

# **Introduction and Guidelines**

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.

# Please read the information contained within this document carefully.

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 and will require immunisations in line with NHS requirements.

Social Work students are required to satisfy the fitness standards of the Social Work England requirements for professional registration. Immunisation checks are not required for this course.

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.

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you may be regarded as ineligible for placement, become subject to a fitness to practice hearing or liable to be withdrawn from the programme.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 sent 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,	You may select:
BSc Physiotherapy, and BSc Operating	Darent Valley Hospital <i>or</i>
Department Practitioner	The Royal Marsden NHS Foundation Trust
Midwifery (Medway), Speech and Language	You must select:
Therapy and Paramedic Science (Medway)	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, Darenth 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: <a href="mailto:uogoh@rmh.nhs.uk">uogoh@rmh.nhs.uk</a>



# **Health Questionnaire**

If you don't declare a condition and it is raised later, this is a conduct issue. It will delay you starting clinical placement and may mean that you cannot continue the course. Please include information about any condition which is diagnosed, being investigated or awaiting diagnosis. Please also declare learning difficulties or neurodiverse conditions whether suspected, under investigation or diagnosed.

The registering bodies have specific standards for fitness to practice, and the university cannot always implement adjustments for you. There are some conditions which mean that you cannot successfully register for your chosen profession.

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.

No student will be judged medically unfit without an Occupational Health Physician assessment. Where the recommendations of the Occupational Health Service are disputed it may be necessary to gain a second opinion from another Occupational Health Physician.

# **Physical Health**

This includes all aspects of your 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. Please give full details including the names of any medications that you take and any adjustments you have had at school/college or in the workplace.

# **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.

Please disclose any information about your mental health, even if you do not feel it is relevant, including any treatment or medication you have had at any time in the past.

#### **Immunisation information**

# **Not required for Social Work Students**

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

You cannot be cleared for placement until you have the required immunity to the diseases below, it is essential that you attend all Occupational Health appointments offered to you as failure to attend may delay you starting clinical practice.

#### **Hepatitis B**

Midwifery, Nursing, Paramedic Science, Operating Departmental 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 the 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 up to 12 months to complete.

You must have had one dose of the vaccine to be cleared for placement.

#### Measles/Rubella

You will need to provide proof of immunity. This can be copies of your childhood immunisation records for the MMR vaccine or a blood test indicating immunity to both measles and rubella.

You must have had one dose of the MMR vaccine, or blood tests indicating immunity to measles and rubella to be cleared for placement

#### 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. If you had the infection in a tropical climate a blood test will be required. If you have not had the disease, vaccination will be required.

You must have a history of the disease in a temperate climate, had one dose of the varicella vaccine, or a blood test indicating immunity to be cleared for placement

#### **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.

You must have completed TB symptom screening and have no symptoms of active TB to be cleared for placement.

# Whooping Cough (Pertussis)

Following updated guidance from the United Kingdom Health Security Agency all students on the Midwifery and Child Nursing programmes must be up to date with their Pertussis immunisation as these students will likely have close contact with non-vaccinated young infants in the first three months of life, 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 a midwifery or child nursing student, you will be required to be vaccinated.

If you provide evidence that you have received a Pertussis immunisation within the last 5 years (e.g., through pregnancy) 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.

You must have had a Pertussis booster in the past 5 years to be cleared for placement.

#### **Exposure Prone Procedures**

#### Hepatitis C/HIV/Hep B surface antigen

The University requires all students on the Midwifery and Operating Department 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 Hepatitis 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.

You cannot be cleared for placement until the blood test results are received. Please be aware that the Hepatitis B surface antigen blood test is only valid for one year until you are immune to Hepatitis B; please attend appointments as failure to do so may mean your placement clearance is revoked.

Please ensure that you contact your OH department once your immunisations are complete to obtain a copy of your immunisation records, as you will require this when you start work.



# **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, please obtain your immunisation records and send them to Occupational Health:
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 places on courses, 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.

Do you have any symptoms, condition or disability which:	YES	NO
Has been diagnosed or is under investigations		
Might have been caused or made worse by work or studies		
A health professional has told you means you should not do some types of work or study		
Might affect your placements or academic studies		
For which you have had adjustments made at work or in school/college/university		
For which you have needed treatment, are on treatment or are waiting for treatment		
Might cause you to collapse without warning		
If yes please provide full details below, including any medication that you take and how the you:	ne condition	affects

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:	