

Policy Document	Night Workers Health Checks
<p>1. Introduction/ Background</p>	<p>Night work can affect employee’s health in several ways. Some people enjoy night work with no ill effects; it fits in with family commitments and personal lifestyle; others struggle with the change in sleeping and eating patterns. Those who do not enjoy nights can be experiencing problems with health issues such as stomach and bowel disorders, changes in mood and difficulties with taking long-term medication to control underlying health conditions such as diabetes or epilepsy.</p> <p>It is important to recognise that there is no health condition which will completely rule out night work for everybody.</p>
<p>2. Status</p>	<p>Corporate Policy</p>
<p>3. Purpose</p>	<p>Night workers are entitled to have a health check by Occupational Health and this is offered prior to an employee starting night work and then on a regular basis following this. If all is well the health check will be undertaken every two years after that. Management can also refer individuals to Occupational Health via the referral system if there are any significant changes in health which may affect night work or after long term absence due to a health issue.</p> <p>The purpose of the health check is to:</p> <ul style="list-style-type: none"> • Ensure that the employee is fit to undertake night work • Decide whether a risk assessment is needed to ensure the health and safety of the employee especially in relation to young and pregnant workers • Give recommendations regarding any adjustments that may be needed to protect the employee
<p>4. Definitions /Scope</p>	<p>This policy applies to all workers who are classified as night workers for Company Name , that is, those who work more than 3 hours between the hours of 11 pm and 6 am on a regular basis.</p>
<p>5. Process</p>	<p>All night workers at prior to starting night work or at preplacement will complete a health questionnaire</p> <p>Periodic health questionnaires will be issued to night workers for completion as per policy. The completed questionnaires will be returned to Occupational Health in a confidential envelope</p>
<p>6. Duties and responsibilities</p>	<p>Manager: Responsible for identifying night workers and distributing the night worker health forms</p> <p>Acting on recommendations made by Occupational Health</p> <p>Occupational Health: The questionnaire will be screened by an Occupational Health Adviser in the first instance to identify any health issue which has been ticked as a ‘yes’ response.</p> <p>The individual will be contacted by telephone in the first instance to discuss the health issue; or if it is indicated that a health screen is required, an appointment at Occupational Health will be offered to discuss the health issue more fully.</p> <p>Many of the health questionnaires will not require any further action and the employee will be declared as fit to continue on night work.</p> <p>Management will be informed of the outcome of the night workers health check via the clearance slip.</p> <p>Requests for transfer to day duties will be managed by discussion with Management/Occupational Health/individual.</p> <p>Night workers: Are under no obligation to complete the night workers form or to attend for a health assessment</p>
<p>7. Training</p>	<p>N/A</p>
<p>8 Associated Documentation</p>	

Night/Shift Workers



Shift work is a necessary part of modern life and has always been seen in institutions such as hospitals and the transport industries. Nowadays there is more demand for a 24-hour day with shops now open all night and increased customer care.

Shift or night work can affect your health; the effects of being awake when the cycle of day and night tells us we should be asleep cause disruption to normal body functions. In the long term this disruption in the normal sleeping/waking cycle can affect you in many ways.

Management has responsibilities to consider the affects of shift/night work on you and to take reasonable steps to minimise these risks. However, you can help by considering the following:

Sleep problems - fatigue. It can combine with other factors to leave you feeling tired and exhausted. Consider the factors below:

- *Maintain a regular sleep schedule. A minimum of four hours sleep is desirable, but try to allow at least 7 hours in bed. Rest without sleep is still beneficial for the body.*
- *Chose a quiet, darkened room for day time sleeping; talk to your neighbours about lawn mowing etc, have an understanding with children and use an answerphone to cut down sleep interruptions.*
- *Avoid tea and coffee for 4 hours before going to sleep*
- *Avoid alcohol and other recreational drugs*
- *Don't use sleeping pills except as a short term measure*
- *Don't exercise before going to bed*
- *Avoid large (or any fatty) meals before going to sleep. Eat food that will digest easily*
- *Don't get upset if you can't sleep straight away. Read the paper or watch television.*

Linked to sleep problems is alertness - accidents can happen when you are tired and not concentrating and this can have Health and Safety implications - nodding off (or microsleeps) could cause serious problems in jobs which are safety critical. Also, you need to take care when driving to and from work. Accidents are more likely to happen after your shift.

Stomach and Bowel Disorders: This is due to irregular eating and the tendency to eat more convenience food. In order to help this:

Eat plenty of fresh fruit and vegetables

- Try and eat at regular intervals, establish a routine for eating whilst on shift/night work. Try having two meals at regular times and a light meal in the middle of the night shift.
- Snack on fresh fruit and milk products and avoid spicy and fried foods
- Have simple indigestion remedies eg Rennies, mints

Relationship problems

Your social life will need careful arranging when you are on shifts - a feeling of isolation can occur and you may only talk to those at work. Life balance of home and work is important to prevent psychological problems. Make sure that you continue to spend quality time with friends and family.

You may notice that you are more aggressive, moody or intolerant due to chronic tiredness.

Menstrual Disorders: these can occur due to disruptions in sleep patterns

Other Health Issues: See your Doctor if you are on regular medication (eg insulin for diabetes) or have a chronic recurring illness such as asthma, for advice before going onto shift/night work

Other helpful Hints

Don't take on any extra night work that could reduce the time available for sleep especially when you are on night shift. Have a short sleep of between one to four hours before your first night shift to help reduce sleepiness
Have a short sleep on reaching home, when finishing night shifts go to bed earlier that night.

Remember: A good sleep at night is the quickest way of getting the body clock back to normal

If you are still experiencing any difficulties with shift/night work, contact your Manager to discuss

HEALTH ASSESSMENT QUESTIONNAIRE FOR NIGHT WORKERS

This questionnaire is designed to identify any conditions that may affect your ability to do night work and will be assessed by Occupational Health. No medical records will be passed on to your manager other than the statement concerning fitness to work nights.

To be completed by the Night Worker

Surname/Family Name.....	First Name
Date of Birth.....	Post Code
Home Address	
Home Telephone Number	Work Telephone Number
Job Title & duties.....	
.....	
Weekly hours of work	Shift pattern
Night work issues for you	

Complete the following to the best of your knowledge.

Yes No

1. Do you suffer from diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
If yes - Is it under control?	<input type="checkbox"/>	<input type="checkbox"/>
- Do you take insulin?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have heart disease or circulation problems that affect stamina?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a chronic breathing or chest problems with night time symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you stomach/ intestinal problems?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the time you eat meals important for any of your health conditions?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you need to take medicines at regular intervals eg for epilepsy, thyroid?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a health condition that you believe is made worse by night work?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have epilepsy with the possibility of seizures occurring at night?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you taking any medication?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have any other condition requiring regular medication on a strict timetable?	<input type="checkbox"/>	<input type="checkbox"/>

DO YOU WISH TO HAVE A HEALTH ASSESSMENT FOR NIGHT WORK

If you tick yes then you may be contacted to discuss your health or be called in for a medical – if you tick no, there is no further action

DECLARATION	
I certify that the above information is correct to the best of my knowledge	
Employee Signature.....	Date.....
<i>When completed this form should be posted back to Occupational Health in the envelope provided.</i>	

OH Notes
Telephoned/Seen

Outcome Fit/Unfit for Night Work

Signed

Date.....

Print Name

Management informed y/n