

# UON Health and Safety Guideline: HSG 5.1

## Pre-placement Assessment against Inherent Requirements



### 1. Purpose

The document provides guidance for determining:

- (a) whether an Applicant can perform the Inherent Requirements of a role;
- (b) base line information on an Applicant's health status where required; and
- (c) whether reasonable adjustments can be made that would enable an Applicant to perform the Inherent Requirements of a role.

### 2. Scope

This document applies to all Leaders, Supervisors, and Human Resource Services.

### 3. Definitions

In the context of the Health and Safety Management System Framework:

- (a) **Applicant** means:
  - (i) a person applying for employment with the University; or
  - (ii) a student applying for work experience with the University; or
  - (iii) a person applying to act on a voluntary basis for the University.
- (b) **Health & Hazard Assessment Questionnaire** means the form completed by an Applicant which contains information regarding the Inherent Requirements of the role, medical conditions and medical assessment.
- (c) **Pre-placement Health Assessment** means a medical assessment undertaken by a Medical Assessor.
- (d) **Inherent Requirements** include:
  - (i) the ability to perform the functions and responsibilities that are a necessary part of the role, including productivity and quality requirements;

- (ii) the ability to work effectively in the team or other type of work organisation concerned; and
  - (iii) the ability to work to work in a manner that does not pose a risk to the health or safety of the Applicant, Workers, students or other members of the University community.
- (e) **Leaders/Supervisors** means any member of the University who is responsible for supervising staff and/or undergraduate or postgraduate students and/or for leading research projects.
- (f) **Medical Assessor** means a person who has the qualifications and experience to conduct health assessments.
- (g) **Worker** includes an employee, conjoint, student on work experience, contractor, sub-contractor, and volunteer.

## 4. Guidelines

### 4.1 Determination of Inherent Requirements

When recruiting a Worker for a role within the University, Human Resource Services will:

- (a) Liaise with the relevant Leader or Supervisor to determine the Inherent Requirements of the role;
- (b) Ensure that the Inherent Requirements are communicated to Applicants as part of the recruitment process; and
- (c) Ensure that the relevant Leader or Supervisor, complete Parts A (Position Details) and B (Occupational Hazards) of the Health & Hazard Assessment Questionnaire for the role.

### 4.2 Before making an offer of work

- (a) Prior to making an offer of work to an Applicant, Human Resource Services will send the Applicant via email a copy of the Health & Hazard Assessment Questionnaire with Parts A and B completed, and request that the Applicant complete Part C (Medical History) and return the Health & Hazard Assessment Questionnaire to the University via email to a dedicated University Health Services email address.

- (b) A Medical Assessor engaged by the University Health Service will assess the completed Health & Hazard Assessment Questionnaire against the Inherent Requirements of the role, and determine whether the Applicant is required to attend a Health Assessment.
- (c) If it is determined that a Health Assessment is required, the University Health Service will engage a Medical Assessor to undertake the Health Assessment. The Medical Assessor will then contact the Applicant to arrange an appointment.

#### **4.3 Undertaking a Health Assessment**

- (a) The Medical Assessor will review the Inherent Requirements as shown in the Health & Hazard Assessment Questionnaire and conduct an assessment of the Applicant to determine if the Applicant is:
  - (i) able to perform the Inherent Requirements of the role without adjustments having to be made; or
  - (ii) may be able to perform the Inherent Requirements of the role with adjustments being made (and a recommendation of what those adjustments should be);
  - (iii) unable to perform the Inherent Requirements of the role; or
  - (iv) further information is required before an assessment can be finalised.
- (b) Adjustments may be administrative, environmental or procedural in nature.
- (c) The Medical Assessor will prepare a report setting out his or her determination, and provide the report to Human Resources Services.

#### **4.4 Assessment of recommended adjustments**

- (a) Where the Medical Assessor determines that the Applicant may be able to perform the Inherent Requirements of the role with adjustments being made, Human Resource Services will liaise with the relevant Manager or Supervisor to determine whether those adjustments are reasonable, having regard to the nature of the work to be performed, the financial or other costs of making the adjustments, the practicality of making the

adjustments, and the extent of any disruption to the University's operations.

- (b) If it is determined that the adjustments can reasonably be made, Human Resource Services can proceed to make the offer of work to the Applicant.

#### **4.5 Medical records**

- (a) Records generated in relation to a Health Assessment (including Health & Hazard Assessment Questionnaires and reports from a Medical Assessor) will be held and treated in a confidential manner by the University in accordance with relevant privacy legislation.
- (b) Reports prepared as part of a Health Assessment are paid for by the University and so remain the property of the University.

## **5. References**

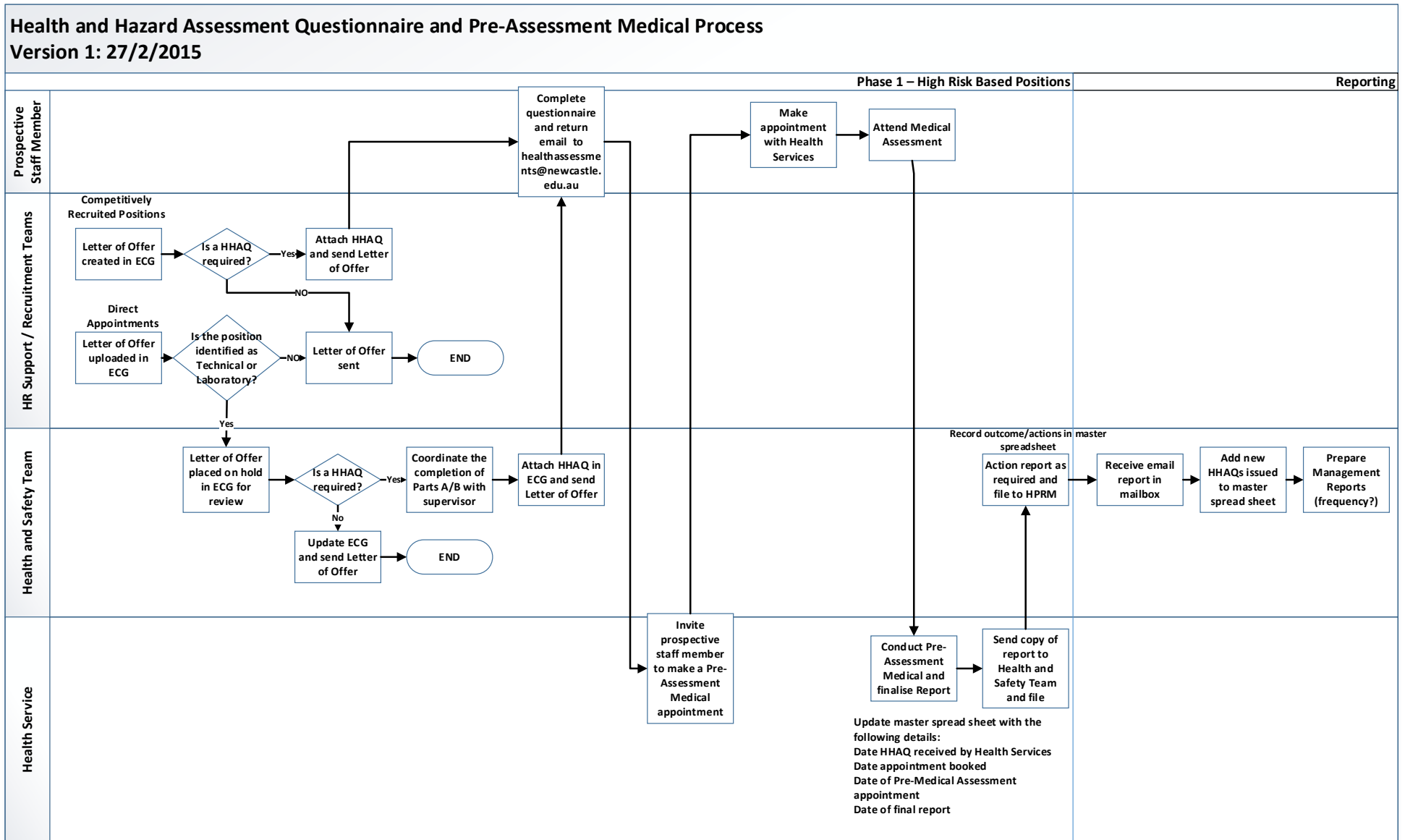
[UON Health and Safety Management System Framework](#)

[UON HSG 7.1 Incident Notification and Investigation](#)

## **6. Attachments**

1. Pre-placement Health Assessment Flowchart
2. Health and Hazard Assessment Questionnaire (HHAQ)

# Attachment 1. Pre-placement Health Assessment Flowchart



## Attachment 2. Example of a HHAQ

# HEALTH & HAZARD ASSESSMENT QUESTIONNAIRE – LIBRARY ASSISTANT



The information on this form will be kept strictly confidential and is used to aid risk assessment. The form is treated as Medical-In-Confidence and remains the property of the University Health Service of the University of Newcastle. The University of Newcastle is committed to achieving a safe and healthy workplace for its staff.

Based on the completed Health and Hazard Questionnaire, the Medical Director, University Health Services will assess the applicant's capability to perform the inherent requirements of this position without risk or injury or exacerbation to an existing condition and as required recommend reasonable adjustments. The applicant may also be requested to attend additional health assessments in order that baseline metrics and/or information pertaining to their health and wellbeing may be determined.

#### INSTRUCTIONS FOR COMPLETING FORM

The prospective staff member should complete the **Medical History** section and return this form in a single PDF to [healthassessments@newcastle.edu.au](mailto:healthassessments@newcastle.edu.au) or via mail to HHAQ's, University Health Services, University of Newcastle and phone +61 2 4921 6000 to make an appointment for a medical examination.

Below is a list of capabilities which are inherent to this role – Library Assistant:

- Carrying 1-5 kgs
- Lifting 1-20 kgs
- Customer Service
- Pushing Trolley loaded up to 30kgs
- Sitting
- Standing for extended periods
- Climbing up
- Walking for extended periods
- Forward/lateral reaching
- Overhead reaching
- Stooping/Working at low levels
- Squatting
- Shift/weekend work



**MEDICAL HISTORY** (to be completed by prospective staff member)

The University is committed to achieving a safe and healthy workplace for its staff. The information recorded on this form will be kept strictly confidential and is used to aid risk assessment. Based on the completed Health and Hazard Questionnaire, the Medical Director, University Health Services will assess the applicant's capability to perform the inherent requirements of this position without risk or injury or exacerbation to an existing condition and as required recommend reasonable adjustments. The applicant will be requested to attend a health assessment in order that baseline metrics and/or information pertaining to your health and wellbeing may be determined.

<b>Your Name</b>	<b>Date of Birth</b>	<b>Height</b>	<b>Weight</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Next of Kin (to be contacted in case of emergency)</b>		
<b>Name</b>	<b>Home Phone</b>	<b>Work Phone</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**MEDICAL CONDITIONS**

Most medical conditions are triggered by the identified hazards rather than the medical history, and are aimed at acquiring baselines. Do you have or have you had any of the following medical conditions? Please indicate below. If yes, provide details in the space provided at the bottom of the table.

<input type="checkbox"/> Coronary Heart Disease	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Blood Pressure
<input type="checkbox"/> Stroke	<input type="checkbox"/> Vascular Problems	<input type="checkbox"/> Thyroid Disorder
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Anaemia of any kind	<input type="checkbox"/> Loss of Consciousness
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Polyneuritis	<input type="checkbox"/> Multiple Sclerosis
<input type="checkbox"/> Headaches	<input type="checkbox"/> Stress	<input type="checkbox"/> Migraine
<input type="checkbox"/> Depression	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Defective Vision
<input type="checkbox"/> Colour Blindness	<input type="checkbox"/> Other Eye Condition	<input type="checkbox"/> Balance Disorders / Hearing Loss
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergy to Animals
<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Drug Sensitivities	<input type="checkbox"/> Other Gastrointestinal Problems
<input type="checkbox"/> Fractures / Dislocations	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Back / Neck Pain
<input type="checkbox"/> Other Muscular or Skeletal Problems	<input type="checkbox"/> Overuse Syndrome (RSI)	<input type="checkbox"/> Eczema or Dermatitis
<input type="checkbox"/> Any Serious Infections	<input type="checkbox"/> Other Skin Disease	

**DETAILS**

**ADDITIONAL QUESTIONS**

Please list any previous surgeries and hospitalisations including dates.



Are you currently taking any medications?

Medication

Reason



Are you aware of any medical conditions which may prevent you from performing your duties in a satisfactory manner in the position to which you are to be appointed? If so, please state them.

Do you have any special parking or other access requirements due to an existing medical condition(s)? Eg. Wheelchair access to buildings etc.

Did you complete this form yourself?  Yes  No If no, name of person who completed this form

**DECLARATION**

Prospective staff members are requested to sign the following declaration:

*I declare that the above information is, to my knowledge, a true and accurate record of my past and present health. I consent to the Director, University Health Service and the The University of Newcastle having access to my medical records if necessary.*

Signature

Date



Information collected on this form will only be used for legitimate University purposes and we request this information in order to process your new appointment. For further details on this form or to request an update to or correction of your information, please contact the University Health and Safety Team on 02 4921 8847 or via email to [healthandsafety@newcastle.edu.au](mailto:healthandsafety@newcastle.edu.au). The University undertakes to manage your personal information in accordance with the Privacy and Personal Information Protection Act NSW 1998 and the University's [Privacy Management Plan](#).



Return completed form to [healthassessments@newcastle.edu.au](mailto:healthassessments@newcastle.edu.au)





**OFFICE USE ONLY – The University of Newcastle Health Assessment**

Duties the worker is able to carry out:

Task	Capability	Comments
Carrying 1-5 kgs	<input type="checkbox"/> Yes	
Lifting 1-20 kgs	<input type="checkbox"/> Yes	
Customer Service	<input type="checkbox"/> Yes	
Pushing Trolley loaded up to 30kgs	<input type="checkbox"/> Yes	
Sitting	<input type="checkbox"/> Yes	
Standing for extended periods	<input type="checkbox"/> Yes	
Walking for extended periods	<input type="checkbox"/> Yes	
Forward/lateral reaching	<input type="checkbox"/> Yes	
Overhead reaching	<input type="checkbox"/> Yes	
Stooping/Working at low levels	<input type="checkbox"/> Yes	
Squatting	<input type="checkbox"/> Yes	
Shift/weekend work	<input type="checkbox"/> Yes	
Climbing up	<input type="checkbox"/> Yes	

Other Comments

**Health Assessment completed by:**

**Position:**

**Signature:**

**Date:**

