

**IN STRICT MEDICAL CONFIDENCE**

Office use:

**UKAP-OHR**

**Occupational health monitoring register of blood borne virus infected healthcare workers**

This form should be completed by a designated occupational health physician to register HIV infected healthcare workers (HCWs) onto the UKAP Occupational Health Register (UKAPOHR) as part of the process of obtaining clearance to practise exposure prone procedures (EPPs).

Please complete the entire form, in block capitals, and return to Public Health England using one of the secure transfer methods described on page 5.

**1. Registrant details**

Forename(s)	
Surname	
Professional registration number(s) <i>(GMC / GDC / NMC / HCPC)</i> <i>If a student please provide NHS/CHI number</i>	
Gender	M <input type="checkbox"/> F <input type="checkbox"/>
Date of birth	
Specialty	
Confirmed through risk assessment that registrant performs EPPs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details of the EPPs the registrant performs <i>Continue on separate sheet if necessary</i>	
Works as a locum?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has this registrant previously been registered onto the UKAP-OHR?	Yes <input type="checkbox"/> <i>Previous UKAP-OHR number:</i> No <input type="checkbox"/>

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**2a. Designated Occupational Health consultant physician details**

Name	
Title	
GMC Number	
Is MFOM accredited?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupational health department address	
Telephone	
Email	

**2b. Nominated Occupational Health Staff details**

If you would like to nominate an additional member of OH staff who can liaise with UKAP-OHR regarding the monitoring of this healthcare worker in periods where the designated OH consultant physician may be absent, please provide details below.

The nominated member of OH staff must be aware of the relevant guidance regarding the management of HIV infected healthcare workers

Name	
Title	
Professional registration number(s)	
Address	
Telephone	
Email	

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**3. Registrant Clinical details**

Currently on cART?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is an elite controller? (see notes)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a verifiable pre-registration record of sustained viral load results <200 copies/ml? (see notes)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
IVS sample 1	Viral load (copies/ml)		Undetectable <input type="checkbox"/>
	Date of specimen (dd/mm/yyyy)		
IVS sample 2	Viral load (copies/ml)		Undetectable <input type="checkbox"/>
	Date of specimen (dd/mm/yyyy)		

**4. Current cART regimen**

<b>NRTI / NtRTI</b> Abacavir <input type="checkbox"/> Combivir (AZT + 3TC) <input type="checkbox"/> Didanosine (ddl) <input type="checkbox"/> Emtricitabine <input type="checkbox"/> Kivexa (3TC + Abacavir) <input type="checkbox"/> Lamivudine (3TC) <input type="checkbox"/> Stavudine (d4T) <input type="checkbox"/> Tenofovir <input type="checkbox"/> Trizivir (AZT+3TC+Abacavir) <input type="checkbox"/> Truvada (Tenofovir/TDF + emtricitabine /FTC) <input type="checkbox"/> Zidovudine (AZT) <input type="checkbox"/> Other NRTI (specify) _____		<b>NNRTI</b> Efavirenz <input type="checkbox"/> Etravirine/TMC125 <input type="checkbox"/> Rilpivirine <input type="checkbox"/> Rilpivirine <input type="checkbox"/> Other NNRTI (specify) _____	
<b>Multiclass combinations</b> Atripla (Efav + Tenofovir + Emtric) <input type="checkbox"/> Evipler (RVP + TDF + Emtric) <input type="checkbox"/>		<b>PI</b> Amprenavir <input type="checkbox"/> Atazanavir <input type="checkbox"/> Darunavir/TMC114 <input type="checkbox"/> Fosamprenavir <input type="checkbox"/> Indinavir <input type="checkbox"/> LPV/r (KALETRA) <input type="checkbox"/> Lopinavir <input type="checkbox"/> Nelfinavir <input type="checkbox"/> Ritonavir (any dose) <input type="checkbox"/> Saquinavir <input type="checkbox"/> Tipranavir <input type="checkbox"/> Other PI (specify) _____	
<b>Entry Inhibitors</b> Maraviroc <input type="checkbox"/> T20/Enfuvirtide <input type="checkbox"/>		<b>PI Booster</b> Ritonavir (boosting dose) <input type="checkbox"/>  Not applicable (elite controller) <input type="checkbox"/>  Other _____	

## 5. Sender details

Form completed by	
Contact details (Place of work, telephone, email)	
Date	
<b>Comments</b>	

### **Notes: Guidelines for completing this form**

#### Section 1: Registrant details

**Professional registration number** means: GMC, GMD, nursing, midwifery or HCPC number.

If the prospective registrant is a **student** and does not yet have a professional registration number, please use their NHS/CHI number.

For guidance on what specialities and procedures are classified as exposure prone, please refer to the relevant guidance [here](#)<sup>1</sup> or contact the UKAP secretariat [ukap@phe.gov.uk](mailto:ukap@phe.gov.uk).

#### Section 2: Occupational Health consultant/physician details

The responsible occupational health consultant/physician should be a member of the faculty of occupational medicine (MFOM), please indicate this.

The nominated member of OHS should be aware of the relevant guidance [here](#)<sup>2</sup> regarding the management of HIV infected healthcare workers<sup>3</sup>.

#### Section 3: Registrant Clinical details

**An elite controller** is defined as an individual with HIV viral load maintained below the limits of assay detection for at least 12 months, based on at least three separate viral load measurements, and who is not receiving antiretroviral therapy.

**An IVS sample** is an identity validated sample.

For the purposes of initial health clearance, IVS Samples 1 and 2 must be no less than 3 months apart

For registrants who are already established on a regimen of regular follow-up, who have a record of stable viral load results (<200 copies/ml or undetectable), the most recent (non IVS) viral load result and specimen date can be recorded in the "Viral load IVS sample 1" field. "Viral load IVS sample 2" should record the results from an IVS.

<sup>1</sup> [Annex B: Exposure prone procedures \(EPPs\), Health clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers Department of Health, 2007](#)

<sup>2</sup> [The Management of HIV infected healthcare workers who perform exposure prone procedures, Public Health England, 2014](#)

**Returning the completed form**

**By Post –**

1. Double envelope the form – ensuring that both envelopes are marked with the address information beneath
2. Send using recorded delivery only.

*Please mark each envelope with the following:*

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UKAP-OHR Team,  
Public Health England,  
61 Colindale Avenue,  
London,  
NW9 5EQ

**By secure email –**

[ukap@phe.gov.uk](mailto:ukap@phe.gov.uk)

OR from another nhs.net account to [phe.ukap-ohr@nhs.net](mailto:phe.ukap-ohr@nhs.net)

**Contact the UKAP Secretariat for enquiries at**  
[ukap@phe.gov.uk](mailto:ukap@phe.gov.uk) or on 020 8327 6446/6074