Guidance on completing the Occupational Health Self-Declaration form

Why is self-declaration important?

The purpose of the self-declaration form is to ensure that NHS Lothian fulfils its obligation to protect the health and safety of its patients, visitors, staff and volunteers.

The information you provide on the self-declaration form will enable NHS Lothian to make decisions about any risks for patients and for volunteers. Any information you provide on the form will be treated in the strictest confidence and will not be shared outside the Voluntary Services team without your consent.

Next steps

- When the self-declaration form is returned it will be reviewed by a Voluntary Services Manager who will decide if you are able to progress to the next stage of the application process straight away or if we require more information or if some additional steps need to be taken to ensure everyone's safety.
- If you have any conditions listed under 'issues of concern' you will need to discuss this with the Occupation Health Service, whose knowledge of the work environment will ensure that the potential for additional support or adjustments is not overlooked. If this is the case the Voluntary Services Manager will provide you with a link to allow you to complete an electronic pre-placement questionnaire. You may be contacted by Occupational Health to discuss your concerns over the phone or asked to attend an appointment with a nurse or doctor.
- Following an Occupational Health appointment the Voluntary Services Manager will
 receive information to confirm your fitness and any requirement for adjustments or
 support you may require when we are looking at appropriate placements.

NB: Please note it is exceptionally rare that we are unable to find a suitable placement due to your health. However, it is on some occasions not possible.

| Issue of Concern | Why are we concerned | What we can potentially do about it - Adjustments/Support/Restrictions |
|--|--|---|
| Physical Health: Any disability or illness that requires help or assistance with mobility, normal daily activities and social interactions. | You will be asked not to participate in manual handling of patients. However in an emergency you may need to be able to remove yourself and others from any immediate risk of injury. This means you need to be able to negotiate safely around the hospital and have no difficulties using emergency escape routes. | Occupational Health will be able to advise on any specific recommendation or adjustments to ensure your safety. |
| Mental Health: Any mental health condition that has required support (including medication), from a counsellor, GP, psychologist etc. in the last 2 years, or any problems coping with difficult or stressful situations | Working around patients who are unwell can be very psychologically demanding and some areas of work are recognised as being more of a challenge than others. It is sometimes hard to imagine the impact of this if you have not done this before. | If appropriate Occupational Health may recommend that you are initially situated in areas that we know have less psychological demand and can access support from others easily. This can be re-evaluated after a period of time if your health status changes. |
| Sensory Problems: Issues with your speech, hearing, or vision that are not corrected by glasses, lenses or hearing aids | Hospitals are busy places and it needs to be clear where people may have difficulties negotiating around the physical environment or who may struggle with standard communication tools. | Occupational Health can provide specific guidance. The Voluntary Service Manager will need to undertake a risk assessment to ensure that you are not put in any danger e.g. if you are unable to hear the fire alarm or are visually impaired. |
| Health issues which may cause sudden incapacitation or require emergency attention: E.g. Cardiac conditions, epilepsy or poorly controlled diabetes asthma | We need to know if you have a condition that may require emergency assistance to ensure your safety at all times. | Occupational Health can provide specific guidance. With your consent, key colleagues can be informed of any risks or likely emergency assistance you may need. |
| Suppressed Immunity: Any health condition, which impacts your immunity e.g. removal of spleen, steroid treatment, cancer treatment, HIV etc. | There are a lot of opportunistic infections in a hospital which may put you at risk. Also some conditions prevent individuals from retaining immunity to childhood diseases which may then pose a risk to the patients. | Occupational Health can provide specific guidance to allow a suitable role and environment to be identified. |

Occupational Health Self Declaration

Please provide honest and accurate information and return this form alongside your application and Equal Opportunities form. Once the Voluntary Services Manager has reviewed the information provided they will be in touch to discuss next steps.

| Name | | |
|---|---|---|
| Date of | | |
| Birth | | _ |
| Postcode | | |
| I have read and understood the guidance on self- | | |
| declaration. (Y | , | |
| | the health conditions or disabilities which | |
| • | meone's ability to volunteer with NHS | |
| Lothian. (YES | , | |
| | n condition or disability which may impair | |
| my ability to vo | olunteer with NHS Lothian. (YES/NO) | |
| Diagram mater | | |
| Please note: | use to this you will be provided with a link to | |
| If you answer yes to this you will be provided with a link to allow you to complete an electronic pre-placement | | |
| • | or if you would prefer this questionnaire can | |
| • | s a hard copy. Both of these options will | |
| • | mation is returned directly to Occupational | |
| Health. | nation is returned directly to occupational | |
| | I medical data will be stored securely within | |
| Occupational Health in line with the General Data | | |
| Protection Regulations (GDPR 2018) | | |
| | galations (GD) it 2010/ | |
| | | |
| | | |
| | | |
| | nat it is my responsibility to inform NHS | |
| | changes to my health during the period I | |
| | r which may impair my ability to volunteer | |
| with NHS Loth | ian. (YES/NO) | |
| Signature | | |
| | | |
| Date | | |
| | | |