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Guidance

UKAP statement to healthcare workers and occupational health departments during the COVID-19 pandemic

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View the [UKAP](https://khub.net/documents/135939561/287909059/UKAP+statement+on+health+clearance+and+monitoring.pdf/29fc567a-4b9c-92df-50ec-32b2fe7aaead?t=1587047549528) statement on health clearance and monitoring

(<https://khub.net/documents/135939561/287909059/UKAP+statement+on+health+clearance+and+monitoring.pdf/29fc567a-4b9c-92df-50ec-32b2fe7aaead?t=1587047549528>)

We are currently experiencing unprecedented circumstances which are testing the strength and capacity of communities and healthcare providers across the country. Protecting and maintaining the health and wellbeing of healthcare workers charged with delivering care, and protecting patient safety, is of utmost importance during these challenging times.

The UK Advisory Panel for Healthcare Workers Infected with Bloodborne Viruses ([UKAP](#)) provides guidance on advising and monitoring healthcare workers living with bloodborne viruses ([BBVs](#)), and supports incident management. The [UKAP](#) panel have considered the impact the COVID-19 pandemic will have on healthcare workers living with [BBV](#) and occupational health services. The panel advises that:

Appropriate monitoring of healthcare workers living with [BBVs](#) should still continue in line with current [UKAP](#) guidance

This is essential to protect the health of both patients and staff. Processing of [BBV](#) samples by labs, and monitoring of [HCWs](#) by occupational health physicians, should therefore be considered an essential activity that must continue. Local arrangements can be made for occupational health reviews to be undertaken remotely. Relevant guidance is published on the [UKAP](#) webpage

(<https://www.gov.uk/government/publications/bbvs-in-healthcare-workers-health-clearance-and-management>).

Local arrangements can be made for Identified and Validated Samples ([IVS](#)) to be taken through alternative providers eg primary care, hospital general phlebotomy, or sexual health services

This will reduce unnecessary repeat visits to testing sites. Samples must still be taken in accordance to [IVS](#) criteria, and should have results communicated directly to the monitoring occupational health physician.

[HCWs](#) living with [BBVs](#) are advised to book their review at the beginning of the monitoring window (ie week 10 or week 50)

This will give enough time for cancellation and rebooking of appointments missed due to illness or isolation¹. 12-weekly monitoring can be performed no later than 14 complete calendar weeks after the preceding [IVS](#) specimen taken for occupational health monitoring purposes. 12-monthly monitoring can be performed no later than 54 complete calendar weeks after the preceding [IVS](#) specimen taken for occupational health monitoring purposes. If an [HCW](#) does not attend for the missed viral load test within this timeframe (for whatever reason) then resumption of [EPPs](#) requires 2 [IVS](#) taken no less than 4 weeks apart with both showing a viral load result below the required threshold, as per [UKAP](#) guidance.

All staff undertaking exposure prone procedures ([EPPs](#)), including redeployed staff or those returning to the NHS, must undertake health clearance before doing so

Categorisation of [EPPs](#) by speciality can be found on the [UKAP](#) webpage

(<https://www.gov.uk/government/groups/uk-advisory-panel-for-healthcare-workers-infected-with-bloodborne-viruses>).

Consultant occupational physicians should continue to report to [UKAP Occupational Health Register \(UKAP-OHR\)](#)

While it remains the responsibility of the consultant occupational physician to clear individual [HCWs](#) to undertake [EPPs](#), [UKAP-OHR](#) provides an important central register of [HCWs](#) living with [BBVs](#) who perform [EPPs](#). As part of phased implementation of the web-based [UKAP-OHR](#) system, new or existing [HCWs](#) who

are moving to a role that involves EPPs for the first time should be registered onto UKAP-OHR only if they are living with HIV, or living with hepatitis B and are HBeAg positive, and/or have a pre-treatment viral load >20,000IU/mL. Wherever possible, occupational health physicians should also continue to report HCWs' monitoring results for HCWs who are already registered onto UKAP-OHR. We appreciate that there may be delays in sending these results to UKAP-OHR during this period. Where possible please send an email to UKAP-OHR to notify of this delay.

Risk assessments of HCWs newly diagnosed with BBVs, or possible transmission events, should continue

UKAP recommends that risk assessments are undertaken remotely via teleconference until further notice. The need for cross-matching and patient notification exercises (PNEs) should continue to be discussed with UKAP in accordance with current guidance. The capacity of health services to deliver PNEs, and the risk to patients of a delay in doing so, should be considered as part of the risk assessment.

Advice from the UKAP secretariat on incident management, health clearance and categorisation of EPPs should still be sought

Please contact the panel using the email address ukap@phe.gov.uk (phe.ukap@nhs.net if sending patient identifiable information). The panel have agreed to suspend use of the UKAP enquiry form until further notice, in order to reduce the administrative burden on services during the current crisis.

On behalf of UKAP panel

Dr Emily Phipps, Medical Secretary, UKAP, Consultant Epidemiologist

Professor David Goldberg, Chair, UKAP, Consultant Epidemiologist and Professor of Public Health

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1. Advice on isolation: COVID-19: stay at home guidance (<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>) ↩