

Heales Medical Managers Portal

Pre-Employment Case Guide

Leading Innovation in Occupational Health





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1. BEFORE YOU BEGIN

Before you start to make a new Pre-employment case, please ensure that you have the following information to hand:

- First name
- Other Names/s
- Last name
- Title (Mr, Mrs etc)
- Date of birth
- Job Title
- Personal email
- Personal mobile
- Home telephone (If known)
- Home address (including postcode)

2. LOG IN TO THE PORTAL

Log into the Managers Portal using your User Name, Password, and three letters from your secure word.

Once you have logged into the Manager Portal, there are a number of Help icons on the Welcome & Home Page, as shown below.

★ province of the state of

Please refer to these for further guidance.



Throughout the process of referring a case, you will see these icons appear. Click on these icons if you require assistance with the current task.

There are 3 icons:



A question mark symbol (?) indicates that there are help notes that can be switched on or off by clicking the icon.



A white triangle within a grey circle indicates that there is a video - each video has sound, so please ensure the volume on your device in switched on.

Home



The grey book indicates that there is further information available about Occupational Health, and how it works.

Once logged into the Managers Portal look to the left of the screen and you will see four options, as shown below:



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3. CREATING THE REFERRAL

| Home | | | | | | | | | | |
|--|---|--------------|-----------------|----------------------|----------------|--------------------|-----------------------|-----------|----------------|-------|
| Refer case | Refer an emplo | oyee | : Pre-er | nplo | yment | | | | | |
| Student Referral | Please complete/check these do | etails befor | e submitting | | | | | | | |
| Health Surveillance | Order Details | | | | | | | | | |
| COVID-19 Vac Confirmation | Order/Requisition/Budget num | nber or coo | de | | | | | | | |
| Needlestick/Sharps Injury | | | | | | | | | | |
| III-health Retirement | Job details | | | | | | | | | |
| Musculoskeletal Assessment/Treatment | (2)*Job | | Hours per we | ek | 3. Job Risks (| click 'No job risk | s' if there are none) | Requ | lired Services | |
| Counselling | | I | | | | | I | | | |
| Advice (General, Policies | Please check the "?"help icon, | do not ent | er the work add | ress here | | | | | | |
| kc.) | (2*Div 1 | Div 2 | | | Div 3 | | Div 4 | | Div 5 | |
| Case list | Department C | | | ľ | | ľ | | C | | C |
| Case report | Div 6 | Div 7 | | | | | | | | |
| | C | | | đ | | | | | | |
| indicates minimum | If this role is for a healthcare worker please ensure that the appropriate job risks are ticked under "Special Requirements". | | | | | | | | | |
| vou do not have a mobile | Employee Details | | | | | | | | | |
| umber and personal e-mail | *First name | | Other names | | | | *Lastnam | *Lastname | | |
| ddress for the employee | | | | ouler nu | 1100 | | Cusulan | | | |
| vill require an address to | Title | | Data of Birth | | | *Gondor | | | | |
| ost forms (it is helpful to | helpful to | | | , Date of Birth | | Malo | | Profor | | har O |
| ossible). | | | | Land Land | | | | | | |
| lb. Under 'Employee | Under 'Employee alls' please enter the ployee personal details, uding mobile and e-mail | | | Address | 2 | | Address 3 | | | |
| etalls' please enter the mployee personal details, | | | | County | | | Poetooda | | | |
| ncluding mobile and e-mail | | | | Po: | | | 1 0310008 | sicoue | | |
| known, NOT your own. | Phone number | | | Mobile number OPerso | | | Personal | e-mail | | |
| | | | | | | | 1 | | | |
| | | | | | | | | | | |

Job Title

Firstly, add the candidate job title, once you start to type the job title of the employee, a list of job titles will appear, select the relevant role from this list. If the role is not already in the list, continue entering the title and the system will add it to the database.

Hours per Week

Next enter the number of hours the candidate will be working in a normal week.

Job Risks

The system stores a base line of job risks for each job, so some risks will already be ticked. Please check that these are correct and appropriate for the person you are referring. You can add or remove risks but this will only apply to the case which you are referring (it will not amend the base line).

You must complete this section. If there are no associated risks, then please select No Job Risks.

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Job Risks are important as they indicate what the candidate is likely to be exposed to as part of their job role. The associated risks also assist occupational health to advice you on any health surveillance or workplace alterations that may be required.

If the employee is a Health Care worker, there are two options:

Social Patient Contact refers to a job role such as a Medical Receptionist, Dental Assistant etc.

Exposure to body fluids refers to an RGN, Staff-nurse, Dental Hygienist, Home Care etc.

| Job details | 0 |
|---|---|
| Healthcare Worker - Social Patient Contact | • |
| Health care worker (exposure to body fluids) | |

Divisions

The division structures are very important and must be completed. If the divisions are left incomplete, you will not be able to find the record in the future and the system will assume that the person you are creating is in the same division you.

You will see that some divisions have been auto completed for you, the system has entered all divisions above and including you (as the referring manager).

If the employee is in a division below you, you must now enter each division that falls between you and them, the final field should be the employees division.

Example

You are a Senior Manager, the employee you are referring is a Team Leader and there is a Line Manager between you both.

The system has completed the divisions above & including you and you fall into Division 4.

This would mean that the Line Manager below you would be entered into Division 5 and the Team Leader (the employee you are referring) would be the final entry in Division 6.

To select a Division, click the pencil icon.

New Starter Details

The next step is to enter the Candidate Details - Names, Title, full address including Postcode, Telephone number, Home telephone (if applicable) and email.

The system will send the candidate an email to complete the Pre-employment questionnaire and notifications of any appointments that may be required, for the system to do this a mobile number and personal email address must be entered into the correct fields, as shown below:

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| s Medical | 5 |
|---------------|-----------------|
| Mobile number | Personal e-mail |
| | |

| | | Submit Referral | |
|---|-----------------------|--|---|
| If any of the mandato you to submit the cas red. | ry fields e and al | have been left ir I fields that requi | complete, the system will no re completion will be highlic |
| *Title | | Date of Birth | *Gender |
| Miss | • | | Male 🔍 Female 🔍 |
| Address 1 | | Address 2 | Address 3 |
| Town | | County | Postcode |
| Phone number | G | Mobile number | Personal e-mail |
| As you are entering these details for the please re-type to verify. | ne first time | Mobile number | Personal e-mail |
| | | | |

4. AFTER CASE SUBMISSION

Once you have submitted the referral you will be given a Case ID that is 6 digits, for example: 311899. Please record the case ID as this will be required should you need to contact a member of the Heales Medical Team to discuss the case.

Refer an employee : Pre-employment

New Case Cancel

Thank you for submitting this PEQ. The case is now being processed. Should you have any queries the case ID is 323931.

Confirmation of case submission

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If you have provided us with an email address and mobile phone number for the candidate, they will receive an email that contains a link to their pre-employment questionnaire and a text notification to alert them to the email. The email will be sent from <u>noreply@heales.com</u>, please advise the candidate of this and ask them to add the email address to their list of safe/allowed email addresses, and to check their junk/spam folders if they cannot see the email within their inbox.

Candidates can complete the e-forms via a tablet or smart phone, but may find them easier to complete on desktop computer or laptop.

They may it easier to complete the questionnaire on Mozilla Firefox or Google Chrome browsers than some versions of Internet Explorer.

| Home | |
|-------------|---|
| Refer case | - |
| Case list | |
| Case report | |

You will also be able to see the case within the **Case** List section.

All of the cases you submit will be listed in this section with the current status of each case.

| • | Key : 🖿 | Closed case | Open case | Draft case (not submitted to Occupational Health) |
|---|-------------|-------------|-----------|---|
| 0 | Case Status | s Kev | | |

If the case you have just submitted is showing as a Draft case, you will need to go back into this case, ensure that all relevant fields have been completed and resubmit the case.

If you are struggling to do this or experience any other problems you can contact your HR or contact Heales Medical directly.

Heales Medical 0333 344 9089

5. FIT FOR WORK REPORT

The pre-employment questionnaire is made up of two parts.

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If the candidate completes Part 1 of the On-line PEQ and does not declare a health issue, the system will send you a Management Advice report and advise you that they are Fit and advise any health surveillance that is required.

If health surveillance is required, Heales Medical will arrange the appointment/s with your approval.

Once the health surveillance has been completed you will receive further Management Advice, giving full clearance.

If the candidate does make a health declaration on Part 1 of the Pre-employment health Questionnaire, the system will ask the candidate to complete Part 2 - A & B, on receipt of this the system will send part 1 and part 2 - A & B to the Occupational Health Nurse for review.

Once the nurse has reviewed Part 2 - A & B, next steps will be issued, these can be made up of requesting evidence of vaccinations from the employee and/or creating an appointment with the OH Nurse for any mandatory tests to be carried out.

If the candidate fails to complete any of the forms, the system will send them a reminder at 5 days and10 days, at 15 days the system will close the case and advise you that the candidate has not responded.

It is good practice to ask the candidate to gather any evidence that may be required as part of their pre-employment - this is particularly appropriate if the candidate is applying for a role where there are mandatory vaccinations required.

Asking the candidate to prepare in advance will help to speed up the process, as the majority of delays with a pre-employment case are down to us waiting to receive the required evidence.

6. FURTHER HELP

For advice on Management Referral cases, please refer to the **Management Referral Case Guide.**