

# **Health & Safety Statement for Nurse On Call Agency Nurses, Care Assistants & Support Staff when assigned to a place of work**

When a Nurse or Carer or Support Staff is assigned to a Hospital Ward or place of work they must ensure the following;

That they orientate themselves with the layout including fire exits in all places where they are placed.

They must familiarise themselves with the “**Emergency Response**” in each area in which they are placed.

Please learn all emergency and important Telephone numbers for each area in which you are placed.

Please read, understand and co-operate **with each Department’s Safety Statement**.

Please read and understand all relevant Nursing, **Organisational and Drug Safety Policies**.

Seek clarification of any issues you do not understand. (THE ONUS IS ON YOU TO ASK).

Report any unsafe condition, practice, substance, equipment or situation as soon as reasonably practicable to the CNM2 or person in charge.

## **Infection Control Prevention & Control**

All Nurses/Care Assistants/Support Staff must be familiar with correct **Hand Hygiene Technique** and must have attended our **Infection Prevention and Control** course which includes all issues regarding cross infection. You must keep yourself up dated at all times on any change of procedures.

All Nurses/Care Assistants/Support Staff must ensure they wear fresh, newly laundered clean uniforms for every shift. These uniforms must **not be worn** outside of the work environment. Uniforms must NEVER be worn to or from work. Patients must never be put at risk.

Pto.....

# Health & Safety Statement for Nurse On Call Agency Nurses, Care Assistants & Support Staff when assigned to a place of work cont../

You must be familiar with your role in **waste management and decontamination** (Our infection prevention and control course includes “waste management and decontamination issues”) special attention must be given to care in disposal of needles and other sharp objects contaminated with blood or body fluids.

**Special Health and Safety requirements apply to the following categories** of Nurses Care Assistants & Support Staff:-

- Pregnant Nurses, Carer Assistants & Support Staff
- Nurse who have recently given birth
- Nurses who are breastfeeding

Nurse On Call should be informed immediately if any of the above applies to you. This will ensure that we can allocate you to suitable assignments where the handling or administering of cytotoxic drugs or working in areas that involve radiation or harmful rays or manual handling is avoided.

Pregnant Nurses/Care Assistants must tell us their due date as soon as they are aware they are pregnant. Obviously pregnant Nurses/Care Assistants/Support staff are the only people who are aware of their capabilities during their pregnancy but we would strongly recommend that you do not accept or put your self on call for night duty shifts, as they are very tiring. (We will prioritise you for day duty)

Thank you for your co-operation and help with these extremely important issues.

I confirm that I have read the Nurse on Call Risk Assessment and Safety Statement

**Signed** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Block Letters** \_\_\_\_\_

I give Nurse on Call permission to retain a copy of my passport on file for compliance purposes.

\_\_\_\_\_

\_\_\_\_\_

Signed

Block Letters

\_\_\_\_\_

Date

# NURSE ON CALL



## Nursing Services and Recruitment

Head Office, 16 Harcourt Street, Dublin 2, Ireland. Eircode D02NN29 Tel: (01) 496 5199 Fax: (01) 496 5690 / (01) 406 2079  
E-mail: [dublinoffice@nurseoncall.ie](mailto:dublinoffice@nurseoncall.ie) Internet: <http://www.nurseoncall.ie>  
50 Patrick Street, Cork, Ireland. Tel: (021) 422 2830 Fax: (021) 427 9939 E-mail: [corkoffice@nurseoncall.ie](mailto:corkoffice@nurseoncall.ie)  
Drogheda, Louth & Meath, Cavan, Monaghan Tel: (041) 983 6928  
Waterford, Wexford, Tipperary, Kilkenny, Tel: (051) 333950

## **NB – GARDA VETTING INFORMATION**

Please note that in order to process Garda Vetting, we require ID and proof of address.

Please ensure that you have these on day of interview as we will not be able to process a Garda Vetting for any candidate until we receive these.

The following combinations are acceptable:

- 1) Passport and statement from a bank, building society or credit union
- 2) Passport or driving licence and P60, P45 or payslip
- 3) Passport or driving licence and utility bill

Please note that proof of address cannot be dated more than 4 months ago.

If you are unsure about what to bring with you, you can call the HR Department on 014965199 (ext. 3) and will can advise.

## **Guidelines for completing Vetting Invitation Form (NVB 1)**

Please read the following guidelines before completing this form.

### **Miscellaneous**

The Form must be completed in full using **BLOCK CAPITALS** and writing must be clear and legible.

The Form should be completed in ball point pen.

Photocopies will not be accepted.

All applicants will be required to provide documents to validate their identity.

If the applicant is under 18 years of age, a completed NVB 3 - Parent\Guardian Consent Form will be required. Please note that where the applicant is under 18 years of age the electronic correspondence will issue to the Parent\Guardian. This being the case, the applicant must provide their Parent\Guardian Email address on the NVB 1 form.

### **Personal Details**

Insert details for each field, allowing one block letter per box.

For Date of Birth field, allow one digit per box.

Please fill in your Email Address, allowing one character/symbol per box. This is required as the invitation to the e-vetting website will be sent to this address.

Please allow one digit per box for your contact number.

The Current Address means the address you are now living at.

The address fields should be completed in full, including Eircode/Postcode. No abbreviations.

### **Role Being Vetted For**

The role being applied for must be clearly stated. Generic terms such as “Volunteer” will not suffice.

### **Declaration of Application**

The applicant must confirm their understanding and acceptance of the two statements by signing the application form at Section 2 and ticking the box provided.

Form NVB 1

## Vetting Invitation

### Section 1 – Personal Information

Under Sec 26(b) of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016, it is an offence to make a false statement for the purpose of obtaining a vetting disclosure.

Forename(s):																													
Middle Name:																													
Surname:																													
Date Of Birth:	D	D	/	M	M	/	Y	Y	Y	Y																			
Email Address:																													
Contact Number:																													
Role Being Vetted For:																													
Current Address:																													
Line 1:																													
Line 2:																													
Line 3:																													
Line 4:																													
Line 5:																													
Eircode/Postcode:																													

### Section 2 – Additional Information

Name Of Organisation:

I have provided documentation to validate my identity as required *and* I consent to the making of this application and to the disclosure of information by the National Vetting Bureau to the Liaison Person pursuant to Section 13(4)(e) National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016. Please tick box

Applicant's Signature:

Date:  /  /

**Note:** Please return this form to the above named organisation. An invitation to the e-vetting website will then be sent to your Email address.



Ref No.:

**Criminal Declaration**

I, \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
(Name) (Address) (DOB)

- No - I have no previous convictions or pending cases against me.
- Yes – If yes please contact our HR Department 01 4965199.

**HEREBY DECLARE** that:

I have never been arrested for, or convicted of, any offence or crime (other than an offence under road traffic legislation), either in Ireland or in any other state;

I have never been the subject of a pardon or amnesty or other similar legal action in respect of any offence or crime (other than an offence under road traffic legislation for which a penalty of imprisonment is not enforceable);

I have never unlawfully distributed or sold a controlled substance (drug);

I am not currently nor have I ever been to my knowledge under investigation by the Garda Siochana / Police force of any state in relation to the commission of a crime (other than an offence under the road traffic legislation for which a penalty of imprisonment is not enforceable);

I am not currently nor have I ever been the subject of disciplinary action by any professional or statutory body with responsibility for regulation of nursing or medical professions.

I hereby authorise the Hospital and / or its relevant Health Service Executive to make enquiries, for the purpose of verifying any part of this declaration, with An Garda Siochana and / or the regulatory body of nursing or medical professions of any state. This data will be processed by the Hospital and the Agency in accordance with the Data Protection Acts, 1988 and 2003.

I confirm that I will inform Nurse on Call of any convictions, pending or otherwise that occur after the date of signing this document and I accept that I am obliged to do so.

Signed \_\_\_\_\_ Date \_\_\_\_\_

I give my permission to Nurse on Call to give copies of relevant documents to the relevant appraisal bodies including HSE/or any other location for Auditing purposes or recruitment.

I give permission to Nurse on Call to give my timesheets to Clients for auditing purposes and for the purpose of verification of signatures and to authorise payment

Are there any fitness to practise issues with your registration? NO YES

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Working time Regulations**

The European Union has laid down guidelines for all workers governing the length of the maximum working week, which it is deemed safe to work. The current limit is a maximum average net weekly working time of 48 hours per week over a period of 4 months. Copy of Working time Regulations Act is available to you upon request.

I confirm that I have read and understand the information regarding the working time regulations and it is my responsibility to adhere to same

Signed \_\_\_\_\_ Print Name \_\_\_\_\_

Date: \_\_\_\_\_



# OCCUPATIONAL HEALTH FORM

Pre-placement assessment aims to ensure so far as is possible that you are fit for the post you are placed in.

The contents of this form will remain confidential and will not be revealed to anyone else without your written consent.

Failure to declare a health problem or giving false information can result in termination.

<b>Personal Details</b>	<b>Other names:</b>		
Surname:			
Date of Birth:	<b>Gender:</b>	Male	Female
Address:			
Phone Number:		Landline	

<b>General Practitioner:</b>
Address
Phone Number:

Previous Occupations - Starting with present post			
Job Title	Employer	From	To

Previous Sicknes Absence (time lost form work or school due to illness over last 2 years)	
Length of Absence	Reason for Absence

**PLEASE ANSWER YES OR NO AND IF YES PLEASE GIVE DETAILS IN THE SPACE PROVIDED**

		NO	YES	DETAILS
1	Are you in good health at present?			
2	Have you ever been treated in hospital?			
3	Do you smoke cigarettes/e-cigarettes, cigars, pipe			If Yes how many a week?
4	Do you drink alcohol?			If yes how many units per week
5	Are you having treatment of any kind at the moment?			
6	Are you waiting for any treatment or investigation?			
7	Have you ever suffered a work related illness or accident, or given up work because of health?			
8	Have you been seen or examined by a doctor in the last 6 months?			
9	Do you have any problem with your vision or eyes?			
10	Do you have any problem with your hearing?			
11	Do you have any physical limitations which may effect your ability to work?			
12	Have you ever had any kind of back problem leading to time off work?			
13	Have you ever had any kind of problems with your joints, including pain, swelling or restricted movements?			
14	Do you have any difficulty in standing, bending, lifting or other movements?			
15	Have you ever had any kind of skin problem?			
16	Have you ever had diabetes, thyroid or gland problems?			
17	Have you ever had seizures, blackouts or epilepsy?			
18	Have you ever had asthma, bronchitis or chest problems?			
19	Have you ever had Tuberculosis (TB)?			
20	Had any member of your family suffered TB?			
21	Have you had a cough for more than 3 weeks in the last 12 months?			
22	Have you ever coughed up blood?			
23	Have you had any unexplained loss of weight or fever in the last 12 months?			
24	Have you ever had any mental health issues?			



25	Have you ever sought help for mental, psychological or emotional problems?			
26	Have you ever had an addiction problem?			
27	Do you have any allergies?			
28	Have you ever had hepatitis or jaundice?			
29	Have you ever received treatment for a gastric or bowel problem?			
30	Have you have had heart circulation or blood pressure problems?			
31	Disorder of the bladder or kidneys?			
32	Do you have any other medical condition?			
33	Do you have a BCG scar? (normally on the left upper arm)			
34	Have you ever had chickenpox?			
35	What is your height?	What is your weight?		

**DECLARATION**

I declare that all of the above statements and information are true to the best of my knowledge and I understand that making a false declaration could lead to disciplinary action including the termination of my employment

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Candidate Name:** \_\_\_\_\_

I, \_\_\_\_\_ confirm that I will complete all the following medical/occupational requirements before I commence any agency shifts.

**For All Posts** - A completed Confidential Health Declaration to include the following

- BCG records (if available in country of origin)
- Recent Heaf/Mantoux Test
- HBSag (surface antigen level)
- Hepatitis B Core antibody (Anti-Hep B c)
- Hepatitis B Surface Antibody
- Hepatitis C Antibody
- Immunisation records to include Diptheria, Tetanus & Polio
- Measles IgG and IgM
- Mumps IgG and IgM
- Rubella IgG and IgM

COVID-19 Vaccine

Varicella IgG and IgM

I have been made aware of the Occupational Health Policies pertaining to the Irish Healthcare setting

Signed:

\_\_\_\_\_

Date:

\_\_\_\_\_

Form No 186:

Revision  
status:2