

Introduction

The guidelines and questionnaire attached within this document are for the use of applicants and students joining one of the University of Greenwich's professional health programmes only.

Students and applicants joining our professional education or pharmacy programmes should follow the process and guidelines provided to them in relation specifically to their programme.

Please read the information contained within this document carefully.

Occupational Health Assessment – Health Check Guidelines

Midwifery, nursing, paramedic science, social work, speech and language therapy and all students who are attending a placement within a clinical setting are required to satisfy the NHS Occupational Health Standards that they are medically fit before entry to the programme. You are required to complete the confidential health questionnaire to enable the occupational health department to determine whether you will be required to undergo a medical examination as well as the health screening interview.

Please answer all the questions, giving details as required, before signing the declaration on the health questionnaire. If any information provided is false or has been deliberately omitted you may be regarded as ineligible for placement, become subject to a fitness to practice hearing or liable to be withdrawn from the programme. It is therefore important that you complete the questionnaire in full detail.

The completed questionnaire must be sent to the relevant occupational health department below by email. You will then be required to telephone to arrange an appointment to attend the department for your health screening (please note if you select The Royal Marsden NHS Foundation Trust, your screening may take place at the Avery Hill Campus). You are required to take with you your passport and details of any vaccinations, a printed summary of which can be obtained from your GP. **PLEASE NOTE:** You will not be able to change Occupational Health Departments once you have attended your first screening appointment.

Midwifery (Avery Hill), all fields of Nursing, BSc Physiotherapy, and BSc Operating Department Practitioner	You may select: Darent Valley Hospital or The Royal Marsden NHS Foundation Trust
Midwifery (Medway), Speech and Language Therapy and Paramedic Science (Medway)	You must select: Darent Valley Hospital
Social Work, Return to Practice Nursing, MSc Child & Adolescent Psychology, MSc Therapeutic Counselling and Paramedic Science (London)	You must select: The Royal Marsden NHS Foundation Trust

Darent Valley Hospital

Health and Wellness Team, Darent Wood Road, Dartford, Kent DA2 8DA

Tel: 01322 428451

Email: DGT.HealthAndWellness@nhs.net

The Royal Marsden NHS Foundation Trust

Occupational Health Department, Fulham Road, London SW3 6JJ

Tel: 020 7808 2139 or 020 8661 3003

Email: UOGO@RMH.NHS.UK

Tuberculosis

Some health care workers are advised to have the BCG vaccine if required. Prior to having the vaccine, you will be advised by Occupational Health as to whether a blood or skin test is required.

Hepatitis B

Midwifery, nursing, paramedic science, Operating Department Practitioner and speech and language therapy students are occupationally exposed to blood and body fluids, all of which carry a risk of exposure to a range of blood-borne viruses. Your training will equip you to work in a manner which controls this potential exposure and reduces this risk of transmission of the disease. Among these blood-borne viruses is hepatitis B, against which we have a vaccine. A course of Hepatitis B vaccine is available to provide immunity against the disease.

Advice from the Department of Health is that all healthcare workers who have direct contact with blood, body fluids or patients' tissues should receive this vaccine. The course takes 12 months to complete. You must have had two doses of the vaccine given four weeks apart to be cleared for placement. Therefore, it is essential that you attend all Occupational Health appointments offered to you as failure to attend may delay you starting clinical practice.

Whooping Cough (Pertussis)

Following updated guidance from Public Health England (PHE) the University requires all students on the Midwifery and Child Nursing programmes to be up to date with their Pertussis immunisation as these students will likely have close contact with non-vaccinated young infants and women in the last month of pregnancy.

A Pertussis immunisation requires a booster after 5 years.

If you have not had a Pertussis immunisation within the last 5 years and you are in a defined role, you will be required to be vaccinated – you may be recalled if you have already completed your clearance for a single vaccination. The immunisation will be recorded in your immunisation record which you will be provided with a copy.

If you provide evidence that you have received a Pertussis immunisation within the last 5 years (e.g., through pregnancy) this will be recorded on your immunisation record. You will be recalled 5 years from the date of your original immunisation for a booster if you are still a university student in a defined role.

Measles/Rubella

You will need to provide proof of immunity. This can be copies of your childhood immunisation records or a blood test indicating immunity.

Chicken Pox (Varicella)

You will be asked about your history of the illness. If you have had the vaccine you will need to provide proof.

Exposure Prone Procedures

Hepatitis C/HIV /Hep B surface antigen

The University requires all students on the Midwifery and Operating Departmental Practitioner programmes, to undergo blood tests to enable them to undertake 'Exposure Prone Procedures'. See Department of Health guidance HSG (93) 40 for a definition. For further information, see *Health Clearance for Tuberculosis, Hepatitis B and C and HIV: New Healthcare Workers* (Department of Health 2007).

As such, and in accordance with Department of Health circular HSC 2002/010, there is a requirement to test for Hepatitis C antibodies, HIV antibodies and Hep B surface antigen. These tests must be ID validated; you will need to provide photographic ID at your appointment. Evidence of blood tests for EPP workers must show that they were taken in a UK accredited laboratory and as IVS (identity validated samples) along with the results.

Mental Health

This covers mental health problems/ illness such as nervous disability, breakdown, anxiety, depression, anorexia and including those disorders arising from alcohol and drug misuse.

In some cases, mental illness may fall under the remit of the Equality Act 2010, and this can be discussed in detail with the occupational health physician/Nurse.

If a prospective student has or has had an episode of mental illness requiring treatment (including a history of drug or alcohol misuse), a report from the consultant psychiatrist responsible for treatment will sometimes be required. Where the treatment has not been the responsibility of a consultant psychiatrist, a report may be sought from the GP. These confidential health reports will then be assessed by the occupational health physician/Nurse.

If you have any specialist reports, please bring those with you to your Occupational Health appointment. This may avoid Occupational Health having to request further health reports, which can take several weeks and will delay your clearance and clinical placements.

Where the recommendations of the occupational health service are disputed it may be necessary to gain a second opinion from another occupational health physician. No student will be judged medically unfit without the opportunity to discuss this decision with the physician.

Physical Health

This includes all aspects of a student's physical health, please provide full details even if you do not feel that they are a concern, or if they are well managed, so that the Occupational Health service can consider whether you may need adjustments to support you on the course. If you don't declare these conditions and they are raised later, this will delay you starting clinical placement and may mean that you cannot continue the course. Where your fitness for study is in doubt, an Occupational Health Physician assessment will be arranged.

CONFIDENTIAL Health Questionnaire

PLEASE NOTE: failure to fully complete this health declaration will result in it being returned to you and may delay your start date.

PERSONAL DETAILS

Surname: Forenames:

Previous surnames: Mr/Mrs/Miss/Ms/Dr:

Date of Birth: ☐ Male ☐ Female ☐ Other Ethnicity:

Current Address:

..... Post Code:

Tel: Mobile: Email:

Have you ever been health screened for employment within the NHS? ☐ Yes ☐ No

If yes, give details of last post/location and date of leaving:

.....

Will the post involve exposure prone procedures (i.e. surgical/invasive procedures)?

☐ Yes ☐ No ☐ Not sure

PROGRAMME APPLIED FOR:

START DATE:

APPLICANT/STUDENT ID NO: ...00.....

We are committed to a policy of equal opportunities and recognise the duties specified in the Equality Act. We seek to offer employment and volunteer opportunities appropriate to physical or mental disability, when possible, if the disability does not compromise the health and safety of employees, other workers, or patients.

The questions that follow are asked to determine functional capacity and fitness for work and to assist in identifying reasonable adjustments to accommodate someone with a disability.

The information in this form will be kept strictly confidential within the Occupational Health Service and will not be used or disclosed to any other person without the written consent of the person to whom the information relates. This completed form is a confidential document and should be returned directly to the relevant occupational health department as listed in the health guidelines.

HEALTH/MEDICAL INFORMATION

Please tick the appropriate Yes or No box for the following questions and give details in the additional details section below as fully as you can. You may use a continuation sheet and attach to this form if necessary.

Question	YES	NO
1. Do you have, or have you ever had, any medical conditions, operations, or infectious illness? If yes, please provide details below.		
2. Are you receiving any pills, tablets, inhalers, injections, or other treatment now (including GP prescribed, herbal, self-medication, physiotherapy)? If yes, please give a reason why in the additional details section below.		
3. Have you ever suffered a work-related illness or given up work because of ill health? If yes, please provide details below.		
4. Have you ever had any physical limitation which might affect your ability to work (including vision or hearing)? If yes, have you had any workplace adjustments for this during previous employment? Please provide details below.		
5. Have you ever had any kind of back, joint or muscle problem? If yes, did it lead to time off work?		
6. Have you ever had: a. A skin problem? b. Any allergies? c. A persistent cough, unexplained weight loss or fever in the past 12 months?		
7. Have you ever had any mental illness which might affect your ability to work (including anxiety, depression, self-harm, eating disorders, psychological or emotional problems)? If yes, have you had any workplace adjustments for this during previous employment?		
8. Have you ever had a drug or alcohol problem which has affected your work?		
9. a. In what country were you born? b. In what country did you have your childhood immunisations?..... c. Please list below the countries you have lived in for the last 5 years.		
10. Have you had any days away from study or work due to illness or injury in the last two years? Below, please give number of days and reasons to the best of your recollection.		

Question	Additional Details
	NB: if any information has been given falsely or deliberately omitted, you may be regarded as ineligible.

VACCINATION/DISEASE HISTORY

Have you had any of the following diseases? Please complete, giving exact dates where possible.

Measles ☐ Yes ☐ No Date:

German measles (rubella) ☐ Yes ☐ No Date:

Chicken pox (varicella) ☐ Yes ☐ No Date:

Tuberculosis ☐ Yes ☐ No Date:

Hepatitis B Virus ☐ Yes ☐ No Date:

Are you known to be a carrier of the disease? ☐ Yes ☐ No

If Yes: Low Infectivity ☐

High Infectivity ☐

Have you received any of the following vaccinations or tests?

All students Hepatitis B vaccine ☐ Yes ☐ No

All students HBs AB ☐ Yes ☐ No

All students HBs AG ☐ Yes ☐ No

All students German Measles (Rubella) ☐ Yes ☐ No

All students Chicken Pox (varicella) ☐ Yes ☐ No

All students Measles ☐ Yes ☐ No

All students BCG ☐ Yes ☐ No
Scar: ☐ Yes ☐ No

All students Mantoux ☐ Yes ☐ No

All students MMR ☐ Yes ☐ No

All students DPT ☐ Yes ☐ No

Midwifery/Child Nursing students Whooping Cough (Pertussis) ☐ Yes ☐ No

Midwifery/
Operating Departmental Practitioner Hepatitis C ☐ Yes ☐ No

Midwifery/
Operating Departmental Practitioner HIV ☐ Yes ☐ No

You should try to obtain proof of your immunisation and relevant blood tests, either from your GP, childhood vaccination records or if you are working, from your current Occupational Health Department. Evidence must include your name, date of birth, and date of vaccination/blood test. Photographs of a BCG scar is not accepted. Photographs of your vaccination page of your Red Book is not accepted as this does not have your name and date of birth on. Please request a printout from your GP.

DECLARATION [Important please read before signing]

I confirm that the information given on this form is correct to the best of my knowledge. I understand that if any information is false or has been deliberately omitted, I may be regarded as ineligible for placement, being subject to a fitness to practice hearing or liable to be withdrawn from the programme. I understand that medical details will not be divulged without my permission to any person outside the Occupational Health Service, but an opinion about my fitness to work will be given to the University of Greenwich.

Signature:

PRINT name:

Date: