**UNIVERSITY OF PLYMOUTH**

**Provision of Occupational Health Services to Students**

**The table below contains details of the indicative services required.**

| **Indicative services required** |
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| **Occupational health clearance** (charge includes certificate of fitness) |
| Pre-course health and immunisation questionnaire screening |
| Health questionnaire face-to-face/telephone follow up - nurse team |
| Health questionnaire face-to-face/telephone follow up consultation - occupational health nurse |
| Health questionnaire face-to-face/telephone follow up consultation - occupational health consultant |
| Health questionnaire face-to-face/telephone follow up consultation - occupational health doctor |
| Health questionnaire face-to-face/telephone follow up consultation - mental health adviser |
| Review of Returners questionnaire (including assessment of historic OH record) |
| Review of Disability Assessment Form as part of pre-course screening |
| Review of Change of Health Status Form |
| **Referrals** (face-to-face/telephone consultation; includes appointment and report where appropriate) |
| Occupational health consultant |
| Occupational health specialty doctor |
| Occupational health senior nurse adviser |
| Mental health adviser |
| Physiotherapist |
| **Referral Review Appointments** (face-to-face/telephone) |
| Occupational health consultant |
| Occupational health specialty doctor |
| Occupational health senior nurse adviser |
| Mental health adviser |
| Physiotherapist |
| **Skin assessment** (includes appointment, initial or review, and report where appropriate – treatments to be supplied by GP or Placement Host Trust |
| Skin check - healthcare worker; nurse team |
| Skin check dermatitis and latex RAST test - healthcare worker; nurse team |
| **Immunisations, serology and screening** |
| Appointment charge per visit |
| Alcohol screening (in-house, urine test) |
| Alcohol screening (in-house, CDT blood test) |
| Alcohol screening (in-house, LFT blood test) |
| BCG vaccination |
| Contamination incident support: report and immediate care |
| Contamination incident support: BBV screening |
| Contamination incident support: serum save storage |
| Drug screening (in-house) |
| Drug screening (chain of custody procedure post positive in-house result) |
| EPP clearance (HIV & Hepatitis C antibodies, Hepatitis B surface antigen) |
| Hepatitis B serology (per screen) (antibodies; core antibodies; surface antigen) |
| Hepatitis B vaccination |
| Hepatitis C serology |
| HIV 1&2 antibodies serology |
| Immunisation review consultation |
| Measles serology |
| Mumps serology |
| Rubella serology |
| MMR vaccination |
| MRSA initial screening (includes swabs and skin check) - nurse team |
| MRSA follow up for swabs and skin review (1st) (2nd) (3rd) |
| MRSA face-to-face follow up consultation with occupational health consultant |
| MRSA treatment for positive cases |
| PVL initial screening (includes swabs and skin check) - nurse team |
| PVL follow up for swabs and skin review (1st) (2nd) (3rd) |
| PVL face-to-face follow up consultation with occupational health consultant |
| PVL treatment for positive cases |
| Primary performer screening (immunisation status certification) |
| TB screening: BCG scar check |
| TB screening: chest x-ray referral |
| TB screening: Mantoux 2TU test |
| TB screening: Mantoux 2TU test result consultation |
| TB screening: Quantiferon blood test |
| Varicella history check |
| Varicella serology |
| Varicella vaccination |
| **Support services** |
| GP/specialist report (if clinically required) |
| Copy documentation, e.g. reports, fitness/immunisation certificates, letters, evidence |
| Preparation of occupational health records for transfer (per hour or part thereof) |
| Occupational health nurse advice line (email/telephone) (per 20 minutes or part thereof) |
| Occupational health specialty doctor advice line (email/telephone) (per 20 minutes or part thereof) |
| Counselling per session |
| Preparation of Wellness Recovery Action Plan |
| Stress Risk Assessments |
| Epilepsy Risk Assessment |
| Manual Handling Risk Assessment |
| Functional Assessments |
| Psychiatric Assessment |
| Psychological Assessment |
| PTSD Assessment |
| Covid Risk Assessment |
| **Consultancy services** |
| Consultancy - occupational health consultant (per hour or part thereof) |
| Consultancy - occupational health specialty doctor (per hour or part thereof) |
| Consultancy - occupational health senior nurse manager (per hour or part thereof) |
| Case conference - occupational health consultant (per hour or part thereof) |
| Case conference - occupational health specialist doctor (per hour or part thereof) |
| Case conference - occupational health senior nurse manager (per hour or part thereof) |
| Case conference - mental health adviser (per hour or part thereof) |
| **Travel costs** |
| Please provide details of how you would charge for this |
| **Appointment non-attendance** |
| If appointment cancelled in advance with a minimum of 2 full working days' notice |
| If appointment cancelled with less than 2 full working days' notice |
| Cost if student does not attend |