occupational Health Adviser (OHA) or Screening Nurse assessment for a short telephone or video consultation.

#### **4.4 Additional Information – Further Clinical Assessment**

Further clarification may be required in those cases where an employee has indicated that they have an underlying medical condition but there is no additional information to enable the clinician to make a professional judgement e.g., dates of onset, treatment required, medication, diagnosis, and the outcome of interventions.

The options of progression are:

#### **4.5 OHA Telephone/Video Assessment**

A telephone assessment is recommended to obtain further information. Although this can be completed via TEAMs if there are any difficulties completing the assessment via telephone.

Telephone contact will be recommended when:

- The employee has indicated that they have experienced health concerns on the Night Workers Health Questionnaire
- The declared health condition could be aggravated by night work.

#### **4.6 Fitness certificate/Outcome report**

- At the end of the assessment the content of the fitness certificate will be discussed with employee regarding any medical information or adjustments recommended in relation to night work.
- Consider recommending a temporary restriction on night duty in the first instance for any condition which may later become stabilised or for anyone undergoing medical investigations.

#### **4.7 Further Medical Evidence (FME)**

FME will be recommended when insufficient information can be gained from the initial telephone consultation and clarification about the diagnosis, prognosis of a health condition is not clear.

On receipt of the FME, the case will be returned to the requesting practitioner who will then progress the case to the next intervention, which will be a minimum of a telephone

assessment to discuss the content of the FME with the employee and agree the content of the fitness certificate/outcome report being returned to the referring manager.

If FME is received and the requesting practitioner is unavailable to assess it, the FME will be allocated to an alternative practitioner who will undertake the telephone/video consultation.

If FME is not returned to the requesting practitioner, the case will be closed, and the practitioner will advise the next intervention for the employee to be referred for.

#### **4.8 Occupational Health Physician telephone/video assessment**

A case may be routed to an OHP telephone/video assessment if due to the complexity of the clinical information an OHP opinion is required. This will be to ascertain if the individual is fit to undertake night work.

The OHA can route the case to an OHP telephone or video appointment.

### **5. SPECIFIC CONDITIONS**

Below are listed some of the conditions that may require further evidence gathering if they are considered unstable and may be worsened by working night duty. Also consider recommending a temporary reduction or temporary removal from night working to allow for a condition to stabilise. We can recommend re referral to occupational health, if necessary, at the end of the temporary adjustment to reassess the health condition.

The list is not exhaustive.

#### **Cardiovascular Disorders**

Post MI / Angina – in the event of unstable or concerns around stability of condition. Identify potential risks and perceptions of the individual on effects of night working.

#### **Type 1 Diabetes**

Insulin control and timing of regime. Danger of worker isolation at night with increased risks of coma. Medical monitoring of control during daytime may interfere with rest. Borderline visual impairment/ peripheral neuropathy may present when carrying out outdoor work at night.

Check stability of condition.

#### **Psychological Conditions**

When condition is unstable and working nights may potentially worsen symptoms.

#### **Epilepsy**

Sleep pattern disruption due to night work and other shift patterns. This is an important precipitant for some individuals with epilepsy. However, some people with well-controlled epilepsy can work in rotating shift with no problem.

#### **Inflammatory Bowel Disease**

Link of flare-ups to stress factors. Fatigue leading to exacerbation of symptoms.

#### **Peptic Ulcer**

Risk of worsening symptoms at night with irregularity/ disturbance of meal patterns

**Renal Disorders**

Type of treatment – peritoneal or haemodialysis. Timing of dialysis

**Asthma / COPD**

Night-time exacerbation. Response to medication

**Sleep Disorders**

Chronic lack of non-restorative sleep. Sleep apnoea with impact at work

**Chronic Fatigue Syndrome**

Increased symptoms of fatigue

Please be mindful the above conditions are not a barrier to working a night shift and many people with these conditions can safely undertake night work. The assessment on the stability of the condition and impact on working nights would need to be individually assessed.

Night worker assessments will be placed on an annual recall. However, we would encourage employees to report any health issues that may impact on their ability to work night shifts and for a management referral to be completed rather than await an annual night worker questionnaire.

**6. REFERENCES**

The Working Time Regulations 1998:

[The Working Time Regulations 1998 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukhr/1998/17/contents/made)

The Health and Safety at Work Act 1974:

[Health and Safety at Work etc. Act 1974 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukhr/1974/37/contents/made)

The Management of Health and Safety at Work regulations 1999:

[The Management of Health and Safety at Work Regulations 1999 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukhr/1999/12/contents/made)

The Equality Act 2010:

[Equality Act 2010 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukhr/2010/15/contents/made)

## Appendix A - Night Workers Assessment Questionnaire

### Night Workers Assessment Questionnaire

To be completed by all staff working a regular or rotation onto a night shift pattern.

<b>Name:</b>	<b>Date of birth:</b>
<b>Home address</b>	
<b>Telephone number:</b>	
<b>Job title:</b>	<b>Department:</b>
<b>Location:</b>	<b>Line manager:</b>
	<b>Line manager email address:</b>

<b>Brief description of job role and night shift pattern:</b>
<b>How many hours per week do you work/How many hours per shift:</b>
<b>How long have you worked a night shift?</b>
<b>Working Time Regulations 1998 recognise that night workers require special consideration. Employers are advised to offer an annual health assessment. This questionnaire is confidential and only seen by Occupational Health Practitioners.</b>
<b>Please complete the following questions to the best of your knowledge. Answering yes does not mean you are not fit for night work, simply that you may need a health assessment.</b>



**Do you have any of the following:**

<b>Medical condition</b>	<b>Yes</b>	<b>No</b>	<b>Is this well controlled, if not please provide details</b>
<b>Diabetes</b>			
<b>Heart or circulation problems</b>			
<b>Stomach or intestinal disorders</b>			
<b>Epilepsy</b>			
<b>Lung or chronic chest condition</b>			
<b>Thyroid condition</b>			
<b>Medication that requires precise timing</b>			

<p><b>Do you currently have any health problems you feel are made worse by night work? (If yes please give details)</b></p>
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**I understand that my night workers questionnaire will be retained within my confidential occupational health records.**

**I consent to a fitness certificate being sent to my line manager to advise I remain fit for night duty ( if no health issues affecting night work are identified)**

**An occupational health assessment may be necessary if underlying health problems are currently ongoing impacting upon you in the workplace and identified in this questionnaire.**

## Appendix B: Equality Impact Assessment

### For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Night Workers Assessment/Working Time Directive
2. EIA Reviewer (name, job title, base and contact details): Sonia Ivers, Head of Occupational Health Services, Skidby House, telephone ( 01482) 389333
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? SOP

<p><b>Main Aims of the Document, Process or Service</b>  <b>To comply with the HSE skin surveillance requirements for employees identified</b></p>
<p>Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma</p>

<p>Equality Target Group</p> <ol style="list-style-type: none"> <li>1. Age</li> <li>2. Disability</li> <li>3. Sex</li> <li>4. Marriage/Civil Partnership</li> <li>5. Pregnancy/Maternity</li> <li>6. Race</li> <li>7. Religion/Belief</li> <li>8. Sexual Orientation</li> <li>9. Gender re-assignment</li> </ol>	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score          Low = Little or No evidence or concern (Green)          Medium = some evidence or concern (Amber)          High = significant evidence or concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> <li>a) who have you consulted with</li> <li>b) what have they said</li> <li>c) what information or data have you used</li> <li>d) where are the gaps in your analysis</li> <li>e) how will your document/process or service promote equality and diversity good practice</li> </ol>
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Age</b>	<p>Including specific ages and age groups:</p> <p>Older people                      Young people                      Children                      Early years</p>	Low	This procedure is consistent in its approach regardless of age.
<b>Disability</b>	<p>Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:</p> <p>Sensory                      Physical                      Learning                      Mental health</p> <p>(including cancer, HIV, multiple sclerosis)</p>	Low	This procedure is consistent in its approach regardless of disability
<b>Sex</b>	<p>Men/Male                      Women/Female</p>	Low	This procedure is consistent in its approach regardless of an individual's sex.
<b>Marriage/Civil Partnership</b>		Low	This procedure is consistent in its approach regardless of marriage status
<b>Pregnancy/ Maternity</b>		Low	This procedure is consistent regardless of pregnancy/maternity status
<b>Race</b>	<p>Colour                      Nationality                      Ethnic/national origins</p>	Low	This procedure is consistent regardless of race.
<b>Religion or Belief</b>	<p>All religions                      Including lack of religion or belief and where belief includes any religious or philosophical belief</p>	Low	This procedure is consistent in its approach regardless of religious beliefs.

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Sexual Orientation</b>	Lesbian Gay men Bisexual	Low	This procedure is consistent in its approach regardless of sexual orientation.
<b>Gender Reassignment</b>	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	This procedure is consistent in its approach regardless of gender.

### Summary

None of the equality strands have been identified in the initial impact assessment. The practices / actions recommended in this procedure is based upon the Health and Safety Executives health surveillance requirements for workers who undertake night work.	
EIA Reviewer: Sonia Ivers	
Date completed: 29/04/2024	Signature: S.Ivers